RCN 2008 annual international nursing research conference
8-11 April 2008, Liverpool, England, UK

BOOK OF ABSTRACTS

CONCURRENT SESSIONS

1.1.1 Expressed emotion in mental health building and service design

Joe Forster, Deputy Unit Manager, Low Secure Unit, Mersey Care NHS Trust, Liverpool, United Kingdom

Abstract:

We are in the midst of the largest programme of health service building ever in the UK, and Merseyside has plans for the largest investment in mental health building to date. Service user and staff involvement is essential for successful building design, but we must prepare for the unexpected when our preconceptions about architecture are challenged. In the first phase of building we have developed the idea of inherently safe design. This reduces intrusive supervision of service users by staff and increases their sense of control and independence. In order to measure this we have set up a pilot study to investigate the concept of the expressed emotion profile of buildings. We will complete data collection by the end of 2007, having sampled 12 patients with a before and after 20-item questionnaire and collected comments to illuminate the concept from 20 patients attending existing meetings and discussions. Data analysis will be completed by February 2008. The study has ethical and governance approval and is part of a project designed with full service user involvement, including payment for their time (any payment being independent of the recipient's actual level of participation in providing data). The results will indicate the direction for further investigation and assist those designing healthcare buildings to avoid the mistakes of the past and integrate their output with the models of care of the future.

Recommended reading list:

- Forster J et al (2003) 'The perceived expressed emotion in staff scale' Journal of Psychiatric and Mental Health Nursing 10(1) 109-117
- Wilson J (2006) 'In with the new' Hospital Development 38(9) 12-17
- Department of Health (2005) 'Creating a patient-led NHS: Delivering the NHS Improvement Plan' Department of Health, London

1.1.2 The activities of acute admission unit psychiatric nurses: Insights from staff nurses and service users

Declan Patton, Lecturer, School of Nursing, Midwifery & Health Systems, University College Dublin, Ireland

Abstract:

This presentation will focus upon findings from a PhD study still in progress. The focus of this PhD was on a critical analysis of the practice of staff nurses in acute psychiatric admission units (acute units) in Ireland from the perspective of staff nurses and service users. Acute unit care has been the topic of much national and international debate as service provision moves from inpatient to community based care. However, there remains the argument that acute units are necessary for the provision of care to people with an acute form of a mental illness and who cannot be cared for within their community, therefore, it is imperative that such units remain active within a mental health service. This presentation will have four strands.

First, data collected from a preliminary fact finding questionnaire distributed to acute unit staff nurses across Ireland will be presented. The questionnaire formed the basis for semi structured interview questions posed to staff nurses in part two of the study. Staff nurses who took part in semi structured interviews volunteered to do so.

Third, data from semi structured interviews with former acute unit service users will be presented. Finally, what findings mean will be discussed in terms of what nursing occurs in acute units and the impact of this nursing on service user care.

Findings and the subsequent discussion will be addressed within these headings: professional practice, ways of managing care, interpersonal relations, use of knowledge in practice and professional development. Recommendations will be made as to how acute unit care can be strengthened and improved.

Recommended reading list:

- O Donovan A (2007) Patient-centred care in acute psychiatric units: reality or rhetoric? Journal of Psychiatric and Mental Health Nursing. 14, 542-548
- Llyod M (2007) Empowerment in the interpersonal field: discourses of acute mental health nurses. Journal of Psychiatric and Mental Health Nursing. 14, 485-494

1.1.3 An evaluation of the impact of the move to a new mental health inpatient facility on staff and patient outcomes

Fiona Nolan, Nursing Research Fellow, Centre for Outcomes Research and Effectiveness (CORE), Sub Dept Clinical Health Psychology, UCL, London, United Kingdom. Co authors: Stephen Pilling & Sonia Johnson

Abstract:

Background & context:

Despite increased interest in the development of community care over the past 30 years, inpatient services continues to receive over 50% of the mental health funding in the UK. Concerns about the standard of inpatient care have been expressed, particularly over the past decade. This has led to initiatives to improve services, but there is little evidence as to their effectiveness.

Aim:

To investigate whether the move to a new inpatient premises in central London was successful in terms of improving staff and patient outcomes.

Methods:

A natural 'before and after' design was used, and all wards which were affected by the move were included. The staff experience was investigated using the Ward Atmosphere Scale (WAS) and the Maslach Burnout Inventory. We investigated that of patients using the WAS, the Client Satisfaction Questionnaire (CSQ) and the 'Your treatment and Care' questionnaire. 158 patients were included in the first stage, and 145 in the second, with response rates of 80% and 75% respectively. Staff figures were 182 (RR= 80%), and 197 (RR= 74%) respectively.

Analysis:

Data were analysed using SSPS version 11.5.

Findings:

Results for patients showed statistically significant changes in CSQ scores, and in almost all items in the 'Your Treatment and Care' measure. Levels of staff burnout appeared unchanged, expect in rehabilitation wards. Among the WAS findings were higher levels of staff control as perceived by patients, and lower levels of anger and aggression. Service level data on untoward incidents demonstrated a significant improvement in the year following the move, but this was not maintained over longer periods.

Conclusions:

The study sample demonstrated improved patient satisfaction following the move, lower ward incident rates, and equivocal levels of staff burnout.

Recommended reading list:

- Ward, M., Gournay, K., & Thornicroft, G., et al. (1998). Inpatient mental health services in Inner-London. Report no. 16. London: Royal College of Nursing
- Sainsbury Centre for Mental Health (1998). Acute problems: A survey of the quality of care in acute psychiatric wards. London: Sainsbury Centre for Mental Health
- Burns, T., & Priebe, S. (1999). Mental health care failure in England. British Journal of Psychiatry, 174, 191–192

1.2.1 Using mixed methods to evaluate an All-Wales Dietetics Food and Nutrition grant scheme

Ros Carnwell, Professor of Nursing Research, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, United Kingdom Co author: Sally-Ann Baker

Abstract:

There is a proven link between disease and poor diet and so there is a clear need for public health interventions that will impact on the food that people eat (Food and Well Being 2003). Educating the public about food and nutrition is key to facilitating behavioural change. Community based initiatives are frequently used to promote changes in eating behaviours and involve training local people to work as Community Food Workers or as peer educators to work within communities (Kennedy et al 1999). In Wales, an All-Wales dietetics grant scheme was implemented in order to increase the capacity of dieticians, community food workers and community nurses, to deliver accurate information about food and nutrition through the delivery of Open College Network level 2 courses, 10 projects are currently funded. The Welsh Assembly Government commissioned an evaluation to assess the impact of the grant scheme on increasing the capacity of dieticians in Wales to inform and support communities in healthy living. Evaluating such a complex initiative requires a mixed method approach and the aim of the current paper is to describe the evaluation strategy, the methods employed in developing a minimum data set, and report the preliminary findings from the first phase of the evaluation (as approved by Welsh Assembly Government). This includes a description of initiatives and training developed, and their impact on the wider community; the extent and impact of working in partnership; perceptions of the learning that took place; behavioural change.

Recommended reading list:

- Food Standards Agency and Welsh Assembly Government (2003) Food and Well Being: Reducing inequalities through a nutrition strategy for Wales. Food Standards Agency, Cardiff and Welsh Assembly Government Cardiff
- Kennedy L.A., Ubido J., Elhassan S., Price A., Sephton J. (1999) Dietetic helpers in the community: the Bolton Community Nutrition Assistants Project. Journal of Human Nutrition and Dietetics 12(1), 501-512

1.2.2 Mixed methods: Methodological mire or modern approach

Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Abstract:

This paper will critically analyse mixed methods research designs, which are increasingly popular in healthcare research.

Methodological debates exist relating to epistemology, ontology, rigour and generalisability; pragmatic issues include data analysis and presentation. The paper will explore these issues and illustrate the analysis with reference to healthcare research that utilized a mixed method evaluation design. Traditionally research methodology is categorised under two classic and opposing paradigms: positivist/quantitative and interpretive/qualitative. A third, more recent methodological movement, the mixed method approach, which combines the two classic research paradigms has been identified (Tashakkori & Teddlie 2003). Debates and controversies about the use of mixed methods exit. Classical methodologists argue that the two paradigms are diametrically opposed, and that researchers should stick to one approach for coherence of philosophy and method. Lincoln and Guba (1990) condemned the mixed method approach as a form of paradigmatic perjury.

Whilst Bryman (1988) asserts that methods from different paradigms can be integrated to offset their individual strengths and weaknesses. Proponents argue that mixed methods integrate existing research paradigms to provide a complex, comprehensive design (Green & Caracelli 1997; Cresswell 2003; Tashakkori & Teddlie 2003). Morgan (1998) identified the increasing interest of health service researchers in mixed methods. Their continuing utilisation in healthcare research is recognised by McEvoy & Richards (2006) and Gilbert (2006). Johnstone (2004) contends that mixed methods are appropriate and useful in health service research. Mixed method designs appear to offer the depth, breadth and complexity required by healthcare researchers. Debates and tension between philosophical paradigms are unlikely to be resolved in the immediate future. Thus, healthcare researcher considering mixed methods designs need to be aware of the methodological issues, clear about their rationale for using mixed methods and have a coherent strategy for dealing with the issues of data analysis and presentation.

Recommended reading list:

- Cresswell JW (2003) 2nd ed. Research Designs: Qualitative, Quantitative and Mixed Methods Approaches. Thousand Oaks, CA: Sage
- Gilbert T (2006) Mixed methods and mixed methodologies: the practical, the technical and the political. Journal of Research in Nursing 11, 3: 205-217
- Tashakkori A & Teddlie C (2003) eds. Handbook of Mixed Methods in Social and Behavioural Research. London: Sage

1.2.3 'Caring not coping' A mixed methods scoping project of members of a Parent Carer Federation

Ian Mansell, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, United Kingdom Co authors: Christine Wilson & Becky Stakhouse

Abstract:

This paper identifies issues that parents and carers currently view as important to their caring role. There is literature (Mencap, 2002) which suggests that Learning Disability service providers are failing to plan for the needs of people with learning disabilities being cared for by older parents. In a survey of parents, who were over 70, Bowley and McGlaughlin (2006) suggest that, many were either not ready to discuss the future needs of their off spring or were unwilling to make plans. Northway et.al. (2003) found that there were strong fears expressed about what may happen when the parents have passed away. Three methods of data collection were used. Questionnaires, focus group interviews and electronic a hand held voting system.

Questionnaires were sent to the total population of members of a Parent and Carer Federation with South Wales (647), (Response rate 151, 23% return); two focus groups were held exploring findings from the questionnaire. The electronic voting system 'Teamworker R' was used to seek normative data on the consensus between focus group participants.

This paper will report the findings of the focus group interviews where the importance of the continuity of key staff such as community nurses and social care workers were raised, as was the assured continuation of existing services. Anxieties regarding what happens to their off spring when the parent and carer has passed on, or can no longer undertake the caring role were also a major theme of the results, as was forward planning which is clearly a key issue to parents. Nurses, including learning disability nurses need to use their full armoury of skills to offer support, advice and guidance to the vulnerable group. The paper will conclude by exploring the strengths and weaknesses of using focus groups with this sample group.

Recommended reading list:

- Bowley L McGlaughlin A (2007) Older carers of adults with a learning disability confront the future: Issues and preferences in planning British Journal of Social work 37, 39-54
- Mencap (2002) The housing time bomb: The housing crisis facing people with a learning disabilities and their older parents. London Mencap
- Northway, R. Sardi, I. Mansell, I. Jenkins, R. (2006) Hopes and fears concerning service developments: A focus group study of parents and carers of people with a learning disability. University of Glamorgan

1.3.1 The contribution of nurses to chronic disease management in England

Alison While, Professor of Community Nursing, Florence Nightingale School of Nursing & Midwifery, King's College London, United Kingdom Co authors: Billie Coomber & Angus Forbes

Abstract:

Background:

Chronic disease management is a major challenge to the NHS. Nurses are the largest group of healthcare professionals and Government policy has proposed an increased role in the management of chronic disease care delivery.

Aims:

To identify and categorise the contribution of nurses (established and novel) to different chronic disease management systems for patients with diabetes, multiple sclerosis and chronic obstructive pulmonary disease.

Methods:

A stratified random national postal survey of lead nurses (n=296; 70% response rate; diabetes n=102; multiple sclerosis n=75; chronic obstructive pulmonary disease n=118) working in NHS Trusts delivering primary, secondary and tertiary care was undertaken in 2007.

Results:

There was evidence of hierarchical (consultant nurses) and lateral (nurse practitioner) role expansion. The contribution of generic staff nurses was under-reported. Different patterns of contributions to care were reported across the disease trajectories and across the three disorders. Thus respondents reported a limited nurse contribution to the initial diagnosis but major nurse contributions after diagnosis including a range of nurse-led services during the initial treatment phase. Major nurse contributions and nurse-led services were reported within services for long-term/continuing care, management of complications and for the delivery of advanced disease care. The respondents from the different disorder groups ranked the importance of care activities within their roles differently (emotional support, information giving, clinical assessment, symptom control, medicine management, managing the care environment, care co-ordination). Most respondents reported approaches to measuring and assuring the quality of care within their practice areas with clinical audit, benchmarking and clinical supervision being most frequently identified.

Conclusions:

Nurses are making major contributions to chronic disease management across primary, secondary and tertiary care services. The roles of nurses are changing with the growth of nurse-led as well as nurse-delivered services.

1.3.2 Defining and evaluating the contribution of nurses to chronic disease management

Angus Forbes, Senior Lecturer, Florence Nightingale School of Nursing and Midwifery, King's College London, United Kingdom Co authors: Alison While & Freda Mold

Abstract:

This session will present the findings of a multifaceted literature review of the contribution of nurses to chronic disease management (CDM). This is a Department of Health funded review and part of a larger programme of work examining nursing roles in CDM.

Aim:

To examine the nature of the nursing contribution (conceptualisation) and provide an assessment of the impact of that contribution (effectiveness).

Method:

A systematic review was performed using a blend of protocol based searching, 'snowballing' and personal knowledge to identify the material for the review. The review focussed on diabetes, MS and COPD. The included material were critically appraised and subject to tabulative, narrative, meta-analysis and theoretical syntheses.

Findings:

The review provides an overview of the empirically proven impact of nurses on clinical structures, processes, outcomes and costs. The review presents models of key role developments such as hierarchical and lateral role expansion. Additional models detailing the contribution of nurses in relation to assessment, health promotion, clinical care and care organisation are presented. The review also explores the relationship between nurses and technology considering how new technologies such as the incorporation of telemedicine approaches are changing the working environment for nurses. The review found that in CDM the world of care is becoming increasingly virtual in nature, with nurses often providing the place of care (being the person through which the patient enters and is supported in the care system). The review considers whether nurses have been empowered by these innovations in CDM systems or have become alienated by them.

Conclusion:

Overall the review provides a comprehensive and in some ways provocative account of the nursing in CDM, providing some novel perspectives on the way nursing work and labour is constructed in CDM care systems. We hope the presentation of this review will stimulate some lively discussion.

1.3.3 Enabling continuity of care: The role of nurses in ensuring informational continuity

Rebecca Randell, Researcher in Human-Computer Interaction, Centre for HCI Design, City University, London, United Kingdom Co authors: Peter Woodward, Stephanie Wilson & Julia Galliers

Abstract:

Background:

Continuity of care has been an enduring concern within healthcare and effective handover is seen as a key tool in ensuring informational continuity. The question of how to get handover 'right' is of escalating importance with shorter working hours for doctors and an increase in shift patterns of working. These changes mean more frequent handovers and greater cross-coverage. As part of a larger project to develop technology to support handover, we are conducting studies of handover in a range of hospital settings. Initial analysis of the data so far collected suggests that nurses play an important role in ensuring informational continuity amongst medical staff, as well as in determining when involvement of medical staff is required.

Objective:

To explore how nurses contribute to ensuring continuity of care in hospital settings.

Methods:

A multiple case study design is being used. Case sites have been purposively selected to ensure that there is adequate variation in size of the ward, medical complexities and severities, and demographic diversity of patient populations. At each case site, a range of handovers will be observed, in addition to at least 90 hours of ethnographic observation of the setting and informal interviews with a range of clinicians. Data collection has been completed in an emergency assessment unit, a general medical ward, and a paediatric surgical ward. It is intended that data collection will be conducted in a further seven settings. The data will be analysed using thematic content analysis.

Results:

We will present the analysis of the collected data, focusing on how nurses contribute to ensuring informational continuity amongst medical staff and how nurses determine when involvement of medical staff is required. The implications of the analysis will be discussed and promising areas for future research will be highlighted.

1.4.1 Ward managers: Their perceived role in influencing patient care

Janet Scott, Associate Senior Lecturer, Health Development, School of Health University of Greenwich, London, United Kingdom

Abstract:

Background:

This study attempted to examine the role of ward managers in relation to practice as few attempts have been made to consider changes in their role as pressure has increased on nurses to undertake managerial roles. The ward manager is now expected to spend considerable time achieving corporate objectives (Scott et al 2004). Whilst research has been carried out into the role of nurse practitioners and specialist nurses (Ball 2005) and modern matrons (Scott et al 2004), little research has been carried out into the role of the ward manager since the name change in the early 1990's, the introduction of specialist nurses and the appointment of modern matron. Yet there is increasing evidence that patient outcomes are related to staffing levels and the appropriate skill mix (Rafferty et al 2006).

Aim:

To examine the ward managers perception of their role in the provision of quality care. Methodology This paper presents some of the findings from a qualitative study examining the role of the ward manger in two NHS Acute Trusts. Semi-structured interviews were conducted with a voluntary sample of 16 ward managers, from acute care and maternity wards. The interviews were taped, transcribed and their content analysed.

Results:

Despite incessant onerous demands for managerial information from senior management, the emphasis on accountability, staffing levels and the lack of feedback, the ward managers 14(87.5%) still participated in direct patient care.

Discussion:

Ward managers had pride in their clinical expertise and their ability to play a role model for junior staff. Only 6(38%) felt valued, a factor which could influence recruitment to these posts.

Conclusion:

Despite the name change, increasing responsibilities and the introduction of other nursing posts, ward managers still felt they should play a pivotal role in the provision of quality care.

Recommended reading list:

- Ball.J (2005) Maxi nurses. Advanced and specialist nursing roles Royal College of Nursing
- Rafferty A M., Clarke S.P., Coles J., Ball J., James P., McKee M., Aiken L.H. (2006) "Outcomes of variation in hospital nurse staffing in English hospitals: Cross-sectional analysis of survey data and discharge records" International Journal of Nursing Studies 44: 2, pp 175-182
- Scott C., Savage J., Read S., Ashman M. (2004) Evaluation of the Modern matron role in a sample of NHS Trusts Royal College of Nursing and University of Sheffield School of Nursing and Midwifery

1.4.2 Mapping the introduction of assistant practioner roles supporting the work of ward-based registered nurses in Acute NHS (Hospital) Trusts in England

Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, United Kingdom Co authors: Lucy Stuttard, Joy Adamson, Gunilla Borglin, Karl Atkin, Roy Carr-Hill, Dorothy McCaughan, Hugh McKenna, Ann Wakefield & Michael West

Abstract:

Background:

Over the last decade, the numbers of health care support workers (HCSW) in England has significantly increased (Buchan and Seccombe 2006). An important nurse support worker role development is Assistant Practitioner (AP). To date, there are no national evaluations of this role. As part of a national study evaluating development and impact of AP roles (2007-2009), this sub-study explores the introduction of the role in Acute NHS (Hospital) Trusts in England.

Aims:

- To describe (current or planned): introduction of the AP role
- Distribution of the role across strategic health authorities (SHAs)
- Clinical areas utilising the role

Methods:

In April 2007, a national census was carried out through email distribution of a survey to all Directors of Nursing (n=167). A reminder was sent to non-responders at 4 weeks. Descriptive statistical techniques were used to analyse the quantitative data. Qualitative data were analysed for thematic content.

Results:

Eighty-six per cent (143/167) of acute NHS (Hospital) Trusts responded. All ten SHAs were well represented. The role has been introduced in 46% of Trusts (n=66), with further Trusts planning to implement the role before 2009 (22%; n=31). However, there is wide variation in distribution of the role across SHAs and numbers employed within Trusts and clinical areas. There is also resistance to the role in some Trusts (32%; n=45). Qualitative data provide useful insights for better understanding the introduction (or not) of the AP role in Trusts.

Discussion:

There are wide ranging policy and practice debates about the roles and responsibilities of HCSWs. The RCN have recently recommended the regulation of AP roles in nursing and mapping the current and predicted numbers in the nursing workforce (RCN 2007). The study findings directly inform policy and practice and contribute to the evidence-base on HCSW roles.

Recommended reading list:

- Buchan J & Seccombe I (2006) From Boom to Bust? The UK Nursing Labour Market Review 2005 to 2006. RCN: London
- RCN (2007) The Regulation of Health Care Support Workers. RCN Policy Unit Policy Briefing 11/2007. RCN: London

1.4.3 Determinants of affect in working nurses: Contribution of effort reward imbalance, demand and control and clinical concerns

Martyn Jones, Senior Lecturer in Nursing, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, United Kingdom Co authors: Derek Johnston, Sharon McCann, Lorna McKee

Abstract:

Background:

Stress and its putative consequences of inefficiency, absenteeism and illness is a major problem in the NHS. A small pilot study using computerised ecological momentary assessment, Johnston, Beedie & Jones (2006) showed that variations in Effort Reward Imbalance (ERI, Siegrist, 1996) and Demand and Control (DC, Karasek 1979) related to a simple 1 item scale of stress experienced.

Aims:

We report on a similar study using a larger sample and more comprehensive measurement clinical concerns and affect.

Methods:

68 randomly selected nurses in a large district general hospital in England in 2006 completed individual computerised behavioural diaries. Diaries measured demand, control, reward and 5 scales measuring negative and 4 measuring positive affect. Results were analysed using multilevel modelling (MlwiN). Nurses reported on the range of clinical situations faced by trained nurses. These free text responses were subjected to content analysis.

Results:

Nurses averaged 19.8 diary entries over 3 shifts. ERI: Negative affect increased with effort, reduced with reward and effort and reward interacted as predicted so that high effort and low reward was particularly unpleasant. Positive affect related only to increasing as reward DC: Negative affect increased with demand, reduced with control and demand and control interacted so that high demand and low control was associated with most negative affect. Positive affect only related to increasing control Stressful clinical situations: Trained nurses reports included delays in patient care, violent patients, bullying by staff, staff and bed shortages.

Discussion:

The affect of nurses at work relates systematically and in case of negative affect, predictably, to effort/demand, reward and control. The stressful clinical situations reported by nurses have relevance for the patient safety agenda.

Conclusion:

Affect may be improved and health and working life improved by procedures that reduce demand and increase control and reward.

Recommended reading list:

- Johnston , D., Beedie, A., & Jones, M. (2006). Using Computerized Ambulatory Diaries for the Assessment of Job Characteristics and Work-Related Stress in Nurses. Work and Stress, 20(2), 163-172
- Karasek, R. A. (1979). Job Demands, Job Decision Latitude and Mental Strain: Implications for Job Redesign. Administrative Science Quarterly, 24, 285-308

- Siegrist, J. (1996). Adverse Health Effects of High-Effort/Low Reward Conditions. Journal of Occupational Health Psychology, 1(1), 27-41

1.5.1 End of life care between home, nursing homes and district hospitals: A nurse led action research project examining patient pathways from home or nursing homes via A&E wards

Judith Jackson, Associate Professor Inter Professional Education, Institute of Clinical Education, Warwick Medical School, Coventry, United Kingdom Co authors: Judy Purkis, Elizabeth Burnham, Gillian Lewando-Hundt

Abstract:

Several published studies suggest that patient transfer occurring in the last few days of life, may be due to lack of intermediate care (Mohammed et al 2002), as a result of relatives requesting transfer (Williams 2003), or might be a reflection of the lack of training/support within nursing and care homes (James et al 1993). In one acute trust clinicians felt that people were being admitted for end of life care which they believed could be given elsewhere.

Aims:

- Explore the reasons for referral to hospital in the last 48 hours of life, from the lay and professional perspective
- Examine the quality and continuity of care following transfer
- To pilot and evaluate evidence based interventions aimed at ensuring that patients and relatives experience good end of life care in an appropriate environment and of their choosing

All patient records of deaths occurring within 48 hours of admission, in the previous year were identified (n=292). Sudden unexpected deaths were excluded. Remaining records (n=151) were reviewed by consultants who identified if the admission was in the patient's best interest, or if care and treatment could have been provided elsewhere (study sample, n=70). 20 patient relatives in the sample were interviewed at home (currently being analysed using NVIVO). 12 Key personnel involved in delivering end of life care were interviewed. Key themes will be presented at the conference.

Findings:

Quantitative findings, analysed with SPSS 12.00, will be presented under the following themes:

- Place of residence prior to admission
- Postcode of residence prior to admission
- Medical condition and review outcome
- Patient movement following admission

Suggested future pilot interventions will be reported on.

Recommended reading list:

- James CR, Macleod RD. (1993) The problematic nature of education in palliative care. J Palliative Care 9 5-10
- Mohammed MA, Harley M, Marshall T, Raffrey J (2002) An investigation into variations in hospital mortality. Study A – summary of findings
- Williams L (2003) End of life Expectations. Nursing Homes Cleveland Nov 2003 Vol 52, Issue 11, p50

1.5.2 Quality of life of older people with a disability in Ireland

Adeline Cooney, Lecturer, Nursing and Midwifery, School of Nursing and Midwifery, National University of Ireland, Galway, Ireland Co author: Kathy Murphy

Abstract:

Background:

Research has revealed a number of important quality of life (QoL) domains for older people (Bowling 2005, Grewel et al. 2006) but there is little consensus about the importance of these domains or how applicable they are to older people with a disability.

Aim:

This research aimed to identify key QoL domains for older people living with a disability and the factors which impact on these domains.

Methods:

Data was collected in 2006. A grounded theory approach guided study design. While this study was not grounded theory per se, the design was influenced by grounded theory. Purposive sampling was used initially with some relational sampling towards the later interviews. Semi-structured interviews were carried out with 122 participants. Participants suffered from one of six disabilities: depression (n = 20), stroke (n = 20), a sensory disability (n = 20), dementia (n = 18), arthritis (n = 20) or a learning disability (n = 24). Analysis was divided into two stages: analysis within each disability data set and analysis across data sets.

Results:

Five categories emerged from the data: health, living environment, social connectedness, sense of self and income.

Discussion:

Older people with a disability identified five key QoL domains and the factors which impacted on these. This research contributes to knowledge development in that it identifies for nurses key foci for practice including intervention and preventative measures. Good access to resources, support from nurses and responsive services are needed to improve the quality of life of older people with a disability.

Conclusions:

Nurses must focus on nurturing and developing the internal resources of individuals within a supportive economic and social environment. Many of the living environments of participants compounded dependence and nurses need to advocate for resources and facilities.p>

Recommended reading list:

- Bowling, A. (2005) Ageing Well: Quality of Life in old age. Berkshire, Open University Press
- Grewal, I., Lewis, J., Flynn, T., Brown, J., Bond, J. & Coast, J. (2006) Developing attributes for a generic quality of life measure for older people: Preferences or capabilities? Social Science & Medicine. 62, pp 1891-1901
- Strauss, A. and Corbin, J. (1998) Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. (2nd edn.). Thousand Oaks, Sage

1.5.3 Nurses' attitudes to euthanasia: A Q methodological study

Janet Holt, Senior Lecturer, School of Healthcare Studies, University of Leeds, Leeds, United Kingdom

Abstract:

Background:

Euthanasia is an important issue for nurses in clinical practice as technological advances allow patients to be kept alive using artificial means. Nurses' attitudes to euthanasia are of particular importance individually, because of their close involvement and experience in the care of the dying patient, and collectively, because of their influence upon healthcare policy and practice. Q methodology enables data to be collected and systematically analysed through factor analysis but also allows an element of subjectivity, as the focus in Q methodology is the participant's subjective response to the statements and the exploration of differing accounts constructed by them (McKeown & Thomas, 1988).

Aims:

- To explore diversity in nurses' subjective understanding of voluntary active euthanasia
- To investigate similarities and differences in these understandings in nurses with different clinical experiences

Method:

Using a Q sort technique, sixty nurses working in ICUs, hospices and nursing homes (in 2006) sorted a Q set consisting of 50 items derived from data collected in focus groups. Biographical information was collected and participants were given a booklet to record any comments they had about the statements. The qualitative comments were used to add depth of understanding in data interpretation.

Results:

Analysis with Principal Component Method and Varimax rotation revealed three different understandings of nurses' attitudes to euthanasia representing differing beliefs. These were;

- Cautiously supportive of euthanasia
- Against euthanasia
- Supportive of patient autonomy

The beliefs differed in their agreement and disagreement with the issues associated with euthanasia (the items in the Q set), and in their focus on the nurse or patient experience.

Discussion:

- How the three understandings of euthanasia differed with reference to the participants' clinical speciality, experience, and religious beliefs
- The advantages of Q methodology for empirical investigation of ethical questions

Recommended reading list:

- McKeown & Thomas, 1988

1.6.1 Challenges and tensions in qualitative research

Jennifer Wingham, Research Nurse, Research and Development Directorate, Royal Cornwall Hospitals NHS Trust, Truro, United Kingdom

Abstract:

This paper presents the challenges and tensions encountered while conducting qualitative research with 31 heart failure patients recruited between October 2004 and September 2006. Qualitative research involves individuals creating their narrative in telling their story. In this study, some interviews also involved carers presenting the researcher with the challenge of dealing with intertwined stories and determining how this affects the research process and outcomes. There is a challenge and tension in interpreting powerful rhetoric to derive meaning data. Some articulate individuals make powerful case studies but there is a tension in remaining true to the individual while some of the power is lost through coding and comparison with others. Contradictory statements and seemingly unrealistic statements also tested the researchers. In reality researchers help shape the narrative as asserted by post-modernists (Scheurich 1997). The interview is a socially constructed situation and the researcher and the participant have their own agenda, influences and identity affected by factors such as tiredness, mood and relationships. Both the researcher and the participant also choose what to say and what to keep hidden and there is a skill in ethically eliciting the narrative. The principle researcher is a nurse and identified how this affected both the researcher and participant. There can be a challenge and tension in meeting the needs of the research and the profession, particularly relating to patient knowledge and use of medicines. Qualitative researchers need to use critical reflexivity to aid the interview process and analysis. Using field notes, memo notes and a reflexive research diary provide a framework to account for what influences the researcher and set an audit trail for decisions made. They are useful tools for developing themes and demonstrating quality. Qualitative research is important in developing knowledge for nursing but it is far from a soft science.

Recommended reading list:

- Scheurich, J. (1997) Research in the Post-Modern. London: Falmer

1.6.2 Enhancing rigour in qualitative research from a bilingual perspective

Gwerfyll Roberts, Lecturer, School of Nursing, Midwifery & Health Studies, Bangor University, Bangor, United Kingdom Co authors: Fiona Irvine, Llinos Spencer, Siobhan Tranter & Peter Jones

Abstract:

Despite a growing commitment across developed countries towards the delivery of culture and language appropriate healthcare services, establishing the evidence base to inform policy and practice is often hindered by a lack of language awareness in the research process (Papadopoulos & Lees 2002). This is particularly apparent in qualitative research where there is a paucity of evidence to establish the methodology for best practice in the analysis and synthesis of findings generated from linguistically diverse data sets (Temple 2002; Tsai et al 2004). This paper reports on a pilot study, undertaken by a team of bilingual researchers, to investigate ways of enhancing rigour in the analysis of qualitative research from a bilingual perspective. This represents part of a wider government-commissioned study to identify the factors that influence language transmission within bilingual families. Semi-structured interviews were conducted between 2006 and 2007 with a purposive sample of ten expectant couples, in their preferred language.

Five interviews were conducted in one language by one researcher; and five in another language by a second researcher; and these were audio-taped and transcribed verbatim. Open coding of the interview data was undertaken independently in the original language, revealing a series of themes and categories. An independent researcher then checked the inter-coder reliability across the two data sets and conceptual equivalence across the two languages. Two further researchers then conducted separate audit trails of the data in order to validate the findings.

Finally all researchers met to agree the refinement of the conceptual codes and reconstruct the categories, where appropriate. The paper will explore the differences between the analyses of the two language specific data sources and offer a systematic approach towards enhancing rigour in nursing research that may be adopted across other bilingual and multilingual research settings worldwide.

Recommended reading list:

- Papadopoulos I & Lees S (2002) Developing culturally competent researchers. Journal of Advanced Nursing. 37 (3), 258-264
- Temple B (2002) Crossed wires; interpreters, translators, and bilingual workers in cross-language research. Qualitative Health Research 12, 6, 844-854
- Tsai J, Choe J, Lim J, Acorda E, Chan N, Taylor V & Tu S (2004) Developing culturally competent health knowledge; issues of data analysis of cross-cultural , cross-language qualitative research. International Journal of Qualitative Methods 3, 4, 1-14

1.6.3 Enhancing rigour in qualitative nursing research: Exploring subjectivity through Peshkin's I's

Caroline Bradbury-Jones, Lecturer in Nursing, School of Nursing Midwifery and Health Studies, University of Wales Bangor, Wrexham, United Kingdom

Abstract:

This paper is concerned with the issue of rigour in qualitative research and draws on the work of Peshkin (1988). Peshkin was an anthropologist who became aware of the influence of his subjectivity on his research, and as a result, he articulated the need for researchers to systematically identify their subjectivity throughout their research. The means by which Peshkin achieved this in his own research was to search for different aspects of his subjective 'I' by noting in a journal when his feelings were aroused and thus when his subjectivity was evoked. In the presentation I draw on my recent experience of using Peshkin's I's to search for my subjectivity as a researcher (author 2007). I share my experience of systematically searching for my subjective I's by utilising a research journal. I demonstrate how my subjectivity had potential for influence throughout an entire research project and how cognisance of my subjective I's improved the trustworthiness of the study. I offer this approach for consideration by nurse researchers as a robust means of illuminating researcher bias that extends beyond merely acknowledging one's subjectivity, to a process that enhances the rigour of a qualitative study. A significant strength of this particular approach is that it can be undertaken in any language and therefore it should appeal to the international conference audience. This is an innovative approach that is new to nursing and I hope that my presentation stimulates discussion and debate among nurse researchers who are interested in exploring ways to enhance the rigour of their research.

Recommended reading list:

- Bradbury-Jones, C. (2007) Enhancing rigour in qualitative health research: exploring subjectivity through Peshkin's I's. Journal of Advanced Nursing, 59(3), 290-298
- Peshkin, A. (1988) In search of subjectivity – one's own. Educational Researcher, 17(7), 17-21

1.7.1 Facilitating the link between evidence and practice: The process of evidence-brokering undertaken by advanced practice nurses

Kate Gerrish, Professor of Nursing, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, United Kingdom Co authors: Ann McDonnell, Marilyn Kirchbaum, Louise Guillaume, Angela Todd & Mike Nolan, Susan Read

Abstract:

Background:

Research examining evidence-based practice identifies the role that 'opinion leaders' such as advanced practice nurses (APNs) play in influencing the practice of front-line nurses (Fitzgerald et al 2003). Milner et al (2005) propose that APNs act as 'knowledge brokers' by creating links between different practice communities, in particular acting as intermediaries between the clinical and research communities. However little is known about the process whereby APNs broker knowledge.

Aim:

This paper will present findings from one aspect of a study examining the contribution of APNs to promoting evidence-based practice among front-line staff.

Methods:

A collective instrumental case study approach (Stake 1995) was used. A total of 23 case studies of APNs were completed in 2006. Interviews and observation were used to elicit the opinions of stakeholders within the practice environment of APNs, including front-line nurses, patients/carers, managers, and the multi-disciplinary team. Data analysis drew upon the principles of Framework analysis.

Results:

Evidence-brokering was an overarching concept comprising five processes: Generating evidence: APNs generated different types of evidence including empirical evidence from research, audit and service evaluation, professional expertise, personal knowledge about patients and relational knowledge. New knowledge was generated through blending different types of evidence. Accumulating evidence: APNs accumulated evidence through actively searching, networking and acting as a conduit for organisational evidence.

Translating evidence:

APNs evaluated, interpreted and distilled evidence to make it accessible to different audiences.

Disseminating evidence:

APNs used formal and informal approaches to disseminating evidence to front-line staff and patients.

Applying evidence:

APNs utilised evidence directly, persuasively or conceptually in their own practice and in promoting evidence-based practice with front-line staff.

Conclusion:

The evidence-brokering undertaken by APNs is a complex, iterative process in which they draw upon different types of evidence in order to influence the practice of front-line staff. Implications for practice will be considered.

Recommended reading list:

- Fitzgerald, L., Ferlie, E. and Hawkins, C. (2003) Innovation in healthcare: how does credible evidence influence professionals? Health and Social Care in the Community. 11: 219-228
- Milner, M., Estabrooks, C. and Humphrey, C. (2005) Clinical nurse educators as agents for change: increasing research utilisation. International Journal of Nursing Studies. 42: 899-914
- Stake, R. (1995) The Art of Case Study Research. Thousand Oaks: Sage

1.7.2 Effectiveness of saliva substitute for the treatment of xerostomia in postoperative patients

Mª Lara Martinez Gimeno, Professor of Nursing Research, Staff Nurse, Anaesthesia and Reanimation Unit, Hospital De Móstoles, Mostoles, Spain Co authors: Mónica Roldán-Aritmendiz, Paloma Altieri-Casares, Elena Fernández-Fernández, Laura Varela-Arribas, Arancha Armario-Jiménez, Diana Fernández-Mora

Abstract:

Background:

Xerostomia affects postoperative patients and can decrease comfort. Humectant agents have been applied in this context, but there are not many evidences on their efficacy.

Aims:

To analyse the efficacy of salivary substitutes to improve xerostomia in postoperative patients and to compare them with the common practice of glycerine swabs.

Methods:

We have performed a prospective double-blinded randomized clinical trial to compare the efficacy of two therapeutic options for xerostomia in postoperative patients. We have randomized 388 patients admitted to our Postoperative Care Unit (September 2005-September 2006) who reported xerostomia to receive either salivary substitutes (xylitol and betaine; experimental group) or glycerine swabs (control group). Patients with underlying disorders causing xerostomia were excluded, for their underlying pathology could modify the efficacy of the interventions. The sample size was estimated to achieve a statistical significance < 0.05 and to detect differences between both groups > 15%. To measure xerostomia we have used two different scales: one subjective with analogue scale from 0 to 10 and another more objective one with blotting paper strips (similar to the one employed for the dry eye) we have validated for the study.

Results:

Xerostomia improved in all our patients with both interventions. The mean values of the subjective scale improved from 3.38 and 3.24 in the control and experimental group, respectively before intervention to 5.98 and 6.11 after it. The rate of xerostomia measured with the objective scale decreased from 56,2% and 46.9% for the control and experimental group before intervention to 16.5% and 19.7% after it. The comparison of these means with the Student's t test has not reached statistical significance.

Conclusions:

Xerostomia is a relevant problem in postoperative patients. Salivary substitutes and glycerine swabs significantly improve xerostomia in postoperative patients. However, our study has not shown any significant differences between both interventions.

Recommended reading list:

- Silvestre Donat, FJ., Miralles Jordá, L., Martínez Mihi, V. (2004) Tratamiento de la boca seca: puesta al día. Med Oral, 9, 273-279
- Rydholm, M., Strang, P. (2002) Physical and psychosocial impact of xerostomia in palliative cancer care: a qualitative interview study. Int J Palliat Nurs, 8(7), 318-323
- Ilzarbe, LM., Pérez Poveda, FJ., Ilzarbe, LM., Ilzarbe, M. (2005) Propuesta de tratamiento para la xerostomía grave: Dispositivo nocturno de irrigación gota a gota a través de férula de descarga permeable. Gaceta Dental, 160, 80-91

1.7.3 Encouraging clinician led evidence based practice within a large NHS Trust

Irene Mabbott, Practice Development Co-ordinator (Evidence Based Practice), Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom Co authors: Cathy Soreny & Helen Beastall

Abstract:

Engaging clinicians in the process of providing evidence based care can be an onerous task especially within a large NHS organisation. Innovative methods of getting the Evidence Based Practice (EBP) message across have to be adopted to provide a safe environment for patients. Within Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) the mantle of EBP is pioneered by a clinician led group called the Evidence Based Council. This Council has multidisciplinary representation from all areas of the Trust and meets regularly to share good practice and generate new research, audit and service review activities.

As well as being actively involved in Trust wide projects, other Council activities include:

- Providing expert advice in submitting research proposals and applying for ethical approval
- Upholding the research governance framework
- Encouraging / supporting new researchers in local and Trust wide clinical projects
- Publicising the Council's activities via presentations / publications
- Facilitating sharing of good practice at conferences, local / national study days

With greater emphasis on productivity and efficiency within the NHS, the Council assists the Trust in disseminating local intelligence about projects that have been undertaken by the Council itself or by clinicians from the Council member's areas.

Previous Council research, audit and service review activities include:

- Role of the Clinical Librarian in supporting EBP
- Nutritional needs of patients in an oncology unit
- Experiences of being an outlier patient
- Evidence base for the privacy and dignity Essence of Care benchmark
- Barriers to research utilisation
- Breaking bad news
- Intravenous therapy equipment usage evaluation
- Annual EBP educational course
- Developing a toolkit enabling clinical staff to participate in EBP

This presentation will highlight the setup and work of the Council and how this has had a direct impact on quality patient care.

Recommended reading list:

- Palfreyman, S, Tod, A, & Doyle, J, (2003) Learning from Experience: Promoting evidence based practice, Practice Development in Health Care, Vol. 2, No. 2, pp87-89
- Gilsenan, I, (2004) Professional & Practice Development; What's it all about?, Eye News, Vol.11, No. 1, June / July 2004, pp26-30
- Marsh, G, (2000) Strengthening evidence based nursing and midwifery practice at Central Sheffield University Hospitals Trust, Monograph, Sheffield, CSUHT

1.8.1 Evaluating dissemination of a nursing PhD via an open-access electronic institutional repository

Colin Macduff, Lecturer, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, Scotland, United Kingdom Co authors: Susan Copeland & Colin MacLean

Abstract:

As a medium for research dissemination, the traditional hard-bound printed PhD is of very limited use. The RCN's Steinberg collection of over 1000 theses is typically accessed less than 300 times in a year. Although relatively few nursing PhD theses are currently available in electronic, open access format within the UK (NDLTD 2007), the development of university institutional repositories makes this an increasingly attractive option (Copeland et al 2005). To date, however, there is a dearth of research that evaluates the process and impact of disseminating a nursing PhD through this means. As dissemination is a central conference theme, this paper will present findings from an ongoing evaluation of electronic dissemination of a PhD study that has significant relevance to current policy development and enactment in UK and European community nursing. Combining nursing and information science expertise, the research team's approach draws principally on Stern's (2003) ideas of evaluation for both explanation and development. The study has collated pre-dissemination perceptions of 'product' content, quality and 'market' utility with a view to comparing subsequent perceptions received in response to the dissemination process.

During September 2007, a pre-planned and integrated publicity strategy is promoting the dissemination of the thesis. Subsequent evaluation of the nature and extent of engagement achieved with key target groups (policy makers, practitioners, educators and other researchers) will be undertaken via analysis of on-line questionnaire responses and enumeration of episodes of access (completed by January 2008). The presentation will report process and impact findings, reflect on strengths and weaknesses, and relate these to relevant evaluative literature. The combination of up to date nursing and information science perspectives will enable the paper to substantively inform participants' understandings of the main issues relating to the electronic dissemination of nursing PhDs.

Recommended reading list:

- Networked Digital Library of Theses and Dissertations (NDLTD) website http://www.ndltd.org Accessed 5/9/07
- Stern, E (2004) Action research and evaluation Presentation to Scottish Evaluation Network Workshop, Edinburgh, January 2004
- Copeland et al (2005) Electronic theses: the turning point. Program: electronic library and information systems 39 (3), 185-197

1.8.2. A systematic review of international literature of post-registration nursing and midwifery education, using Barr's et al (1999) evaluative framework

Harry Gijbels, Senior Lecturer, School of Nursing and Midwifery, University College Cork, Cork, Ireland Co authors: Caroline Dalton-O'Connor, Rhona O'Connell & Moira O'Donovan

Abstract:

Background:

A systematic review of international literature of post-registration nursing and midwifery education was commissioned by a Post Registration Nursing and Midwifery Education Review group, established by the Health Service Executive (HSE) in Ireland, as part of their work to prepare a comprehensive post-registration nursing and midwifery education strategy.

Aims:

This paper presents the results of this review, and focuses in particular on an evaluation of the impact of post registration and post graduate nursing and midwifery education from a nurse, midwife, patient, carer, health service and educational perspective.

Methods:

The review was guided in its assessment and analysis by Barr's et al (1999) evaluative framework, and a checklist of relevant methodological and inclusion criteria, including criteria for classifying the type of evidence (I-V).

Results:

100 research papers met the criteria set. The studies were mainly of a retrospective, descriptive nature (type IV and V evidence). Only a few studies were of an experimental nature (type 3 evidence). One study (Carpenter et al, 2006) met both the criteria of type II evidence, and Barr's et al (1999) criteria. Using Barr's et al (1999) framework, the findings indicate that students benefit from post registration and postgraduate education in relation to changes in attitudes, perceptions, and knowledge and skill acquisition. There is some evidence that students apply their newly acquired knowledge and skills. The evidence that patients and carers benefit is less convincing. There is limited evidence of the direct impact on organisational and service delivery changes.

Discussion & conclusion:

Within the context of a culture of evidence based practice, it is surprising that a coherent, systematic and comprehensive evidence base of the impact of post registration and postgraduate nursing and midwifery education on practice is currently lacking. There is a need to develop nationally agreed criteria to evaluate post registration programmes.

Recommended reading list:

- Barr, H., Freeth, D., Hammick, M., Koppel, I., & Reeves, S. (1999). Evaluating interprofessional education: A United Kingdom review for health and social care. BERA/CAIPE, London
- Carpenter, J., Barnes, D., Dickinson, C., & Wooff, D. (2006). Outcomes of interprofessional education for community mental health services in England: the longitudinal evaluation of a postgraduate programme. Journal of Interprofessional Care, 20(2), 145-161

1.8.3 Doctoral education for the health professions: An evaluation

Lorraine Ellis, Senior Lecturer, Acute and Critical Care, University of Sheffield, Sheffield, United Kingdom

Abstract:

Background & aims:

Funded by the General Nursing Council Trust this research reports the findings of a longitudinal study designed to capture students' perceptions experiences and outcomes of doctoral education over time. This research builds on an earlier study that mapped the number and range of professional doctorates for the health professions in the UK (Ellis 2005). In 2005 twenty three centres in the UK offered professional doctorates for the health care disciplines. Professional doctorates may be conceptualised along a continuum of provision, from the highly prescriptive to the least prescriptive not unlike the traditional PhD. In terms of the present study eight centres were purposively selected from along this continuum and each programme studied in depth.

Methods & sample:

Using a modified form of illuminative case study methodology doctoral students (n=102) were interviewed at each stage of their doctoral journey; pre programme; during the taught phase; transition to research; research phase; and, post doctorate. Students' manager (n=36) was also interviewed as well as educators (n= 20) to the programme and a documentary analysis of the curriculum. Candidates enrolled on a PhD were also interviewed and their attitudes towards the professional doctorate relative to the PhD captured. Students reported a range of outcomes resulting from their doctorate.

Results & discussion:

This paper presents the key issues to emerge at each stage of the doctoral journey over time including those factors contributing to a positive and negative experience, challenges and concerns. This paper concludes with recommendations for practice, education and research of interest to commissioners and sponsors of professional education, policy makers, educators, supervisors and those at the cross roads of whether to pursue a PhD or a professional doctorate.

Recommended reading list:

- Ellis L.B (2005) Professional doctorates for nurses in the United Kingdom: mapping and perceptions. Journal of Advanced Nursing.50 (4), pp.440-448

1.9.1 Health professionals' views of palliative care provision for patients with advanced COPD

Allison Spence, Community Hospice Nurse, Community Services, Northern Ireland Hospice, Belfast, United Kingdom Co authors: Mary Waldron, George Kernohan, Felicity Hasson, Barbara Watson, Barbara Cochrane & Dorry McLaughlin

Abstract:

Background:

Chronic Obstructive Pulmonary Disease(COPD) affects 1.5% of the UK population and is the fourth leading cause of death worldwide. Despite this, patients with such conditions receive fragmented care as they near the end of life, and have minimal access to specialist palliative care.

Aim:

To explore the views and perceptions of health and social care professionals of palliative care for patients and their carers living with advanced COPD.

Methods:

A qualitative study, using two focus groups and six interviews, was undertaken with 23 health and social care professsionals representing nursing, medical, allied health professional and social work disciplines. With permission. all data was audio recorded and all transcripts were analysed using content analysis framework.

Results:

Whilst participants were familiar with the concepts of palliative care and did not dispute its place, a number of factors challenged the delivery of this care for patients and their carers with COPD. These included a lack of clarification of professional roles within the multi-disciplinary team, unpredictable illness trajectories, lack of a common understanding of the nature of palliative care and the lack of knowledge and confidence in initiating such discussions.

Discussion:

Despite the acceptance that the palliative care approach is appropriate, findings displayed a poor understanding of health and social care professionals' role in palliative care and a lack of knowledge of how and when to introduce such care. For many, the attitudes that death was a failure, which underpins professional practice, may pose a potent barrier to good palliative care.

Conclusion:

The findings offer an insight into health and social care professionals' understanding of palliative care and suggest that educational interventions to facilitate change are required. Further research into approaches to professional behavioural change is required.

Recommended reading list:

- National Heart Lung and Blood Institute (2001) Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Plumonary Disease, Bethesda, ML: NHLBI
- Miles, MB & Huberman, AM (1994) Qualitative Data Analysis (2nd ed.) Sage, Newbury Park
- Seamark, D, Seamark C & Halpin D. (2007) Palliative Care in Chronic Obstructive Pulmonary Disease: a Review for Clinicians. Journal of the Royal Society of Medicine 100, 225-233

1.9.2 Improving palliative care in care homes: Evaluation of an end of life education programme for health care assistants

Annie Topping, Director of the Centre for Health & Social Care, Nursing, University of Huddersfield, Huddersfield, United Kingdom Co authors: Vanessa Taylor, Lucy Zeigler

Abstract:

Background:

The elderly are the group with the greatest health and social care needs in contemporary society. Palliative care focuses on the support of people as they live and die with life limiting illnesses. Palliative care needs in the elderly rarely arise from a single disease and are made more complex by the cumulative effects of ageing (Dowding and Homer 2000, NCPC 2005). Care homes in the UK, are increasingly the place where many older people live their last months, sometimes years, and are where 20% of the over 65s die. Much of the care is provided by health care assistants (HCAs). This study evaluated the impact of a two day palliative care educational programme delivered over a three year period to HCAs (n=963) working in care homes and other support agencies. The programme was commissioned to increase completion of National Vocational Qualifications (NVQ) in care undertaken by HCAs.

Aims:

This study set out to assess whether knowledge, attitudes and approach to the dying had changed after completion of the programme. Further if any changes were translated into improved care for residents and service users.

Methods:

- Pre and post administration of an adapted version of the Palliative Care Quiz for Nurse (Ross et al 1996)
- Completion of a post course questionnaire eliciting personal reflections on learning;
- Focus group interviews undertaken with HCAs, RNs, and care managers
- Telephone interviews with home managers, commissioners and other key stakeholders

Results:

Significant knowledge increase and personal and professional development was reported by the HCAs. The programme had little impact on uptake of NVQ units. The organisational culture emerged as the greatest challenge to influencing change.

Conclusion:

This paper will concentrate on the cultural organisation of the care home workforce and the politics and control of knowledge.

Recommended reading list:

- Ross M M, McDonald B and McGuiness J (1996) The palliative care quiz for nursing (PCQN): the development of an instrument to measure nurses' knowledge of palliative care Journal of Advanced Nursing 23:126-137
- National Council for Palliative Care [NCPC] (2005) The Palliative Care Needs of Older People Briefing Bulletin No 14 January. London. NCPC
- Dowding C and Homer P (2000) Teaching palliative care principles to UK nursing home care assistants International Journal of Nursing Practice 6 (3) 160-163

1.9.3 Palliative care in Parkinson's Disease: Informal carers' needs

George Kernohan, Professor of Health Research, School of Nursing. Faculty of Life & Health Science, University of Ulster, Jordanstown, Northern Ireland, United Kingdom Co authors: Felicity Hasson, Marian McLaughlin, Dorry McLaughlin, Barbara Cochrane and Helen Chambers

Abstract:

Background:

Traditionally palliative care is associated with end-of-life and cancer; however the concept has extended to other non-cancer populations such as Parkinson's. Whilst the philosophy of palliative care recognises both the patient and his or her family, less attention has been focused on the informal carer's palliative care needs regarding Parkinson's.

Aim:

The aim of this research was to explore the palliative care needs and gaps in palliative care service provision for informal carers caring for people with end-stage Parkinson's disease.

Methods:

One-to-one semi-structured qualitative interviews were undertaken with a purposive sample of 24 active informal carers in their own homes. All interviews were transcribed verbatim and subject to content analysis.

Results:

There was considerable unmet palliative care need amongst informal carers of people with Parkinson's. The most prevalent themes to emerge were carers' need for help with symptom control, for psychological and social support, for respite care, for future planning, and for preparation for end-of-life care. Participants also reported life restrictions and emotional distress. For most, the thought of the future was frightening and the individual nature of Parkinson's and the uncertainty surrounding its rate of progression made the thought of the future all the more difficult and anxiety-provoking.

Discussion:

This research confirms other studies' findings of the considerable strain faced by informal carers of people with Parkinson's disease. This research supports the call for palliative care services to address the needs of informal carers.

Recommended reading list:

- McIlfatrick, S. (2007). Assessing palliative care needs: views of patients, informal carers and healthcare professionals. Journal of Advanced Nursing 57(1), 77-86
- Bunting-Perry, L.K. (2006). Palliative care in Parkinson's Disease: implications for neuroscience Nursing. Journal of Neuroscience Nursing 32 (2), 106-113
- Payne, S., Smith, P. & Dean, S. (1999). Identifying the concerns of informal carers in palliative care. Palliative Medicine 13, 37-44

2.1.1 Doing things differently: The advantages and disadvantages of web questionnaires

Fiona Murphy, Head of Information Technology, School of Health Science, University of Wales Swansea, Swansea, United Kingdom Co authors: Mark Edwards & Jane James

Abstract:

The use of questionnaires as a method of data collection in research is well established with the benefits and drawbacks of using such a method extensively debated (Oppenheim 1992, Bowling 2002). What is less evident in the literature is a consideration of the process of delivering questionnaires to large samples. A standard approach has been through the use of paper hard copy questionnaires, which are then delivered to the target population. However, the increased use of personal computers means there is a newer alternative, which is the delivery of questionnaires through the Internet (Hayslett and Wildemuth 2004).

Drawing on our experiences of delivering a web-based questionnaire to a group of 197 pre-registration nursing students, this paper will explore the advantages and disadvantages of the delivery of a questionnaire using the Internet. It will discuss the techniques in developing a web based questionnaire, some of the technical details needed to deliver it, ethical considerations and our experiences of the advantages and disadvantages of this approach over paper based questionnaires. The advantages are firstly, that the researcher has more control over the quality of the data from returned questionnaires. The second is that transcription errors are reduced because data is transferred directly into the analysis software. Disadvantages relate to the amount of effort and technical expertise required to produce and deliver the questionnaire and that response rates were not enhanced. Despite these, it was felt that for large surveys in nursing and healthcare research, web based questionnaires have potential.

Recommended reading list:

- Bowling A. (2002) Research Methods in Health. Investigating Health and Health Services. Second edition. Open University Press. Buckingham
- Hayslett M.M. & Wildemuth B.M. (2004) Pixels or pencils? The relative effectiveness of Web-based versus paper surveys. Library & Information Science Research. 26, 1, 73-93
- Oppenheim A.N. (1992) Questionnaire Design, Interviewing and Attitude Measurement. London: Pinter Publishers

2.1.2 Knowledge, skills and attitudes of health professionals towards information communication technology

Janine Stockdale, Faculty of Life and Health Sciences, University of Ulster, Belfast, Northern Ireland, United Kingdom & Marlene Sinclairm, H Brown, R Hatamleh, K McGlade, P Comac, B Kelly

Abstract:

Background:

The use of ICT is steadily increasing within organisations (Venkatesh et al., 2003). However, the benefits are contingent on how individual users appropriate and apply ICT (Lewis et al., 2003). The Health and Personal Social Services ICT Strategy (2005) calls for greater integration of information communication through creation of an information-valuing culture.

Aim:

The aim of this study was to explore health and social care professional's perceived knowledge, skills and attitudes towards ICT.

Method:

The design was exploratory descriptive. The target population was all professional staff on the DHSSPS Workforce Database (22,220). A proportionate, stratified, random sample of eight professional groups was drawn (3687, 17%) to represent full time hospital and community staff. A valid and reliable postal questionnaire was developed and administered. Descriptive statistics were generated using SPSS (12). Group differences were explored using Kruskal-Wallis and Mann-Whitney tests. Qualitative data were managed using NVivo 7. Ethical approval was granted by Northern Ireland Research Ethics Committee. Participation remained voluntary and willingness to respond implied consent.

Results:

A response rate of 1060 (29%) was achieved. Participants were mainly aged 30-59 (86%), hospital based (n=660, 62%) and female (n = 883, 86%). The between group analysis showed significant differences in perception of ICT ($p < 0.01$) and skills rating ($p < 0.01$). Skills rating were significantly different in relation to age ($p < 0.01$) and years of experience ($p < 0.01$). NVivo confirmed participant's request for a two-tier integrated approach; where a multi-professional core curriculum is complimented with uni-professional group specific training. Key to integration is 24/7 ICT support and regular up-dates.

Conclusions:

Health professionals have positive attitudes to ICT and EPR but require training that is standardised, efficient and skills matched. Understanding how ICT is perceived by health professional groups is an important step in developing a needs indentification strategy.

Recommended reading list:

- Department of Health, Social Services and Public Safety (2005) HPSS ICT Strategy 2003-2010. DHSSPS Belfast
- Lewis, W., Agarwal, R., Sambamurthy, V. (2003) Sources of Influences on Beliefs about Information Technology Use: An Empirical Study of Knowledge Workers. MIS Quarterly 27(4) 657-678
- Venkatesh, V., Morris, M.G., Davis, G.B., Davis, F.D. (2003) User acceptance of information technology: Toward a unified view. MIS Quarterly 27(3), 425-478M

2.2.1 Improving the evaluation of complex healthcare interventions: the contribution of theory

Jacqueline Chandler-Oatts, Research Fellow, Research Team, Royal College of Nursing Institute, Oxford, United Kingdom Co authors: Claire Hawkes, Joanne Rycroft-Malone, Kate Seers & Ian Bullock

Abstract:

Background:

Implementation Science is a developing field of healthcare research, however, to date it has lacked a theoretical base (ICEBerg, 2006, Rycroft-Malone 2007). Additionally there is little good quality evidence to support or refute the effectiveness of specific implementation strategies (e.g. Thompson et al 2007). It has been argued that the explicit use of theoretically-informed interventions will improve the evaluation of implementation interventions (ICEBerg, 2006).

Aim:

This presentation draws on the experience of conducting an implementation study to explore and analyse the use of theory in intervention development and evaluation. Approach The study, which is a UK-wide randomised trial including nineteen acute NHS Trusts, is implementing recommendations from a guideline on peri-operative fasting in adults and children (completion March 2009). It is designed to evaluate three implementation strategies, including standard dissemination, opinion leadership and quality improvement cycles. Previous research and existing theory was used to design the interventions being tested.

Discussion:

As is the case with the current study more than one theory is likely to be needed to implement complex interventions. This presentation will include a discussion of the literature and theories that underpin the three interventions (e.g. social influence theory, diffusion theory, change management theory).Linking the choice of theories to an overarching theoretical framework is proposed as a way forward in improving our understanding of implementing evidence into practice (Rycroft-Malone, 2007). The current study is theoretically underpinned by the PARIHS framework, with the key concepts of evidence, context and facilitation. We will also describe the development, delivery and evaluation of the key components of the interventions and how these relate to the PARIHS framework. The challenges of identifying both the potential and limitations of the interventions and their associated theoretical concepts, once they have been translated into practice settings, will also be explored.

Recommended reading list:

- Thompson DS, Estabrooks CA, Scott-Findley S, Moore K, Wallin L. Interventions aimed at increasing research use in nursing: a systematic review. Implementation Science; 2007, 2:15, Retrieved September 7th, 2007, from www.implementationscience/com/content/2/2/15
- ICEBeRG Group. (2006) Desinging thoeritically-informed implementation interventions. Implementation Science; 1:4, Retrieved September 7th, 2007, from www.implementationscience/com/content/1/1/4
- Rycroft-Malone J. (2007) Theory and Knowledge Translation-Setting some co-ordinates. Nursing Research;56,4S:S78-S85

2.2.2 Protocol-based care evaluation project (PEP)

Jo Rycroft-Malone, Reader, Centre for Health-Related Research, University of Wales, Bangor, Bangor, Wales, United Kingdom Co authors: Marina Fontenla, Debra Bick & Kate Seers

Abstract:

Background:

The proliferation of guidelines and protocols are visible confirmation of an emphasis on delivering care founded on evidence of 'what works'. Protocol-based care is concerned with providing clear statements and standards for the delivery of local care across a range of environments and different professions. Whilst an increasingly popular way to deliver care, questions remain about the nature, benefits and impact of protocol-based care on roles, service delivery, and clinical decision-making, about the nursing contribution to its development and delivery, and, about workforce and team working issues.

Aim:

This presentation will share the findings from two research studies funded by the Department of Health evaluating the impact of protocol-based care on practice, patient care, and clinical decision-making in the UK's health service.

Method:

A multi-site, multiple method case study evaluation and a focussed ethnography were conducted, both underpinned by realistic evaluation methodology. 7 sites, including community and acute settings were purposively sampled. Qualitative data collection methods included participant and non-participant observation of practice, interviews with staff and patients, feedback sessions and document analysis.

Findings:

Findings include that protocols: are mainly develop to reduce practice variation and improve service delivery, are used as checklists; particularly by junior or new members of staff, can become 'internalised'; cause a tension for staff between individualising and standardising care; do not necessarily simplify decision-making, and can have both positive and negative impacts on care and roles. Protocol-based care supported nurses' autonomous practice, and an extension of their role beyond the traditional scope of practice. Patients were usually were not aware that protocols, guidelines etc. were guiding their care but expected practitioners to follow 'procedures'.

Discussion:

Findings will be discussed in the context of their implications for nurses' roles, patient-centred care and the future of protocol-based care as an approach to service delivery.

Recommended reading list:

- Pawson R & Tilley N (2000) Realist Evaluation. Sage, London
- Rycroft-Malone J, Morrell C & Bick D (2004) Protocol-based care: The research agenda. Nursing Standard, 19(6), 33-36
- Ilott I, Rick J, Patterson M, Turgoose C & Lacey A. (2006) What is protocol-based care? A concept analysis. Journal of Nursing Management, 14, 544-552

2.3.1 The location and nature of a literature review in grounded theory

Moira Attree, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Abstract:

This paper will critically explore the location and nature of the literature review in Grounded Theory (Glaser & Strauss 1967; Glaser 1992); it aims to promote methodological debate and develop understanding. Textual accounts of the nature and purpose of the literature review in Grounded Theory vary. Differences between the originators of grounded theory, Glaser & Strauss (1967), and later individual work by Glaser and Strauss and Strauss & Corbin exist. Glaser emphasises the importance of starting grounded theory research with as little pre-formulated theory as possible, in order that theoretical themes are generated inductively from the data, rather than from previous researchers' and theorists' views. Glaser (1992) asserts that literature reviews should be avoided until the first core category has emerged. Strauss (1987) suggested that a literature review may, or may not take place after the initial categories emerge, and may or may not occur after that time. Whilst Strauss & Corbin (1990) propose that the literature review should be restricted to a background review of the technical literature. The consensus appears to be that in grounded theory a "traditional literature" review is proscribed. However, the paradox of the location and nature of the literature review in a Grounded Theory study receives scant attention in the methodological literature. Indeed some basic introductory research methods texts do not address the issue at all. Novice and inexperienced researchers attempting to use Grounded Theory encounter this issue immediately when attempting to conform to standard proforma for submitting research proposals and ethical approval. Grounded Theory researchers writing theses and academic publications encounter similar challenges. This paper will present proposals on how to address this methodological issue. The analysis will be illustrated with reference to a completed Ph.D. study, which adopted grounded theory to study registered nurses perceptions of standards of nursing practice.

Recommended reading list:

- Glaser B & Strauss A (1967) The Discovery of Grounded Theory. Strategies for Qualitative
- Glaser B (1998) Doing Grounded Theory. Issues and Discussions
- Strauss A & Corbin J (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Sage. Newbury Park, CA

2.3.2 Thinking about death and what it means: Perspectives of people with intellectual disabilities

Sue Read, Senior Lecturer, School of Nursing and Midwifery, Keele University, Stoke on Trent, United Kingdom

Abstract:

Background:

People with intellectual disabilities will come to a dying phase of their lives, yet care professionals may be uncertain about how to talk (and support) the person at such a sensitive time. This paper will introduce a collaborative research study in the UK, funded by Bailey Thomas Charitable Trust.The overall aim of this study is to explore and critically examine the understandings and experiences that adults with an intellectual disability have about loss, death and dying.

Aim:

This paper will introduce the aims, objectives and rationale for the research undertaken; explore consent issues and the ethical approval process; describe methodological approaches; and present the findings.

Methods:

Previous research has identified that adults with intellectual disabilities are eager to talk about sensitive topics such as death and dying when given the opportunity to do so in a supportive, comfortable and engaging environment (Read, et al, 2000; Read & Papakosta–Harvey, 2004). Focus groups provided an ideal method to explore the perceptions of death and dying among this population. Two groups of adults with intellectual disabilities (n=-6; n=10) in both North Staffordshire and South East Wales (n=6; n=6) attended a series of three progressive focus groups. The focus groups had identified primary foci, and were audio-taped, transcribed and analysed using grounded theory.

Results:

Sharing the process of developing the research, and the challenges of conducting it, will be useful experiences for contemporary and experienced researchers alike. This study used traditional research approaches with a sensitive population to facilitate consumer perspectives around death and dying. The results will contribute to the growing body of knowledge around death, dying and bereavement from a unique perspective: namely people with intellectual disabilities.

Recommended reading list:

- Read, S., Papkosta Harvey, V. & Bower S. (2000). Using workshops on loss for adults with learning disabilities. Groupwork, 12 (2), 7-26
- Read S. & Papakosta – Harvey V. (2004). Using workshops on loss for adults with learning disabilities: a second study. Journal of Learning Disabilities, 8(2), 191-208

2.4.1 Defining roles, relationships, boundaries and participation between older people and nurses working within the primary care setting: An ethnographic study

Julie McGarry, Lecturer, School of Nursing, Nottingham University, Derby, United Kingdom

Abstract:

Background:

There has been a marked shift in the location of nursing care to the home setting (Department of Health, 2006), which alongside changing demography strongly indicates that older people will be key recipients of care in this context. Nursing within the home encompasses both the physical and the social dimension within which caring takes place. However, the 'home' has received little research attention (Luker et al, 2000) and is largely beyond the public-professional gaze. Therefore, the relational qualities of care in this environment remain opaque. This presents a picture of a changing landscape of care for older people, and one which is relatively uncharted.

Aims:

Aims of the research To explore how nurses and older people negotiate relationships and experience care in the home and to examine the impact of this on the way care is provided.

Methods:

An ethnographic approach: participant observation and semi-structured interviews with thirteen older patients and sixteen community nurses within one Primary Care Trust over a period of one year. Data analysis was supported by an analytical framework (Ritchie & Lewis, 2003).

Findings:

Three themes emerged from the data and, alongside the implications for practice, form the focus of the presentation:

- the location of care
- the nature of nurse-patient relationships
- the meaning of health and illness Discussion and implications for practice

The themes offer an account of the ways in which roles and relationships are constructed, negotiated and experienced by nurses and older people within the home and demonstrate that relationships between nurses and older people in this environment are multi-faceted. They also illuminate the pivotal position of the concept of 'boundaries' and boundary construction within relationships from different perspectives. This research makes a wider contribution to our knowledge of the complexity of nurse-older patient relationships within the community setting and illuminates the day to day realities of district nursing practice and the multiple dimensions which underpin how care is provided and experienced in the home.

Recommended reading list:

- Department of Health (2006) Our Health, Our Care, Our Say: a new direction for community services. London: HMSO
- Luker, K., Austin, L., Caress, A., Hallett, C. (2000) The importance of 'knowing the patient': community nurses' constructions of quality in providing palliative care. Journal of Advanced Nursing 31(4): 775-782
- Ritchie, J. & Lewis, J. (2003) Qualitative Research Practice: A Guide for Social Science Students and Researchers. London: Sage

2.4.2 Health and care among non-western migrants as related to ageing in a second homeland

Bente Thyli, Research Fellow and Doctoral Student, Department of Nursing, Gjøvik University College
Department of Nursing, Gjøvik, Norway Co authors: Elsy Athlin & Birgitta Hedelin

Abstract:

Background:

Little is known about non-western migrants in the age groups of 60 and above in a Norwegian health care context . The intention of the study is to bring new insights into this area. The proportion of foreign-born inhabitants aged 65 years and above is expected to grow in the course of 10-12 years , and as a consequence the numbers of cultural encounters in geriatric care will rice.

Aim:

The aim is to explore experiences of health and caring needs among ageing migrants from non-western countries of origin settled in a Norwegian community.

Methods:

The study adopts a grounded theory approach according to Strauss and Corbin . The study comprises ageing inhabitants with non-western background living in a medium-sized Norwegian municipality, which until recently has been highly ethnically homogenous. Data is being gathered by means of qualitative interviews. The sample is recruited in collaboration with the informant's regular general practitioners, the community's Refugee Services, and by 'snow-balling'. The total number of informants is not yet decided, but seven informants are interviewed providing rich and deep content. Data collection and analysis have proceeded concurrently, and the constant comparative method is used. In the analysis, data is reduced to codes that are reassembled into categories by axial coding and core categories are searched for.

Results:

The ongoing analysis has pointed out preliminary categories which draw attention to a complexity of factors that may have impact on the possibility to provide high quality trans-cultural care. The research will be completed in time for presentation of results at the conference.

Conclusions:

The study will provide a sound contribution to the needed development of trans-cultural nursing knowledge in the Norwegian health care context as a basis for implementing more patient-oriented multicultural programs of care.

Recommended reading list:

- Thyli, B., Athlin, E., Hedelin, B. (2007) Challenges in community health nursing of old migrant patients in Norway - an exploratory study. International Journal of Older People Nursing, 2, 45 - 51
- Østbye, L. (2002) The demographic characteristics of immigrant population in Norway. Reports 2002/22. statistics Norway, Oslo
- Strauss, A., Corbin, J. (Ed.) (1997) Grounded theory in practice. Sage Publications, Inc., Thousands Oak, California, US

2.5.1 "What's a nice girl like you doing a job like that?" The attitudes and experiences of nurses working in abortion services

Katie Gallagher, Postgraduate Research Student, School of Nursing, University of Nottingham, Nottingham, United Kingdom Co authors: Davina Porock & Alison Edgley

Abstract:

Background:

The concept of nursing in abortion services and the attitudes of the nurses providing abortion, has received little attention despite the debate surrounding abortion achieving huge public attention.

Aims:

The investigation had two aims; to explore the concept of nursing in abortion provision, and to discover the attitudes of nurses working in abortion services towards abortion.

Methods:

Qualitative semi structured interviews were undertaken with 9 nurses working in abortion clinics which provided abortion up until 23 plus 6 weeks gestation. All interviews were digitally recorded and transcribed verbatim. Thematic analysis was used to analyse the data.

Results:

Two global themes ('Coping with' and 'Attitudes towards Abortion'), six organisational themes ('Coping with' > Role, Clients, Late Gestation Abortion, and Reasoning; 'Attitudes towards Abortion' > Reasoning, Society, and Nurses) and 11 basic themes were found.

Discussion:

Nurses working in abortion services focus on the rights of the women undergoing abortion, and the exclusive decision of the women to have an abortion. Some nurses, however, find it difficult to cope with abortion at later gestations. These nurses find ways of coping with this aspect of their role which enables them to continue to provide care. Nurses are aware of the attitudes that society holds towards abortion, allowing them to protect themselves from society's reactions through the careful dissemination of information about themselves.

Conclusion:

Despite some nurses finding aspects of their role difficult, nurses working in abortion services have found ways to resolve any differences and still provide care for women undergoing abortion. The nurses focus their care exclusively on the women accessing the services, allowing them to reconcile any tensions. This reconciliation, however, becomes more tenuous when the nurses themselves become uncomfortable with any involvement in late gestation abortions

2.5.2 Conducting research on the sensitive topic of abortion in the U.S: Methodological challenges

Joyce Cappiello, Asst. Clinical Professor of Nursing, University of New Hampshire, Durham, United States Co authors: Joy Merrell & Dorothy Rentschler

Abstract:

Background:

Limited studies have addressed women's decision-making for medication abortion, available in the U.S. since 2001 (Andrist et al 2006). Ethical issues of researching sensitive issues have been extensively explored in the literature (Siber 1993) but less attention has focused on the challenges of accessing and recruiting samples, which this paper addresses.

Aim:

To explore women's experiences of decision making regarding medication abortion.

Methods:

A grounded theory approach was used involving interviews with 22 women who had experienced medication abortion and 10 clinicians. Purposive and theoretical samplings were used. Recruitment spanned 24 months (October 2005-June 2007). Analysis is ongoing using the constant comparative technique.

Findings & discussion:

This methods paper focuses on the challenges of accessing and recruiting the women. Due to the polarizing abortion debate in the U.S., extreme sensitivity was required in recruiting the sample. In accordance with ethical approval, clinicians recruited the women's sample but this proved challenging. Various strategies were used to promote recruitment. Timing of the recruitment changed from the follow up to the initial visit which better matched women's interest in discussing their experiences. The importance of researcher credibility when exploring sensitive issues will be highlighted. Due to the sensitivity of the topic, and respect for participants' confidentiality and anonymity, participants chose a variety of settings to be interviewed and some interviews were conducted by telephone. The impact on data generation will be discussed, as in particular the telephone interviews yielded insightful data. The reasons why women chose to participate will be explored, which may guide recruitment efforts in future studies exploring sensitive topics.

Conclusions:

Opportunities for beneficial research are overlooked as researching sensitive issues can be problematic, due to access, recruitment and sampling challenges. Increased skill in recruiting samples to explore sensitive topics has potential to benefit often overlooked, vulnerable populations.

Recommended reading list:

- Andrist, L., K. Simmonds, E. Liebermann, and K. Healey (2006) Women's experiences of medical abortion. The American Journal for Nurse Practitioners, 10, 59-65
- Sutton, L., J. Erlen, J. Glad and L. Siminoff (2003) Recruiting vulnerable populations for research: revisiting the ethical issues. Journal of Professional Nursing, 12 (2), 106-112

2.6.1 Paediatric Cardiac Liaison Nurses - An evaluation of their role

Liz Perkins, Director of the Health and Community Care Research Unit, William Rathbone VI Professor of Community Nursing, Health and Community Care Research Unit, University of Liverpool, Liverpool, United Kingdom Co authors: Mona Killey

Abstract:

Background:

The role of Paediatric Cardiac Liaison nurse is a relatively new one, although services in some parts of the United Kingdom have been established since the late 1980s. The role was developed predominantly to meet the integrated care and information needs of children with congenital heart disease and their families. The Paediatric and Congenital Cardiac Services Review Group set up by the Department of Health envisaged that the paediatric cardiac liaison nurse would support children and their families at all stages of a child's cardiac illness from diagnosis, through treatment, transition to adult services and bereavement. In 2004 the British Heart Foundation (BHF) funded 11 new Paediatric Cardiac Liaison Nurse (PCLN) posts in seven UK NHS Trusts providing specialist paediatric cardiac services. In 2004 the University of Liverpool were commissioned by the British Heart Foundation to undertake an evaluation of the PCLN posts.

Aims:

To explore the range and nature of PCLN provision, and to examine the impact of the role on patients and their families.

Methods:

The study adopted a multistage design. Stage I involved a literature review and in-depth interviews with some of the first PCLNs in the UK to be employed. Stage II of the research comprised individual and group interviews with paediatric cardiac liaison nurses. In addition to the BHF funded PCLNs the study also involved PCLNs and their patients drawn from an additional five specialist children's NHS Trusts. Interviews were also conducted with 74 families receiving PCLN care. Stage III involved interviews with the relevant Trust managers in which the BHF PCLNs have been employed and a focus group with all BHF funded nurses.

Findings:

The paper will explore the role of PCLNs across the UK and their impact on the care of children and families with congenital cardiac conditions.

2.6.2 What do children's nurses do? An examination of children's nurses' accounts and records of care in Ireland

Melissa Corbally, Lecturer in Nursing, School of Nursing, Dublin City University, Ireland Co authors: Pamela Henry, Anne Scott & Eilis Hayes

Abstract:

There is a paucity of empirical data internationally on the activities of children's nurses in clinical practice and the contribution they make to health and social care. This paper will present the findings of a study which used a triangulation of research methods to explore children's nurses' contribution to the care of children and their families. The commonalities and differences between the themes which emerged using both methods of inquiry will also be discussed. Four focus group discussions were conducted in three hospital sites (n=25). A documentary analysis of eight cases selected from each of these sites (n=24) was also conducted. Both structured and unstructured documentation were included in this study. Thematic analysis was conducted on the data with the assistance of the computer assisted qualitative data analysis package (NVivo). Five categories common to both data sets emerged: Conceptualisation of children's nurses unique contribution to care, Assessment, Problems, Nursing interventions and Outcomes of care delivery. Another category – Issues and aspects of children's nursing, was unique to the focus group data and represented participants' accounts of the challenges nurses in Ireland face in providing quality care. The duality of the children's nurses' role (between child and parent) emerged strongly from both data sets under the category in the category Conceptualisation of children's nurses' unique contribution to care. This illustrated a 'doubling' up of nursing work voiced by participants. This finding contrasts with the rhetoric of 'family centred care' where nursing activity is conceptualised as a single entity (MacKean et al 2005, Paliadelis et al 2005). This paper attempts to make visible, the valuable work conducted by children's nurses in Ireland. There is potential for this study to have international resonance with practitioners working in similar healthcare settings. It is hoped that this study will prompt international collaboration in this subject area.

Recommended reading list:

- MaKean, G.L, Thurston, W.E., Scott, C.M. (2005) Bridging the divide between families and health professionals' perspectives on family-centred care. Health Expectations, 8, pp 74-85.
- Palladeis, P., Cruickshank, M., Wainohu, D., Winskill, R., Stevens, H. (2005) Implementing family-centred care: an exploration of the beliefs and practices of paediatric nurses. Australian Journal of Advanced Nursing, 23 (1), pp 31-36

2.7.1 Exploring Jordanian antenatal education outcomes: A solomon four-group study

Sanaa Abujilban, Student, Nursing, University of Ulster, Jordanstown, Belfast, Northern Ireland, United Kingdom
Co authors: Marlene Sinclair & George Kernohan

Abstract:

Previous research on the effects of Antenatal education has primarily been conducted using self-report cross-sectional data without an explicit theoretical base. The resulting forms of data are vulnerable to several threats to both internal and external validity. In 2002, a Primary Health Care Initiative (PHCI) was introduced in Jordan recommending free antenatal education for all pregnant women (MOH, 2002). It is important to explore and evaluate such new healthcare interventions so that appropriate resource allocation may be planned for future service delivery.

Aim:

To assess outcomes from the introduction of antenatal education on maternal confidence, anxiety and birth outcomes Methods: A natural experiment Solomon four-group design was chosen and Childbirth Self-Efficacy Inventory (CBSEI), State Trait Anxiety Inventory (STAI) were used to determine changes in maternal confidence and anxiety following antenatal education. Ethical approval, permission to use the CBSEI, STAI and access to pregnant women was obtained. Depending on power analysis, a convenient sample of 266 primiparous women was recruited from three MOH centres and three private clinics in Northern Jordan between December 2006 and June 2007.

Analysis:

2X2 ANOVA, t-test, ANCOVA were used to analyse the data.

Results and discussion:

Pre-testing showed differences between experimental and control group, which were controlled by ANCOVA. Results suggest that the effect of antenatal education on maternal confidence and anxiety were not significant. Experimental group post-test maternal confidence does not change significantly from the pre-test, while their anxiety state increased significantly. On the other hand, the control group demonstrated that maternal confidence increased significantly, while their anxiety does not. Further analysis showed antenatal education is a strong predictor for this change.

Conclusions:

Results were not conclusive, antenatal education is a complex intervention which needs to be studied from several perspectives: if applied inappropriately it may raise or lower maternal anxiety and confidence levels.

Recommended reading list:

- Ministry of health (2002). Standard of care for health centre. Reproductive health. (Volume III). Primary Health Care Initiative (PHCI). USAID

2.7.2 Influence of intimate partner violence during pregnancy and early postpartum depressive symptoms on breastfeeding among hong kong chinese women: A cross-sectional comparative study

Ying Lau, Associate Professor, School of Health Sciences, Macao Polytechnic Institute, Macao, Macau

Abstract:

Background:

Numerous studies show that breastfeeding is beneficial to both mothers and babies.

Objectives:

This study explores two understudied correlates that may influence breast feeding initiation: intimate partner violence during pregnancy and early postnatal depressive symptoms.

Method:

A cross-sectional comparative study design investigated the correlates of feeding modes of 1,200 Chinese mother and infant pairs in a university-affiliated regional hospital in Hong Kong.

Results:

The prevalence rates of breastfeeding and mixed feeding were 42.25% and 26.25%, respectively. Women who had no experience of intimate partner violence during pregnancy were significantly more likely to initiate breastfeeding [aOR = 1.84, 95% aCI 1.16 – 2.91] after adjustment for demographic, socio-economic and obstetric variables. Early postnatal depressive symptoms were not significantly associated with feeding modes in a multinomial logistic regression model.

Discussion:

Women who did not experience intimate partner violence during pregnancy were more likely to initiate breastfeeding as compared to women reporting abuse. Women who experienced psychological aggression and physical coercion during pregnancy were comparatively more likely to use mixed or artificial feeding. Several explanations have suggested. Although early depressive symptoms were not found to be significantly associated with initiating breastfeeding or mixed feeding in this study, this study did find that lower proportion of women who have early postnatal depressive symptoms initiate breastfeeding compared to non-depressed group, and a higher proportion of depressed women initiate artificial feeding.

Conclusion:

Midwives are in a key position to identify and intervene to encourage more successful breastfeeding practice.

Recommended reading list:

- Khin PP, Chung SL, Loh T. Support and promotion of breastfeeding: where are we now? Public Health and Epidemiology Bulletin 2002;11(3):25 - 32
- Dodgson JE, Tarrant M, Fong DKY, et al. Breastfeeding patterns of primiparous mothers in Hong Kong. Birth 2003;30(3):195 - 202
- Tarrant M, Dodgson JE, Choi VWK. Becoming a role model: the breastfeeding trajectory of Hong Kong women breastfeeding longer than 6 months. International Journal of Nursing Studies 2004;41:535 - 46

3.1.1 Saying hello: Preserving mental health and coping with loneliness in later age

Martin Johnson, Professor in Nursing, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom Co authors: Natalie Yates-Bolton, Julia Ryan, Steven Shardlow, Barbara Walmsley & Tracey Williamson

Abstract:

Introduction:

The majority of older people live healthy and active lives, but the likelihood of exclusion from common activities increases considerably in the presence of ill health. Nationally about 15% of people over 65 have depression, and up to 750,000 people in the UK have some form of dementia. We know that perhaps one in ten of people over 65 years report feeling often or always lonely, increasing with greater age (Sharf et al. 2005). Furthermore, the level of isolation and loneliness resulting from the death of a spouse can lead to self harm and suicide in older age, particularly among older men (Dennis and Lindesay 1995).

Methods:

The project, which was based in Wigan, Lancashire, involved the recruitment and training of 13 people over the age of 50 who were supported in undertaking a considerable amount of data collection by individual and group interviews. Some data were in the form of self-authored narratives by older people in Wigan. Workshops were organised for volunteer researchers to contribute to analysis and interpretation. Respondents included 110 (76%) females and 34 males (24%) with a majority in the 65 to 84 age ranges. Of the total sample more than half (82) lived alone, 38 were married and living together and 7 lived with relatives. Of the total sample 62 described themselves as widowed, 11 were divorced and 6 single.

Results & conclusions:

The paper will outline key strategies by which older people in this study dealt with bereavement, alleviated loneliness and attempted to achieve contentment. The link between loneliness and deteriorating mental health is not in doubt (Minardi and Blanchard 2004). However, with sound intervention the cycle can be broken with social support, activity, and appropriate social or clinical help if necessary so that quality of life is maintained.

Recommended reading list:

- Dennis, M. and Lindesay, J. (1995) Suicide in the elderly: the United Kingdom perspective. International Psychogeriatrics, 7, 263-273
- Minardi, H. and Blanchard, M. (2004) Older people with depression: pilot study. Journal of Advanced Nursing, 46(1), 23-32
- Sharf, T., Phillipson, C. and Smith, A. (2005) Multiple exclusion and quality of life amongst excluded older people in disadvantaged neighbourhoods. Social Exclusion Unit, Office of the Deputy Prime Minister, London

3.1.2 Health-related behaviours for students studying in the UK

Yen-Ju Lin, Assistant Professor, College of Nursing, Chung Shan Medical University, Taichung, Taiwan Co authors: Sam Porter & Kathy Rowe

Abstract:

Background:

Despite the large number of international students studying abroad, there is little understanding of the potential impact of an unfamiliar culture and environment on students'health-related behaviours.

Aims:

The purpose of this study was to compare the health-related behaviours of Taiwanese students studying in the UK and Taiwan, and the factors that influenced those behaviours.

Methods:

Quantitative and qualitative approaches were used in this study. Data were collected at three months and nine months following commencement of their study programme, using a questionnaire survey. In order to discover deeper insights that impacted on their changing health-related behaviours, four semi-structured focus group interviews were undertaken with Taiwanese students in the UK and in Taiwan.

Results:

Significant differences occurred in aspects of health-related behaviours with Taiwanese postgraduate students studying in the United Kingdom becoming less concerned about healthy living. A qualitative approach to analysis revealed that students in the UK found difficulty in adapting to a new environment with regard to culture, the education system and the health care system. In addition, students described the loneliness they felt and the need for friendship and support.

Discussion & conclusions:

The findings of this study support the concept that a negative cultural, social and learning environment produces stressors that potentially have a detrimental effect on previously healthy behaviours. In reflecting on the health-related behaviours of the students, most adaptation involved the adoption of new behaviour patterns, some of which were challenging to health such as smoking and drinking behaviours. This may be less worrying if they were context-dependent. However, an important issue arising from this study is that students tend to maintain smoking and drinking behaviours after their return to Taiwan. The implications of these findings for health promotion are discussed.

3.1.3 Depression: The patient experience of stopping antidepressants

Penny Louch, Lead Nurse Practitioner / PhD Student, Primary Care and Population Sciences, University College London, United Kingdom Co authors: Claire Goodman & Steve Iliffe

Abstract:

Aim:

This paper presents findings from a primary care based, mixed method study that aims to explore patients' fears and concerns when anticipating stopping their antidepressant medication.

Methods:

The study has two phases, a survey of a general practice population and in-depth interviews with a sub-sample of the original survey respondents. Drawing on the work of Kleinman (1980) and his theory of explanatory models of illness, a questionnaire was sent to 572 patients who were receiving either a tricyclic antidepressant or an SSRI antidepressant from one General Practice. A sub-sample of 30 patients was purposively identified from the 201 questionnaire respondents and interviewed using Lloyd at al's (1998) Short Explanatory Model Interview framework. The aim of the interviews was to increase the depth and breadth of understanding of patients' explanatory models in order to understand how they anticipate the cessation of antidepressant medication, what their anxieties and concerns might be, and how this transforms their perception of recovery and cure.

Results:

The 30 interview transcripts were analysed using Framework (Ritchie & Spencer 1994), a systematic approach to data analysis which is transparent and reproducible.

Themes identified from the interviews include:

- Is depression the first step on a trajectory towards madness?
- Depression as a chemical imbalance: depression redefined as a physical illness
- Are antidepressants friend or foe?
- The nature of self
- Fears and concerns about stopping antidepressants
- Recovery and the role of antidepressants

Conclusion:

The use of a questionnaire that draws on lay models of illness belief informed the identification of a sub-sample of 30 patients in a primary care setting. The in-depth interviews revealed multiple insights into how individuals contextualise depression, experience fears when planning to stop antidepressants, anticipate and define recovery from depression, and the impact of depression on constructs of self.

Recommended reading list:

- Kleinman, A. 1980, Patients and healers in the context of culture University of California Press, Berkeley, CA
- Lloyd, K. R., Jacob, K. S., Patel, V., St Louis, L., Bhugra, D., & Mann, A. H. 1998, "The development of the Short Explanatory Model Interview (SEMIS) and its use among primary care attenders with common mental disorders", Psychological Medicine, vol. 28, no. 5, pp. 1231-1237
- Ritchie, J. & Spencer, L. 1994, "Qualitative data analysis for applied policy research," in Analysing Qualitative Data, A. Bryman & R. G. Burgess, eds., Routledge, London, pp. 173-194

3.2.1 Involving service users: Considerations, challenges and cautionary tales from a randomised equivalence trial of lay-led asthma self-management education

Jean Hennings, Research Assistant, School of Nursing, Midwifery and Social Work, The University of Manchester, United Kingdom Co authors: Ann-Louise Caress, Martyn Partridge, Clare Brown, Eve Applegate, Malcolm Campbell, Karen Luker & Ashley Woodcock

Abstract:

Asthma is a significant cause of morbidity worldwide. It represents a considerable burden for both patients (eg reduced quality of life, lifestyle disruption) and healthcare services (eg unscheduled primary care consultations, emergency hospital admissions). There is substantial, high-quality evidence of the efficacy of self-management education in asthma. However, many asthma patients still do not receive such education and fewer than one in four has a written asthma action plan (as recommended in asthma guidelines). Possible contributors to this include lack of healthcare professional time and increasing service pressures in primary care. The potential of service users to contribute alongside health professionals to patient education is increasingly recognised. To date, work has focused primarily on generic education. Exploration of the potential of service users in delivering disease-specific education is needed. However, such work presents important considerations and challenges.

We will draw on experience from a recently completed randomised equivalence trial to highlight and discuss these issues. The trial compared outcomes (healthcare utilisation, asthma outcomes and quality of life) and acceptability (patient satisfaction, perceived enablement and retention) in asthma patients educated by practice nurses and trained lay educators. The study took place in general practices (N=39) in Greater Manchester and London. 567 patients were randomised to care by a practice nurse (N=287) or lay educator (N=280).

This paper focuses on considerations and challenges encountered relating to:

- Identification and recruitment of lay educators
- Training
- Putting lay educators into practice settings (practical issues; research/clinical governance considerations; mentoring; quality assurance)
- Evaluating efficacy/effectiveness
- Sustaining the initiative

We conclude that lay-led asthma self-management education is feasible, but requires considerable resources; attention to practical, logistical and governance issues and on-going support of all parties. The paper seeks to raise awareness, encourage discussion and highlight potential solutions/pitfalls, to inform others undertaking/evaluating comparable work.

3.2.2 Service users' views of the nursing contribution to chronic disease management

Alison While, Professor of Community Nursing, Florence Nightingale School of Nursing & Midwifery, King's College London, United Kingdom Co authors: Billie Coomber & Freda Mold

Abstract:

Background:

Government policy is increasing the role of the nurse in chronic disease management. Most users' views are represented in service satisfaction surveys rather than an examination of the user's experience of the nursing contribution to their care despite the Government's emphasis upon the centrality of users' views regarding all aspects of healthcare.

Aims:

To describe users' views of the nursing contribution to chronic disease management; and to identify examples of the nursing contribution as recalled by users.

Method:

Four geographically spread participative conferences (Bristol, London, Manchester, Newcastle) were held in 2007. Structured table top discussions were conducted to collect data from users who had diabetes mellitus (n=12); multiple sclerosis (n=9); COPD (n=18) and user representatives (n=2). The users represented various stages of the disease trajectories.

Results:

The users reported variable contributions at diagnosis reflecting the length of their diagnosis when the role of nurses may have been different from today. The nurse role in information giving and psycho-social support was reported across the disease trajectory both with users and their care. Some users identified nurses as providing signposting to other sources of help. The nurse role in providing practical support and advice was acknowledged as enabling self-care. Some users described clinical activities undertaken by nurses such as clinical assessments, undertaking investigations and prescribing. The nursing contribution was viewed positively in terms of improving access to care both through speed of response and sensitivity to individual need, providing reassurance and providing continuity of care. A range of views were expressed regarding what nurses should give up and what nurses should do that they are currently not doing. Specialist nurses were more frequently identified than other nurses.

Conclusions:

The nurse role is highly valued by users. Users' views also provide important ideas regarding the development of nursing.

3.2.3 Reflections on the use of social assessment in a nurse leading social rehabilitation programme for neurological patients and carers

Maria Carmen Portillo Vega, Lecturer Nursing, School of Nursing, University of Navarra, Pamplona, Spain Co authors: Sarah Cowley

Abstract:

Background:

The involvement of neurological patients and relatives in decision making and the use of individual assessments are gaining importance to face long term disability and social isolation[1,2]. However, further understanding of how to integrate social assessment in nursing practice is needed.

Aims:

To describe the development of social assessment, and the main benefits and difficulties of its implementation and integration in clinical nursing practice.

Methods:

Data were obtained in an action research project which took place in two neurological wards of a hospital in Spain (completed in 2004). A social rehabilitation programme was planned, implemented and evaluated with nurses working in the wards (n=37), and two groups of neurological patients and relatives (n1=22/22; n2=18/18), who were selected through convenience sampling. Semi-structured interviews and non-participant observations took place. Content analysis[3] (N-Vivo v.2.0) and statistical analysis (SPSS v. 13.0) were conducted.

Results:

Most participants advocated the use of social assessments to determine social problems, and plan education and strategies for socialisation. A social assessment form was designed and focused on family environment and support, disease repercussion, change of roles and leisure activities. Social care and social assessments undertaken in the wards ($p < 0.001$) significantly increased, and had a positive impact on users' perceptions of nursing holistic care. However, some limitations such as the lack of skills (60%), time (13%) and privacy (13%) were observed together with a significant increase of the time spent with users ($p < 0.001$) when the assessment was performed.

Discussion:

Although social assessments were beneficial and highly valued, educational sessions and multidisciplinary support groups are needed to develop the nurses' role and skills, and solve time restraints in social care.

Conclusions:

This paper will shed light on the use and understanding of the holistic assessment in nursing practice, its limitations and benefits for the quality of care and patients' wellbeing.

Recommended reading list:

- Calne SM (2003) The psychosocial impact of late-stage Parkinson's disease. J Neurosci Nurs 35 (6): 306-313
- Miles MB, Huberman AM (1994) Qualitative data analysis: an expanded sourcebook. 2nd Edition. London: Sage publications

- Palmer S, Glass TA, Palmer JB, Loo S, Wegener ST (2004) Crisis intervention with individuals and their families following stroke: a model for psychosocial service during inpatient rehabilitation. Rehabil Psych 49 (4): 338-343

3.3.1 Nursing science and nursing practice. Nurses' attitudes, knowledge, wishes and perceived obstacles regarding nursing research and research utilization (204)

Helga Breimaier, academic teacher and junior researcher, Department of Nursing Science, Medical University Graz, Graz, Austria Co authors: Christa Lohrmann

Abstract:

Background:

The pressure on nurses to use research findings as a base for acting in daily practice is increasing. It is known that, generally, research results are not automatically put into practice, and a theory-practice gap still exists due to several factors. Therefore it is necessary to identify these factors to bridge this gap, especially in a country where nursing science is a very young discipline, like Austria.

Aim:

The aim of this study is to identify nurses' attitudes, knowledge, wishes, perceived obstacles and facilitators related to nursing research and the utilization of research results.

Methods:

The entire population of 1825 registered nurses from a large university teaching hospital in the south-eastern part of Austria was surveyed in May 2007. The obtained response rate was 57% (n = 1041). The translated and modified Questionnaire on Utilization of Nursing Research (Parahoo and McCaughan, 2001) with its 7 open- and 14 closed-ended questions about demographic data and study-related questions was distributed via internal mail. SPSS (14.0) will be used to analyse descriptive statistics as well as parametric and nonparametric tests. The open-ended questions are content analysed and a categorization scheme is developed.

Results:

Answers in the given categories show accordance with preceding literature on research utilization. Nurses denominated e. g. following obstacles in using research results: lack of time, understaffing, inadequate information and knowledge, limited access to research findings, lack of interest, lack of managerial support, no knowledgeable person who could be asked during implementation. Nurses' wishes regarding implementation of research results are team work, realizability, relevance to practice, adequate information, access to research results, a knowledgeable person and managerial support.

Conclusion:

The findings offer a basis for planning and improving research utilization in the surveyed hospital and will be presented at the conference.

Recommended reading list:

- Parahoo, K and McCaughan, EM (2001) 'Research utilization among medical and surgical nurses: a comparison of their self reports and perceptions of barriers and facilitators', Journal of Nursing Management, vol. 9, pp 21-30

3.3.2 Barriers to Spanish nurses' research utilization

Teresa Moreno Casbas, , Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain Co authors: Carmen Fuentelsaz, Esther González, Lara Martínez, Gema Escobar, Lucia Garcia & Montserrat Gómez

Abstract:

The barriers scale was developed to elicit the opinions of nurses on barriers to research utilization in the practice setting. This instrument has subsequently been used by researchers from across the (UK, United States, Sweden, Australia, Ireland, Finland, Canada, Norway, China…)

Methods:

A survey design was used. A random health institutions sampling method was used for general nurses and we used the total population for "active researchers". The final sample consisted of 854 registered nurses working in Hospitals an Primary Health Care Centres (PHCC) in Spain and 69 for "active researches" The instrument was given personally for general nurses and mailed to "active researchers (AR)". In both cases participants were asked to return the completed questionnaire either trough their nurse manager or by mail.

Results:

Response rate was 83,23% for general nurses and 80,23 for AR. The majority of participants were female (84,8% and 64,1%) in both cases. The mean age of participants for general nurses was 41 (SD=9,2; CI 95%: 40,3 to 41,6) and 46 (SD=6,1; CI 95%: 44,1 to 47,2) for AR. The highest ranking barriers to research utilisation reported by respondents were related mainly to organisational factors with regards to inadequate facilities, no authority to change procedures, and time constraints. Participants working in hospitals and PHCC ranked time constraints as the most significant barrier. The greatest barrier for AR is not being aware of research.

Conclusions:

These results are congruent with previous findings. Barriers to nurses' research utilization include insufficient time, insufficient authority to implement research findings, being unaware of research, and being blocked in implementation of research findings by nurse or physician colleagues. That factors are multidimensional and should be taken into account by all involved in health research: practitioners,researchers, managers,educators and policy-makers.

Recommended reading list:

- Funk S.G., Tornquist E.M., Champagne M.T., (1995). Barriers and facilitators of research utilization. Nursing Clinics of North America 30 (3),395 .407
- Bryar, R.M., Closs, S.J., Baum, G., Cooke, J., Griffiths, J., Hostick, T., et al. (2003). The Yorkshire BARRIERS project: diagnostic analysis of barriers to research utilisation. International Journal of Nursing Studies, 40, 73-84
- Hutchinson, A.M. & Johnston, L. (2006). Beyond the BARRIERS Scale: commonly reported barriers to research use. Journal of Nursing Administration, 36(4),189-99

3.3.3 Research to practice - A Northern Ireland project

Linsey sheerin, Emergency Department, Belfast Health and Social Care Trust, Belfast, Northern Ireland, United Kingdom Co authors: Margaret Sowney

Abstract:

Aim:

To highlight the findings from an audit of an educational project aimed at reducing challenges encountered by nurses caring for people with learning disabilities in emergency care.

Background:

People with learning disabilities suffer a range of health problems that increase the likelihood of accessing emergency care services. A study conducted in Northern Ireland in 2005 explored the experiences of emergency department (E.D) nurses in assessment and provision of care to adults with a learning disability.

Methods:

Five focus groups, consisting of 26 E.D nurses was used to collect data. Six major themes emerged from the data, 'good practice, respect for individuals, lack of knowledge, dependence on carers and issues of consent'.

Results:

The findings suggest that although E.D nurses are viewed as being professionals who are able to cope with ever changing demands, they do however experience significant challenges in assessment and provision of care to adults with learning disabilities. As a direct response to these research findings one hospital in N.I implemented a project aimed at increasing the knowledge, skills and competence of staff working within the E.D. The project involved providing teaching to nurses on the nature of learning disabilities, consent and legislation. An audit was conducted pre and post teaching sessions. It highlighted that nurses felt their understanding of the nature of learning disabilities had increased. Pre training 40% of nursing staff felt their understanding was poor, 60% moderate, post training 75% of nurses felt their understanding was now good and 25% felt they had a moderate understanding. Similar findings were also noted on issues of consent, capacity and confidence in communicating with patients with a learning disability.

Conclusion:

One could argue that the biggest challenge of nursing research is application of its findings.

3.4.1 Non-medically-led services: A systematic review of qualitative and quantitative evidence

Janet Petty, Nurse Consultant, Faculty of Health & Social Care, Liverpool John Moores University, Liverpool, United Kingdom Co authors: Akhtar Wallymahmed

Abstract:

Background:

Nursing and therapy-led services in the United Kingdom have increased substantially in recent years with the introduction of extended roles and advanced practice initiatives. Policy documents, including Liberating the Talents (DoH 2002) advocate the development of such services. Systematic reviews of non-medically-led services have in general, shown positive findings with regard to service user impact. However, service costs were generally higher and longer-term clinical outcomes were often unclear. This systematic review will inform the development of new services, assist sustainability and facilitate evidence-based practice.

Aims:

- To explore whether non-medically-led services are effective in terms of clinical outcomes
- To establish service user perspectives of non-medically-led services
- To determine the cost effectiveness of non-medically-led services

Methods:

A focus group reached consensus on inclusion criteria and types of interventions, along with the compilation of a substantial list of relevant search terms. Searches of the major databases including Medline, CINHAL and the British Nursing Index began in 2005. Potential studies that were initially identified using basic criteria of non-medically-led research and/or service evaluation totalled 5608. Abstracts were screened, and 520 selected for a full read through. The author and members of the focus group carried out further review of 150 studies using specifically designed data extraction forms. The final number of studies included in the systematic review is, 32 quantitative, 10 qualitative and 5 mixed methodology.

Analysis:

The chosen analytical approach for the qualitative studies uses a framework for meta-study described by Paterson et. al. (2001). Data from quantitative studies will be pooled, where appropriate, and analysed using a meta-analysis approach in line with methods described by the Cochrane Collaboration (Alderson et. al. 2004). The analysis phase is currently ongoing; the systematic review will be completed by the end of the year.

Recommended reading list:

- Department of Health (2002) Liberating the Talents: Helping Primary Care Trusts and Nurses to Deliver the NHS Plan. London
- Paterson, B.L., Thorne, S, E., Canam, C,. Jillings. (2001) Meta-Study of Qualitative Health Research: A Practical Guide to Meta-Analysis and Meta-Synthesis. Sage. Thousand Oaks
- Anderson, P., Green, S., Higgins, J.P.T. eds. Cochrane Reviewers Handbook 4.2.2 (updated March 2004). In the Cochrane Library, Issue 1, 2004. Chichester, UK. John Wiley & Son, Ltd

3.4.2 What is best supportive care for lung cancer patients? A systematic review of best supportive care in lung cancer trials

Barbara Jack, Professor Of Nursing, Faculty of Health, Edge Hill University, Liverpool, United Kingdom Co authors: Angela Boland, Rumona Dickson, James Stevenson & Claire Mc Leod

Abstract:

Most research assessing the effectiveness of cancer treatments involves clinical trials where new treatments are compared with best supportive care. Generally, the term implies non-interventional care. However, in some instances, best supportive care may include active treatments (e.g. radiotherapy or chemotherapy). In England and Wales, the National Institute for Health and Clinical Excellence requires evidence of the clinical and cost effectiveness of new treatments before approval is awarded. It is therefore necessary for decision-makers to have access to the costs and benefits of best supportive care as currently employed in clinical trials.

Aims:

This research aims to identify whether or not best supportive care is adequately described in published reports of lung cancer trials.

Methods:

Systematic review of relevant studies identified through Medline, EMBASE, Science Citation Index and the Cochrane Library. Systematic reviews or randomised controlled trials were included if best supportive care was the comparator in lung cancer trials.

Results & discussion:

26 randomised controlled trials and 13 systematic reviews met the inclusion criteria. Less than 50% of studies included formal definitions of best supportive care. The included studies did not adequately describe the components or delivery of best supportive care. The best supportive care received by lung cancer patients is therefore unknown. Direct and indirect comparisons in trials comparing new treatments to best supportive care must be interpreted with caution as similar patients might have received substantially different packages of care.

Conclusions:

Definitions of best supportive care in the published literature are often inconsistent and at times non-existent. To improve NHS decision-making, health care professionals must recognise the importance of identifying, measuring and valuing the costs and benefits of best supportive care. Where definitions of best supportive care are inadequate, NHS decision-making becomes uninformed. This paper discusses these findings including the implications raised.

3.4.3 What should I include? A review of the techniques used to generate items in quality of life questionnaires

Simon Palfreyman, Research Nurse, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom Co authors: Angela Tod, John Brazier & Jonathan Michaels

Abstract:

When assessing and evaluating health care, there needs to be a means of determining whether an intervention is improving, or adversely affecting, the quality of life. The ability to be able to measure how clinical intervention or treatments improve patient outcome is especially important in chronic conditions where the capacity to cure may be limited. One method is to simply ask the patient using a structured questionnaire focused on perception of perceived quality of life. Past QoL questionnaires have relied on the expertise of clinicians and excluded the views of patients. In designing such questionnaires the primary consideration is the choice of items to include but such decisions can be problematic. It is clearly important to include items that reflect the priorities and experiences of the patient. If attributes that impact on quality of life are omitted then the validity of the questionnaire can be severely compromised.

This presentation argues for a rigorous bottom up approach starting with qualitative techniques to incorporate the views of the patients. However, this approach can encounter problems particularly with representativeness, prioritising and data analysis. The next stage, which uses quantitative methods and aims to prioritise and reduce the number of items, can also be challenging. This data reduction uses techniques such as Factor and Rasch analysis and these too can rely on subjective decisions. For example, researcher needs to decide the number of factors based on those items that "best fit", "make the most sense".

This paper seeks to examine the methods that can be used to select attributes and items to include in quality of life instruments. It will review the advantages and disadvantages of both qualitative and quantitative techniques using an example of an instrument developed to measure outcomes in venous ulceration.

Recommended reading list:

- Coast, J. 1999, "The appropriate use of qualitative methods in health economics.", Health Economics, vol. 8, pp. 345-53
- Tennant, A., McKenna, S. P., & Hagell, P. 2004, "Application of Rasch analysis in the development and application of quality of life instruments", ISPOR, vol. 7, no. 4, pp. S22-26
- Watson, R. & Thompson, D. R. 2006, "Use of factor analysis in Journal of Advanced Nursing: literature review", Journal of Advanced Nursing, vol. 55, no. 3, pp. 330-341

3.5.1 Determining best practice for the management of the confused older person in acute care

Lesley Wilkes, Professor of Nursing & Dean of Research Studies, School of Nursing, Family & Community Health, University of Western Sydney, Sydney, Australia Co authors: Debra Jackson & Shantalan Mohan

Abstract:

Background:

As a result of the ageing Australian population, increasing numbers of confused older patients will need to be cared for in the acute care system. Currently in the acute care system, models of care, workload formula, staff knowledge and environment are not conducive to providing quality care for these people.

Aim:

This two phased study aimed to identify gaps in current care practices for older people with confusion in the acute care setting and develop a framework for best practice model/s of care for confusional care.

Method:

A mixed-methods approach was used to collect data for this study. The first phase involved retrospective examination and evaluation of 51 special's observation charts used for older patients with confusion. In the second phase, semi-structured in-depth interviews were conducted with a purposive sample of 10 health professionals to explore the viability and success of current care practices to manage confusion in older patients in the acute hospital environment. Data from Phase1-were analysed using SPSS software. The transcribed interviews from phase two were entered into NVivo software and analysed for common themes.

Results:

Analysis of the special's observation chart and interviews with health professionals confirmed the inadequacy of the specialling forms. A number of themes emerged from analysis of interview data and includes: barriers to the care of older confused people in the acute care setting, role of specials in the care of confused older people and the need to change care practices for older confused people.

Discussion & conclusion:

This study has provided insights into the existing care practices for older people with confusion, in acute care. Results from this study not only provide guidelines to develop a best practice model for confusional care in acute care but also inform confusional care practices across other health care settings both nationally and internationally.

3.5.2 Formative evaluation of the Silver Song Club project

Ann Skingley, Senior Lecturer/Senior Researcher, Social Work, Community and Mental Health, Canterbury Christ Church University, Canterbury, United Kingdom Co authors: Hilary Bungay, Stephen Clift & Grenville Hancox

Abstract:

Background:

In the context of an ageing population and rising numbers of people with a long term illness, government policy over recent years has laid increasing emphasis on the need to improve the health and wellbeing of older people. There is growing evidence that this may be supported through active participation in creative activities such as singing (Cayton, 2007). To this end, a number of "Silver Song Clubs" have been set up in S.E England.

Aim:

To make an assessment of the experiences and health benefits gained by "Silver Song Club" participants as a first step in the development of a theoretical framework for understanding the effects of participative singing for older people. This will facilitate appropriate referral into such activities by health professionals.

Methods:

The study (approved by the university's Faculty Research Ethics Committee) is adopting a qualitative approach based on the model of "realistic evaluation" put forward by Pawson and Tilley (1997). Collection of data from six of the 30+ clubs took place between September 2006 and June 2007. Individual or focus group interviews (n = 46 individuals plus 6 groups) were conducted with all stakeholder groups involved in the song clubs (directors of the administering organization, facilitating musicians, supporting volunteers from choral societies, venue managers and participants). Observations of individual sessions were also recorded. Analysis (due for completion October 2007) aims to compare responses across respondent groups as well as across the individual clubs, in order to build theory.

Emerging results:

Initial results are indicating that the aims and benefits as perceived by directors and facilitators are supported by the views of volunteers and participants. Outcomes for participants include enjoyment, social interaction, physical improvement, subjective mental wellbeing, memory and recall stimulation and learning. Work continues on relating responses to their individual context and to the broader theory.

References:

- Cayton, H. (2007) Report of the Review of Arts and Health Working Group. Department of Health, London. (Available at: www.dh.gov.uk/publications) Pawson, R. & Tilley, N. (1997) Realistic Evaluation. Sage Publications, London

Recommended reading list:

- Cayton, H. (2007) Report of the Review of Arts and Health Working Group. London, Department of Health
- Pawson, R. & Tilley, N. (1997) Realistic Evaluation. London, Sage Publications

3.5.3 An exploration of wandering in older persons with a dementia through radical reflection and participation

Jan Dewing, Independent Consultant Nurse, Honorary Research Fellow, University of Ulster, Northern Ireland and Visiting Fellow, Northumbria University, Engalnd, United Kingdom

Abstract:

Aim:

This presentation will provide an overview of the completed research and will also suggest what the key implications for practice, research and policy might be (Dewing 2007). In this study Merleau-Ponty's philosophy of phenomenology was used as the philosophical and theoretical framework (Merleau-Ponty 1962).

Background:

Two overarching principles guided the research; radical reflection (a way of organizing phenomenological reduction) and meaningful participation by older persons with dementia. A person-centred methodology was generated which comprised of principles from human science research (van Manen 1990, an ethic of care and process consent. The essence of the phenomenon of wandering was accessed through encounters with the lived experience of wandering in ten older persons with dementia living in a nursing home in England; using three observation styles supported by video recording and conversational interviews.

Methods:

Using principles from human science research woven with creative expression (i.e. poetry), data was holistically analysed keeping it embedded in the participant's lived experience. Through evocative phenomenological portraits of the lived experience of wandering, the lived experience of wandering was found to be active, dynamic and imbued with numerous meanings and purpose connected with being-in-the-world. In particular it is an embodied manifestation by which a person living with an advancing dementia actively creates integrated meanings in their world. Meanings encompass four existential dimensions: relationality with an embodied self, relationality with others and objects, space and place and finally, lived time.

Results:

The findings point to the phenomenon of wandering having a number of elements within its essence, which had not been previously captured in the literature:

- Movement of an embodied self within lived space and time
- The feeling of being at home or not being at home
- A desire or longing for freedom
- Living with a sense of a hopeful-hopeless future

Recommended reading list:

- Merleau-Ponty M (1962) The Phenomenology of Perception (Translated by C Smith). London. Routledge and Kegan Paul
- van Manen M (1990) Researching Lived Experience: Human Science for an Action Sensitive Pedagogy. Toronto, Ontario, The Althouse Press University of Western Ontario
- Dewing J (2007) An Exploration of Wandering in Older Persons with a Dementia through Radical Reflection and Participation. Unpublished Dotoral Thesis. Manchester, RCNI/University of Manchester

3.6.1 'Knowing when you're there' – achieving theoretical saturation in grounded theory

Claire Taylor, Lecturer, Florence Nightingale School of Nursing and Midwifery, Kings College London, London, United Kingdom

Abstract:

In grounded theory, the researcher can not predict at the outset of the study, how many people or groups of people will need to be sampled during the entire study. Theoretical saturation is the key factor that determines when data collection can end (Glaser, 1992). Saturation is recognisable when the addition of further data yields no extra information to the properties of the categories already developed. Saturation thus helps prevent gaps in the theory thereby developing a diverse whilst dense theory and creating confidence and dependability in the study findings. This presentation will elaborate on the above, illustrating its application, timing and purpose with reference to a grounded theory study investigating recovery after cancer surgery. The criteria for determining saturation will be discussed and also compared with other research approaches. Finally the importance of theoretical saturation in the development of a grounded theory will be highlighted.

Recommended reading list:

- Glaser, B. (1992). Basics of grounded theory analysis. Mill Valley, CA, Sociology Press

3.6.2 "Becoming" an older volunteer: A grounded theory study

Janet Brown, Assistant Professor, College of Nursing, The University of Tennessee, Knoxville, Tenne, United States of America Co authors: Shu-li Chen, Linda Mefford & Bonnie Callen

Abstract:

Background:

Studies have shown better physical and psychological health, well-being, increased life satisfaction, lower mortality risk, and lower functional dependence and depression for older persons who volunteer. But, it is not yet known how older persons "become" volunteers.

Aims:

The purpose of this Grounded Theory study is to describe the process by which older persons "become" volunteers. Specifically, how older persons incorporate volunteering into who they are, not merely what they do.

Methods:

Secondary analysis grounded theory methodology was used on forty interviews of older persons volunteering for Habitat for Humanity during September 2006. Content analysis was used to uncover the process of "becoming" a volunteer. Margaret Newman's theory of health as expanding consciousness provided the theoretical framework for the study. Results: "Helping out" (core category} for older volunteers occurs within the context of "continuity", "commitment" and "connection" which provide the basic motivation for volunteering. When a need arises, older volunteers "help out" providing physical and financial resources as their health and resources permit. Social, physical, emotional and spiritual benefits of volunteering become motivators for future additional volunteering.

Discussion:

Findings suggest that older volunteering is a developmental process and learned behavior. The process of "becoming" a volunteer can and should be fostered in older persons by personally inviting them volunteer. Intergenerational volunteering projects will allow older persons to pass on knowledge and skills and provide positive role modeling for younger volunteers who someday will be older volunteers.

Conclusion:

Understanding the process of "becoming" a volunteer may lead to strategies for recruiting and retaining older volunteers. Except for older persons with very poor health, almost any older person can be a volunteer in some capacity. Volunteering will lead to improved quality of life for older persons and stronger communities because of services provided.

3.7.1 Factors that influence advanced practice nurses in the promotion of evidence-based practice amongst frontline staff: Findings from a national survey

Kate Gerrish, Professor of Nursing, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, United Kingdom Co authors: Ann McDonnell, Louise Guillaume, Marilyn Kirschbaum, Angela Tod & Mike Nolan, Susan Read

Abstract:

Background:

The need to enhance the quality of patient care by basing practice on the best available evidence is a core component of many policy directives. There is a need to facilitate front-line staff to deliver high quality evidence-based care. Advanced practice nurses (APNs) are expected to make an important contribution to this endeavour, but little research to date has examined this element of their role.

Aim:

To provide an overview of factors influencing the contribution that APNs make to promoting evidence-based practice amongst front-line staff.

Methods:

A survey by postal questionnaire of APNs working in 87 hospital and primary care NHS organisations across England was undertaken between November 2004 and July 2005.

Results:

855 completed questionnaires were returned. APNs had a broad understanding of evidence-based practice which extended beyond research utilisation to include evidence derived from professional experience and from patients. APNs obtained the evidence they used in practice from a wide variety of sources. Over two thirds of respondents felt able to influence the care provided by front-line staff through their involvement in direct patient care, by working alongside front-line staff and acting as a resource to solve clinical problems. APNs with a master's degree were significantly more confident in their ability to support evidence-based practice and more likely to consider themselves to be competent or expert in this field. The heavy workload of the APNs and front-line staff together with a lack of resources were perceived to be the greatest barriers to promoting evidence-based practice.

Conclusion:

The factors that influence APNs in the promotion of evidence based practice are complex. The influence of contextual factors will be explored through a series of case studies which follow on from this survey.

Recommended reading list:

- Department of Health (2006) Modernising nursing Careers: setting the direction. London: Department of Health.
- Fitzgerald, L., Ferlie, E. and Hawkins, C. (2003) Innovation in healthcare: how does credible evidence influence professionals? Health and Social Care in the Community. 11: 219-228.
- Guest, D., Redfern, S., Wilson Barnett, J. et al (2001) A preliminary evaluation of the establishment of nurse, midwife and health visitor consultants. London: King's College.

3.7.2 Leading for a change exploiting evidence based practice (EBP)

Rika Levy-Malmberg, Senior Lecture in Clinical Care, Caring and Social Sciences, Abo Academy University, Vaasa Finland, Co authors: Yvonne Hilli

Abstract:

Aim:

The aim of this research is to lead to a change using EBP. At the outset, the study relates to the Finnish Ministry of Heath and Social Affairs report in the subject of safety and pharmacotherapy published in 2005. This project involved both the University of Applied Sciences and the Central Hospital at Vaasa Finland during the period 2006-2007.

Four topics and objectives were formulated in order to achieve the main goal:

- Leadership styles towards change with the aim of acquiring knowledge to assist nurses in leading towards successful change, motivated by Lewin's force-field theory
- Promoting knowledge – License to practice with the aim of investigating the benefit of promoting pharmacological knowledge among nurses, motivated by Benner's theory from novice to expert
- Pharmacotherapy patient education with the aim of exploring effective approaches to patient teaching methods motivated by the Orem theory of self-care
- The ethical dilemma that arises when making an error while distributing pharmacotherapy with the aim of inquiring knowledge related to morality and accountability, this study was motivated by Eriksson's theory of caritative care

Methods:

The methodology foundation was the integrative nursing research as described by Kirkevold (1997). The evidence collected has created an opportunity to lead towards a partly successful change in majority of the wards, which take active part in the process and raise the need of evaluating knowledge amongst nurses in order to reduce error and encage them to continue education as a moral obligation.

Results:

The results stress the need for a deeper and meaningful cooperation between the field and the university in order to assimilate EBP in the process of change as well as enabling the probability of creating a bridge between theory and practice. Key words: EBP, change, leadership, pharmacotherapy, morality.

Recommended reading list:

- Kirkevold M. Integrative nursing research: the development of nursing science and nursing practice. Journal of Advanced Nursing.1997: 25 pp 977-984
- Safe Pharmacotherapy. National guide for pharmacotherapy in social and health care. Helsinki 2006.Handbooks of the Ministry of Social Affairs and Health, Finland; 2005:32
- Jeriock M. Falk K. Severinsson E. Academic nursing education: Tool for bridging the gap between theory and practice. Nursing & Health Sciences. 2003: 5 (3) pp 219-228

3.7.3 Maximising practice and patient recruitment in primary care research: A research nurse perspective

Claire Leathem, Clinical Academic Research Nurse, General Practice, Queen's University, Belfast, Northern Ireland, United Kingdom Co authors: Margaret Cupples, Mary Byrne, Andrew Murphy & Susan Smith

Abstract:

Introduction:

The challenge of successfully recruiting and retaining patients and healthcare providers to participate in research studies requiring changes in their everyday practice has been reported widely. Maintaining facilitative and supportive relationships throughout the duration of a study without compromising standards of good clinical practice and scientific rigour is an endeavor that may be likened to juggling numerous fragile balls. Practical guidance for researchers seeking maximal recruitment to randomised controlled trials (RCT) is scant.

Aim:

To identify practical guidance for improving recruitment to future research studies based on the experience of issues encountered in a cluster RCT of an intervention for secondary prevention in coronary heart disease.

Method:

A stepped approach delivered information about the study, matching details provided to questions asked after initial contact and ensured support provided was tailored to changes in the research setting. Focus groups and interviews were conducted amongst purposively selected samples of practice staff and patients exploring issues surrounding recruitment. Forty eight general practices located across the Republic of Ireland and Northern Ireland and 909 patients were recruited.

Data collection began:

December 2004 and completed July 2007.

Results:

Allocating sufficient time in the recruitment process for the identification of eligible participants is vital and required the cooperation of staff involved in health service administration and clinical staff. Practice staff who participated reported appreciation of tailoring of the delivery of information and support to meet their needs. Qualitative findings suggested participants were encouraged to take part by receiving clear information about the study, an invitation linked to their own practice and a helpline telephone number. Identifying eligible

Conclusion:

Ensuring the participation of adequate numbers of practices and patients in randomised controlled trials allows increased confidence in the representativeness, validity and generalisability of study results. This has direct implications for both patient care and clinical outcomes.

Recommended reading list:

- Affleck, P. (2005). The challenge of recruitment. Nurse Researcher, 13(1), 78-84
- Badger,F., and Werrett, J. (2005). Room for improvement? Reporting response rates and recruitment in nursing research in the past decade. Journal of Advanced Nursing 51, (5) 502-510
- Dolan, G, Broomfield, J., Lewith, G., & Watkins, A. (1999).Operational and resource management of an RCT: some of the pitfalls and lessons learned. Journal of Clinical Nursing. 8(4), 389-395

3.8.1 Innovation in interprofessional education: An evaluation of a module in a pre-registration programme

Alison Smith, Principal Lecturer, Centre for Health and Social Care Research, Canterbury Christ Church University, Canterbury, United Kingdom Co authors: Hazel Colyer

Abstract:

Background:

In the recently validated Pre-registration Interprofessional Learning (IPL) programme at Canterbury Christ Church University students in the third year undertook a Collaborative Practice (CP) module. Students were allocated to an action learning peer group, which met on four occasions during the module. Based on evidence from previous work Colyer & Parsons (2005) the themes of; roles & boundaries, respect, trust & power and conflict & difference were used to guide the action learning set activity. Additionally, the module was assed by patchwork text (Winter et al 1999).

Aims:

The project aimed to evaluate the learning teaching and assessment strategies used with the whole cohort of students (n=285) in the Collaborative Practice module.

Methods:

- Scrutiny of student performance data, module evaluation data and nominal group evaluation to identify students' views of key aspects of the learning, teaching and assessment strategies
- Focus group (Krueger and Casey 2000) for facilitators to discuss the learning teaching and assessment strategies of the module

Results:

Student performance indicated that there was a normal distribution curve of marks. Students and facilitators identified that communication was the key to successful collaboration and that groups where there was an Interprofessional mix worked particularly well. The facilitators thought that students were able to develop as reflective practitioners, to have a deep understanding of different professional roles and of the service user perspective of health and social care. Generally students were positive about the 'bite size' assessment of the patchwork text.

Discussion & conclusions:

The innovative teaching learning and assessment strategies used on the CP module proved to be an exciting but demanding way of facilitating student learning. It is anticipated that the findings of this project will stimulate interest and further discussion about the realities of delivering Interprofessional learning in a pre-registration programme for multiple professional groups in health and social care

Recommended reading list:

- Colyer, H. and Parsons, J. (2005) Modernising Pre-registration Education for the Allied Health Professions First Wave Development funded project, 2002-2005. Final Report to the Department of Health: Canterbury: Canterbury Christ Church University
- Krueger, R A & Casey M A (2000) Focus groups a practical guide for applied research California Thousand Oaks Sage
- Winter, R., Buck, A. & Sobiechowska, P. (1999) Professional Experience & The Investigative Imagination, London: Routledge

3.8.2 Engaging with complexity in interprofessional education research

Helen Cooper, Lecturer in Health Care Education, School of Health Sciences, University of Liverpool, Liverpool, United Kingdom Co authors: Eileen Spencer

Abstract:

Background:

The impetus towards interprofessional education (IPE) in health and social care requires exploration of its feasibility to locate developments within a grounded and evidence-based approach.

Aim:

Evaluation of an IPE intervention aimed at developing team working skills amongst undergraduate nursing, medical, occupational therapy, physiotherapy and social work students (n=237).

Methods:

Using findings from a systematic review[1], a mixed methods research design was used encompassing two phases: (1) evaluation of an IPE intervention which included e-learning, portfolios, and workshops facilitated by specially trained practitioners; (2) extension of the intervention to involve trained service users in the workshops. Outcomes were evaluated using questionnaires, and the learning process investigated using narratives, focus groups, and semi-structured interviews.

Results:

First phase findings showed that it enabled students to learn from each other ($p < 0.0001$), it raised awareness about collaborative practice ($p=0.03$), and its link to improving care delivery ($p=0.005$). Qualitative data showed that it served to increase students' confidence in their own professional identity and helped them to value difference making them better prepared for clinical placement. However, it also showed failure to link theory to practice. Introduction of service users into the workshops as co-facilitators overcame this limitaion enabling students to learn and apply the principles of team working; it also had benefits for service users and for practitioners[2,3].

Discussion & conclusions:

Findings supported the need to start IPE early in students' training thus integrating the evolution of role development into the evolution of 'other' role awareness. The study also demonstrated the relevance of Complexity Theory doing justice to the dynamics through which the numerous determinants of learning are related. Using this theory helped to improve our understanding of the learning process for professional practice thereby contributing to the cycle of continuous quality improvement for health and social care.

Recommended reading list:

- Cooper H, Carlisle C, Watkins C, Gibbs T. (2001). Developing an evidence base for interdisciplinary learning. Journal of Advanced Nursing, 35(2): 228-237
- Cooper H., Spencer-Dawes E., McLean E. (2005) Beginning the process of teamwork: design, implementation and evaluation of an inter-professional education intervention. Journal of Interprofessional Care. 19(5), 492-508
- Cooper H. Spencer-Dawe E. (2006) Involving service users in interprofessional education narrowing the gap between theory and practice. Journal of Interprofessional Care, 20(6), 603-617

3.8.3 Can a physio assess a nurse?

Annie Topping, Director of the Centre for Health & Social Care Research, Nursing, University of Huddersfield, Huddersfield, United Kingdom Co authors: Carol Young & Andy Scally

Abstract:

Background:

Traditionally health care professional (HCP) pre-registration programmes have adopted a uni-disciplinary approach to competency assessment. In the United Kingdom educational providers have been encouraged to enrich curricula with interprofessional learning recognising that quality health care is delivered by effective multidisciplinary teams with sound communication skills. Interprofessional assessment is less developed. Communication along with team working, problem solving and decision making could be seen as core HCP skills. Yet poor communication is the greatest source of complaints from service users (Commission for Healthcare Audit and Inspection, 2007).

Aims:

This study sought to examine whether HCPs could reliably assess communication skills demonstrated by students from a different discipline.

Methods:

A mixed method design involving structured observation of simulated care delivery and focus group interviews was undertaken. Nursing students (n=42) undertaking a formative assessment of clinical skills in a simulated clinical learning environment were observed by two practice assessors (nurse and other HCP discipline). Assessors independently rated individual student communication performance delivering care to a simulated patient. Concurrently the nurse assessor judged overall clinical skills performance. Observational data was analysed using STATAv9.2. Focus group interviews with assessors from all HCP disciplines involved in the study (2 groups; n=13) and a volunteer sample of students (n=3) were undertaken separately. These were audiotaped, transcribed and subjected to thematic analysis (Kreugar & Casey 2000).

Results:

Analysis of the observational data demonstrates a statistically high level of agreement ($p < 0.001$) between assessor grades. This suggests assessors irrespective of discipline can reliably make an overall judgement of communication competence. Participants considered cross-discipline assessment to be a valid component of pre-registration practice education.

Discussion:

This paper will discuss reliability and validity of cross disciplinary assessment of communication competence and explore the implications for practice assessment in real world settings.

Recommended reading list:

- Commission for Healthcare Audit and Inspection (2007) Spotlight. January 2007 London on Complaints
- Krueger R A & Casey M A (2000) Focus Groups: a practical guide for applied research. 3rd Edition. London Sage Publications
- Mackay K, Wilson M, Ritchie A, Brady J (2005) Integrated assessment: Shared approach to performance assessment. Final report on the demonstration projects. Scottish institute for excellence in social work education

3.9.1 Palliative care link nurse role in nursing homes

Evelyn Whittaker, Hospice Nurse Specialist, Community Services, Northern Ireland Hospice, Belfast, Northern Ireland, United Kingdom Co authors: Felicity Hasson, George Kernohan, Mary Waldron & Dorry McLoughlin

Abstract:

Background:

Facilitated and supported by a specialist team, the link nurse aims to bridge the theory practice gap thus enhancing the standard of care. Whilst the development of the link nurse initiative is widely advocated in helping to cascade good practice, research into the development and implementation of this role is lacking.

Aim:

To describe the experience, barriers and facilitators to the development and implementation of the role of a palliative care link nurse system in nursing home settings.

Methods:

A qualitative study was conducted with a purposive sample of fourteen link nurses from ten nursing homes during 2004-2006. Focus groups were used to collect the data, which were subject to content analysis.

Results:

Findings revealed the potential for a link nurse system to enhance palliative care within nursing home environments; however the success of a link nurse system in the nursing home environment was not straightforward and was dependent upon a number of internal and external factors. For example, specialist support, access to resource files, development of support networks, management support, preparation for the role and ongoing funding were cited.

Discussion:

The delivery of palliative care in the nursing home setting is strongly advocated; these results highlight the benefits of a palliative care link nurse system to increase knowledge and skills among staff. However, the complexity of the care environment, the level of expertise of care staff, and ongoing management support all need to be taken into account when developing a link nurse programme.

Conclusion:

Whilst this study shows that the concept of a link nurse can improve care for residents in nursing homes, consideration must be given to the type of care environment within which the system is being implemented. This experience could be used to help others in the development of the link nurse system.

Recommended reading list:

- Cotterell, P., Lynch, C. & Peters, D. (2007). Bridging the gap: can a link nurse initiative influence palliative care in an acute hospital? International Journal of Palliative Nursing 13(3), 102-108
- Department of Health (2005). The National Service framework for long-term conditions, London, Department of Health
- Wowchuk, S., McClement, S. & Bond, J. (2006). The challenge of providing palliative care in the nursing home: part 1 external factors. International Journal of Palliative nursing 12(6), 260-267

3.9.2 Illness representations and maintenance of positive health behaviour: A comparison of adults with different levels of attendance at a cardiac rehabilitation programme

Elizabeth Tolmie, Clinical Research Nurse, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, Scotland, United Kingdom Co authors: G M Lindsay, H E Watson & Elaine Duncan

Abstract:

Background:

Maintaining health behaviour change over the longer term is difficult. Efforts to facilitate recommended change are unlikely to be successful. Unless factors that impede the process are identified and addressed. Leventhal et al (1980, 1992) proposed that if we 'tap' into the layperson's own theories about their illness, practical and effective interventions can be developed.

Aims:

The aims of this study were to:

- Compare and contrast differences and similarities in illness representations across three groups of cardiac patients with different levels of attendance at a cardiac rehabilitation programme
- Identify the factors that promoted or inhibited maintenance of positive health behaviour.

Design & methods:

This was a mixed-methods design. Seventy three adults (mean age 52.4 ± 8.3) with different attendance at a cardiac rehabilitation programme completed three self-report questionnaires to assess illness representations, quality of life and anxiety and depression. A sub-sample (n = 28) participated in an individual face to face interview or Focus Group, underwent a brief clinical assessment, and completed a brief task.

Data analysis:

Data were analysed using StatScan statistical software and Framework analysis.

Results:

A significant difference between groups was detected in the type of symptoms experienced (p = 0.039, Fisher-Freeman-Halton exact) but not in those attributed to the heart problem. There was wide variation in illness representation scores and in case by case comparison of patient narratives but not between groups. Regardless of attendance level, efforts to preserve both physical and emotional health were made but were often impeded.

Conclusion:

Health behaviour change occurs at the individual level but can be impeded at the individual level and by factors beyond individual control. These issues need to be addressed.

Recommended reading list:

- Leventhal, H., Meyer, D., Nerenz, D. (1980). The common sense representation of illness danger. In Rachman, S. (Ed), Medical psychology, Vol II, 7-30

- Leventhal, H., Diefenbach, M,. Levanthal, E., A. (1992). Illness cognition: using common sense to understand treatment adherence and affect cognition interactions. Cognitive Therapy and Research, 16, 2, 143-163

3.9.3 Public awareness of palliative care in New Zealand

Bridie Kent, Director of Clinical Nursing Research, Nursing, The University of Auckland, Auckland, New Zealand

Abstract:

To date, public awareness aspects of palliative care have received little attention from researchers, particularly in New Zealand, despite the growing demand for such care and support within a society that has a high incidence of cancer, heart disease, renal failure and diabetes (MoH 2001, 2003). A lack of awareness of palliative care services can lead to negative impressions of end of life care and reduce health professionals' willingness to recommend such care when necessary. It can also lead to low usage of the various palliative care services, lack of patient empowerment and low levels of community involvement or participation in palliative care provision.

This study replicated the descriptive anonymous postal survey undertaken by the Scottish Partnership for Palliative Care (Wallace 2003), and used, for this phase of the study, a randomly selected sample of 402 people living in a major city in the North Island of New Zealand. Sampling was undertaken using the city's electoral role, with every 100th name being included in the survey. Ethics approval for the study was obtained from the University of Auckland Human Participants Ethics Committee.

The survey was carried out April – June 2007. The response rate was 32%. The descriptive and bivariate results generated using SPSS (v14) will be presented to show the similarities and differences that were found when comparisons were made between the public perceptions of palliative care in New Zealand and Scotland.

The findings will inform strategies currently being developed to raise awareness of palliative care services in New Zealand and enhance uptake of services. Furthermore, the comparisons with the Scottish data help to determine the transferability potential of cohesive approaches to palliative and end-of-life care among countries with similar characteristics. It also reflects the international collaboration in research taking place in this field of practice.

Recommended reading list:

- Minister of Health. 2003 The New Zealand Cancer Control Strategy, Wellington
- Minister of Health. 2001 The New Zealand Palliative Care Strategy, Wellington
- Wallace J. 2003 Public Awareness of Palliative Care. Scottish Partnership for Palliative Care, Edinburgh, Scotland

4.1.1 Closing hospital wards during summer time because of the nurses shortage: Patients' and nurses impact

Alvisa Palese, Professor of Nursing Research, School of Nursing, University of Udine, Udine, Italy Co authors: Capitanio Manuela & Regattin Laura

Abstract:

Background:

Nurses' shortage is an emerging problem in the Italian National Health Service particularly during summer time when nurse's mandatory holidays must be guaranteed. Currently, the Government has estimated a vacancy of 100.00 nurses positions. In order to cope with this situation, in recent years, Hospitals have adopted several and complex strategies aiming to a) close the wards; b) concentrate the patients with different disease; c) mix the staff with nurses from different wards. The impact of these strategies has not been documented yet in the literature on patient and nurse's impact.

Aims:

To evaluate summer hospital-structure redesign impact on patients (infections, falls, pressure ulcer, complaints, intensity of pain, death) and on nurses (work satisfaction and nursing outcomes).

Materials & methods:

A retrospective study design was adopted. We have included all the patients admitted in the 'new wards' during summer time. For each patient included, we randomized two patients with the same admission's DRG and recovered during wintertime in 'normal wards'. In order to analyze patients' impact, researchers have used a grid based on nursing outcomes. We have also included nurses interviewing them with Nursing Work Index and Maslach Burn Out Inventory Questionnaire at the end of the summer and during wintertime.

Results:

The study is going on. The data analysis includes:

- Complaints, complications, deaths occurred in the two patients' cohorts
- Nurses level of satisfaction and burn out.

Conclusions & implications:

Although the limitations of the study design and the potential confounding factors, results could give important suggestions for the future of National Health Service.

Recommended reading list:

- Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber J. Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. JAMA 2002; 288 (16):1987-1993
- Aiken LH, Clarke SP, Cheung RB, Sloane DM, Silber JH. Educational levels of hospital nurses and surgical patient mortality. JAMA 2003; 290 (12): 1617-1623
- Estabrooks CA, Midodzi WK, Cummings GC, Ricker KL, Giovanetti P. The impact of nursing characteristics on 30-day mortality. Nurs Res 2005; 54 (2): 74-84

4.1.2 Practice nurses and the business of genetics: Referrals to genetics services from primary care and the role of the practice nurse

Emma Tonkin, Education Development Officer (Nursing Professions), Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, Wales, United Kingdom Co authors: Maggie Kirk & Kevin McDonald

Abstract:

With an improved understanding of how genes influence health and disease and the increasing incorporation of genomic technologies within healthcare delivery, there is now a significant body of evidence supporting the need for genetic competence across the nursing profession [1]. In addition, data indicate that internationally the current provision of genetics education during pre- and post-qualification training is patchy [1,2]. In order to support practitioners effectively in becoming more confident and competent at applying genetics to practice it is imperative that their needs are identified.

Aim:

To ascertain views of general practice nurses towards genetics as it impacts their current role, assess potential barriers and facilitators to further learning in this subject and identify preferred learning style(s) for post-qualification education.

Approach:

An article discussing genetics within general practice and containing scenarios to reflect upon was published in a specialist journal (Nov. 2007). By raising awareness of this topic specifically in relation to the practice nurse setting it was anticipated that readers would be sufficiently engaged to complete a short online questionnaire.

Key outcomes:

This paper will describe the study's findings and compare and contrast them with earlier data obtained from nurses working within other specialist areas [3]. Practice nurses will be involved in both the management and support of people with conditions with a genetic component, and the identification and referral of patients. Responses from this questionnaire will also be reviewed in the light of data gathered on referrals to genetics services from primary care (using Wales as a regional example). Geographic information system (GIS) technology will provide a picture of referrals from primary care to cancer genetics, allowing comparison of the actual 'business' with the extent to which practice nurses see it as their business.

Recommended reading list:

- Burke S and Kirk M (2006) Genetics education in the nursing professions: a literature review. Journal of Advanced Nursing 54: 228-237
- Kirk M and Tonkin E (2006) Genetics Education for Nursing Professional Groups: Survey of practice and needs of UK educators in delivering a genetics competence framework. Pontypridd: University of Glamorgan, 1–84054-147–4
- Kirk M, Tonkin E and Birmingham K (2007) Working with publishers: a novel approach to ascertaining practitioners' needs in genetics education. Journal of Research in Nursing VOL 12(6) 1–19 DOI: 10.1177/1744987107083035

4.2.1 When is a foot ulcer not a foot ulcer? – The validation of prevalence data

Jill Firth, Research Fellow, School of Healthcare, University of Leeds, Leeds, United Kingdom Co authors: Claire Hale, Philip Helliwell, Jackie Hill & Andrea Nelson

Abstract:

Aim:

The aim of this study was to establish the prevalence of foot ulceration in patients with rheumatoid arthritis (RA). Many prevalence studies of lower limb ulceration have relied upon reporting by health professionals, but this approach neglects patients who are self caring and may lead to an under-estimation of prevalence. This presentation will outline the methodological approach to the validation of self reported prevalence data and the related findings.

Methods:

A postal survey of all the patients with RA on a diagnostic register in an acute trust (n=1130) was undertaken in May, 2005. Respondents reporting open or healed ulceration were asked to indicate the anatomical site on a diagram of the lower limb (Thurtle & Cawley, 1983). Sites of ulcers marked above the ankle were verified with case notes and reclassified as leg ulcers, equating to false positives. Additional false positives among respondents were identified through clinical examination, case note review and contact with health professionals. A random sample of respondents who denied ulceration were also examined (n=70) to assess the false negative rate.

Results:

Based upon self report, the point prevalence (open ulceration at the time of the study) was 3.96% and the overall prevalence (open and healed) 12.34%. The false positive rate without using the diagrammatic questionnaire data to exclude leg ulceration was high at 21.21%, but fell to 10.76% with the location data used. Interestingly the false negative rate was also noteworthy at 11.76%. After the validation phase, the final estimate of point prevalence was 3.39% and the overall prevalence 9.73%.

Conclusions:

Reliance solely on self report would have led to a relative over estimation of point prevalence by 17% and overall prevalence by 27%. Self reported prevalence data may be validated using a variety of strategies and this enhances the accuracy of prevalence estimates.

Recommended reading list:

- Thurtle, O.A., & Cawley, M.I.D. (1983). The frequency of leg ulceration in rheumatoid arthritis. The Journal of Rheumatology, 10(3), 507-509

4.2.2 PflePhagie–Scale: A screening tool to identfiy the risk of dysphagia

Mario Simon, Student of Science in Nursing (MScN), Institute of Nursing Science, University Witten/Herdecke, Witten, Germany Co authors: Sven Reuther, Andreas Liesch, Maria Magdalena Schreier & Sabine Bartholomeyczik

Abstract:

Background:

Although nurses are the first to identify problems with swallowing, but usually they do not use assessment instruments for a systematic nursing diagnostic. Therefore, German students of nursing science developed a screening instrument based on current literature for the identification of elderly at risk for dysphagia: the PflePhagie-Scale.

Aims:

Aims of this study were to investigate the criterion-related validity and practicability of the PflePhagie - Scale.

Methods:

Trained nurses screend a convenience sample of 57 patients/ residents in May 2007 with the PflePhagie-Scale. Inclusion criteria were patients in geriatric rehabilitation wards or residents of a nursing home facility, who were able for oral food intake. The criterion was a diagnosed dysphagia or the confirmation of the dysphagia risk by an in-house speech therapist. A descriptive analysis was performed using odds ratios for each Item, sensitivity and specifity as well as predictive values to find the best cut-off score. Finally the nurses discussed their experience with the instrument in a moderated group meeting. Ethical clearance was given by the university's ethic committee.

Results:

24 of 57 participants were at risk for dysphagia. The average age of the total sample is 72.1 years. Odds ratios of the items vary from 3,9 (95% CI: 1,2 - 12.6) to 31.0 (95% CI: 5,9 - 163.5). With a cut-off score of 4 points sensivity is 96%; specificity is 88%; positive predictive value is 85% and negative predictive value is 97%. The average time for the screening was 6.67 minutes.

Discussion:

External validity cannot be warranted because of the small convenience sample. However, results show a good validity for this sample and a good practicability.

Conclusion:

The validity of the instrument, as well as the interrater - reliability should be investigated in a larger and representative sample, before the instrument can be implemented into practice.

4.3.1 Interpretative Phenomenological Analysis (IPA) as a suitable research methodology for nursing research

Sherrill Snelgrove, Lecturer, University of Wales Swansea, School of Health Science, Swansea, Wales, United Kingdom

Abstract:

The main aim of this paper is to describe and evaluate IPA and discuss its potential and relevance for developing knowledge about patients' experiences in order to facilitate evidence – based nursing practice. The main characteristics of IPA are illustrated with reference to relevant examples of IPA research into chronic pain. IPA is an ideographic qualitative research methodology concerned with exploring in detail, a participant's view of a subject in order to gain knowledge of the meaning of a situation or phenomena for the individual (Smith 1994). IPA is phenomenological, in that it aims to offer a clear and reasonable description of individuals' perception of events or objects, but also interpretative or hermeneutical, explicitly recognising the central role of both the participant and analyst in the final construction of the account.

The final account is viewed as a 'co - construction' or translation of experiences by the participant and analyst. IPA has three elements: it represents an epistemological position, offers a set of guidelines for conducting research and describes a corpus of empirical research (Smith 1994). Unlike some qualitative research methodologies, the use of IPA allows a multilevel analysis, including the representational level and a more finely tuned psychological level. To date, IPA has been used predominantly in health psychology (usually with patients) and has been viewed as being of particular use when studying phenomenon with little theoretical explanation.

In this paper I propose that IPA is particularly amenable to nursing research as it offers detailed insights into patient's beliefs and experiences. It is widely recognised the meaning of conditions for individuals mediates the relationship between the condition, distress and recovery. This 'bottom up' approach is consistent with contemporary approaches to healthcare that emphasises listening to service users voices (Reid et al. 2005).

Recommended reading list:

- Smith, J.A (2004) Reflecting on the devlopment of interpretative phenomenological analysis and its contribution to qualitative research in psychology. Qualitative Research in Psychology, 1, 39 – 54
- Reid, K; Flowers, P; Larkin, M (2005) Exploring lived experience. The Psychologist, vol18, No1, 20 – 23

4.3.2 An Interpretative Phenomenological Analysis (IPA) of patients experiences of chronic lower back pain (CLBP)

Sherrill Snelgrove, Lecturer, University of Wales Swansea, School of Health Science, Swansea, Wales, United Kingdom

Abstract:

Background:

Chronic lower back pain (CLBP) is known to be a highly prevalent and disabling condition in the UK and Europe (Breivik et al. 2006) CLBP challenges biomedical explanation as it is often resistant to treatment, the symptoms may become disproportionate to the original injury and there may be no evidence of structural damage. Extant literature describes CLBP as a sensory and perceptual experience that has led to a demand for biopsycho social models of care. With the increasing involvement of nurses in chronic pain management there is a need for farther understanding of patients with chronic pain. The reported study is the first of three studies following CLBP patients over three years.

Aim:

This study aims to extend knowledge in this area by focussing on the perceptions, understandings and coping strategies of patients with long standing CLBP.

Method:

Interpretative phenomenological Analysis (IPA) was used to o explore and interpret the interview data of 10 patients drawn form the waiting list of a chronic pain clinic. IPA is an ideographic methodology concerned with exploring in detail, a participant's view of a subject (Smith 1994).

Results:

Two key themes are presented:

- Living around the pain: participants spoke of a continual struggle to live with the pain characterised as 'the master', constant, intrusive, unpredictable, disabling and spoke of the moral adequacy of the pain
- Coping: Participants spoke of medication as the main method of coping; a dialectic relationship was apparent as participants exposed a tension between their need for medication and their dislike of taking medication.

Conclusion and discussion:

The pain dominates the participant's lives and they 'live around their pain'. The discussion centres on the participants use of a predominantly biomedical model of illness that enmeshes them in the pain experience.

Recommended reading list:

- Breivik, H., Collett B., Ventafridda V.,Cohen R., Gallacher D (2006) A survey of chronic pain in Europe: Prevalence, impact on daily life and treatment. European Journal of Pain 10 287 – 333
- Smith, J.A (2004) Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. Qualitative Research in Psychology, 1, 39 – 54

4.4.1 The clinical role of lecturers in nursing In Ireland: Is there a difference between how nurse educationalists and clinically based nursing staff view the role?

Pauline Meskell, PhD student, Centre for Nursing Studies, National University of Ireland Galway, Ireland Co authors: Kathy Murphy

Abstract:

Background & context:

Movement of schools of nursing into universities have resulted in increased concerns of a widening disparity between education and practice. The main focus of ongoing debate centres on how the clinical role is viewed by educationalists, with much less emphasis given to how clinicians view the role. This paper will examine the extent to which perceptions of the clinical role of nurse lecturers differ between nurse educationalists and clinical nursing staff.

Aim:

Explore the perceptions of educationalists and clinical staff about the clinical role of nurse lecturers.

Methodology:

The research is part of the qualitative phase of a mixed method design study and involved focus groups (n=15, average group size = 6) and individual interviews (n=7) with nurse educationalists and clinical staff. Purposive sampling was utilised. Interviews were recorded, transcribed verbatim and analysed using a content analysis framework (Krippendorf, 2004).

Key findings:

There was strong agreement across disciplines that the clinical role needed definition. Conflicting opinions among educationalists regarding the value and feasibility of the role: viewed it as primarily a support role, with contact mainly of an advisory, supportive and trouble shooting nature. Large disparities evidenced between expectations of clinicians and current educational provision in terms of the role. Clinicians viewed lecturers mainly as divorced from clinical practice but available in an academic advisory capacity. Issues of competence and credibility highlighted as extenuating factors by both educationalists and clinicians.

Conclusions:

The consideration of perspectives from both educational and clinical perspectives in this paper will assist in the re-evaluation of the role in terms of structure, definition and operationalisation and implications for practice will be addressed.

Recommended reading list:

- Krippendorf, K. (2004) Content Analysis: An introduction to its methodology. 2nd edn. Newbury Park, CA: Sage

4.4.2 Exploring 'failure to fail' in practice placements

Jackie Davenport, Senior Lecturer Adult Nursing, Clinical Liaison Lecturer., school of Nursing and Primary Care practice, Liverpool John Moores University, Liverpool, United Kingdom Co authors: Michelle Laing

Abstract:

Learning and assessment in practice placements accounts for 50% of nurse education. Significantly fewer students fail their placements than those who fail university based assessments. Often, comments written on the final report are negative and do not appear to relate to a student who has passed all outcomes. Work by Duffy (2004) and anecdotal evidence suggest that this is because mentors are reluctant to fail students. When students are failed, it is often in their final placement, possibly because of concern about the eventual impact on patients.

Aims:

- To explore mentor experiences of managing student nurses who are failing to meet their learning objectives
- To identify mentor requirements to enable them to better meet the needs of the failing student
- To improve support mechanisms for mentors and students
- To identify means to further improve communication between the clinical area and the university.

Method:

- Focus groups (4-6 mentors in each) explore mentors' views and experiences of assessing students. Participants (volunteers) have been identified and interviews are underway. Last interviews are at the end of October
- Participants are from a large local Trust
- Groups are facilitated by a link lecturer known to participants

Results:

Results will be collated and written up by end December 2007. The session will present findings from the research and implications for practice. This will relate to the standards to support learning and assessment in practice (NMC 2006).

Recommended reading list:

- Duffy K.(2004) Failing students: a qualitative study of factors that influence the decisions regarding assessment of students' competence in practice. NMC, London
- Nursing and Midwifery Council (2006) Standards to support learning and assessment in practice NMC standards for mentors, practice teachers and teachers. NMC, London

4.5.1 Career development in research for the healthcare workforce

Elizabeth Rosser, Reader, Faculty of Health & Social Care, University of the West of England, Bristol, UK

Abstract:

Background:

Given the emergence of evidence-based practice as a major policy initiative in modern healthcare systems, consideration needs to be given as to how best to support the next generation researchers to sustain and develop the level of evidence required.

Aims:

This paper explores how participants employed by four universities in south west England perceive their role in shaping the development of research careers in the healthcare workforce.

Methods:

An exploratory qualitative study was undertaken using thirty in-depth, semi-structured interviews (collected October 2005-January 2007). A snowball sampling technique was used to identify key participants with 7-8 participants identified from each institution.

Data analysis:

Data were managed, analysed and coded with the assistance of the qualitative data analysis software NVivo using a thematic content analysis. Findings focused on four main themes:

- The importance of the context and research culture in stimulating research interest
- Increasing capability and capacity among students, academic colleagues and clinical practitioners
- The importance of flexible employment opportunities with supportive employment contracts
- The importance of leadership through Readers and Professors integrated into the business of the faculty/school.

Conclusions:

The study concludes that participants do see themselves as playing a significant and important role in shaping the research workforce in healthcare. With the emergence of the new clinical academic career for nurses, and an increase in value of patient focused research, there is a need for healthcare academics to sustain and develop research capacity and capability to promote scholarship and research among their peers. Although good examples of flexible employment exist there was recommendation to introduce new roles such as clinical Chairs to influence the strategic direction in research for both education and practice. The research leadership of Readers and Professors is highly valued though the study recommends greater transparency of expectations in their role.

Recommended reading list:

- United Kingdom Clinical Research Collaboration (2007) Developing the best research professionals: Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future. August, UKCRC, London
- Strategic Learning and Research Committee (StLaR) (2004) Developing and sustaining a world class workforce of educators and researchers in health and social care. StLaR HR Plan Phase 2. Accessed from http://www.stlarhr.org.uk/phase-2-strategic-report, September 2007
- Department of Health (2006) Best Research for Best Health: A new national health research strategy. January, Department of Health, London

4.5.2 Factors influencing leadership in nursing: The experience of nurse directors in the NHS

Roula Alio, PhD Student, Florence Nightingale School of Nursing and Midwifery, King's College, London, United Kingdom Co authors: Joanne Fitzpatrick- & Ian Norman

Abstract:

In spite of the emphasis on nursing leadership in policy documents, there has been little attention to the concept by researchers particularly since the 1990s. Research on leadership in nursing has been scarce with a predominant focus on clinical leadership and there are no known studies which have investigated the process of nurse leadership development and leadership style.

The present study addressed this important gap in the literature by examining what influences nurse directors in the NHS to adopt different leadership styles. In particular, it: identified the leadership style of nurse leaders and measured the relationship between leadership style and personal and work related variables (i.e. personality type, organisational culture, demographic variables, and key people and experiences).

The study adopted a two-phase multi method design:

- Phase 1 - Involved a national postal questionnaire survey of the total population of Nurse Directors in NHS Acute Hospital Trusts in England.
- Phase 2 - Involved telephone interviews with 44 Nurse Directors. Nurse leaders were predominantly transformational (M=3.3, SD=.32) and servant (M=5.8, SD=.41) in their leadership.

Personality combined with perceptions of the organisational culture explained 32% of variance in transformational leadership, 30% of variance in connective leadership, while 34% of variance in servant leadership was explained by personality and years of experience in nursing. Interviews with nurse leaders highlighted influences on the development of leadership style–in particular powerful role models during their early career as well as being exposed to negative experiences such as bullying.

The study raises important implication for the selection and development of nurse leaders in that the would-be leaders with high scores on extroversion and conscientiousness are more likely to emerge as transformational and servant leaders, but only in organisational cultures that foster innovation, support, and recognition rather than those that focus on irregularities and deviation from standards.

4.6.1 The registered nurses lived experience of working in ward based oncology care

Helen Sinclair, Teaching Fellow, School of Nursing and Midwifery, Queen's University, Belfast, Northern Ireland, United Kingdom

Abstract:

Background:

It is widely documented nurses experience work related stress resulting in a potential negative impact on their quality of life (Ergun et al. 2005). Cancer nursing is known to be a particularly stressful occupation (Barnard et al. 2006). The purpose of this research was to explore the lived experience on registered nurses of working in ward based oncology care.

Aims:

To describe the lived experience of ward based registered oncology nurses of caring for patients with a diagnosis of cancer.

Methods:

A volunteer sample of six nurses was recruited from an oncology hospital in Northern Ireland. Each participant was interviewed from November 2005 until March 2006, using a semi structured interview. A second interview was undertaken to authenticate results. All interviews were recorded and transcribed verbatim and a thematic analysis was undertaken. All ethical requirements were met prior to the study commencing.

Findings:

Analysis generated three important themes which represents the registered nurses lived experience of working in ward based oncology care. The study found there is both a favourable and opposing impact of working in ward based oncology. Risk factors, associated with the patient, were identified as having an impact on the nurse. Detachment was used by nurses as a way of coping, identified as being an effective coping strategy (Canfield, 2005).

Discussion & conclusion:

This study provides an indepth understanding of the lived experience of registered nurses of working in ward based oncology care. These findings have contributed to the existing knowledge of the impact on registered nurses of working in ward based oncology care and the coping strategies used to assist them in their contact with patients and their relatives.

Recommended reading list:

- Barnard, D., Street, A. and Love, A. W. (2006) Relationships between Stressors, Work Supports and Burnout among Cancer Nurses. Cancer Nursing, 29(4), pp. 338-345
- Canfield, J. (2005) Secondary Traumatization, Burnout, and Vicarious Traumatisation: A review of the Literature as it relates to therapist who treat trauma. Smith College Studies in Social Work, 75(2), pp. 81-101
- Ergun, F. S., Oran, N. T. and Bender, C. M. (2005) Quality of Life of Oncology Nurses. Cancer Nursing, 28(3). pp. 193-199

4.6.2 A systematic review of the role activities of the academic in clinical practice

Michelle Howarth, Lecturer, School of Nursing, University of Salford, Salford, United Kingdom Co authors: Maria Grant, Jackie Leigh & Cyril Murray

Abstract:

Background:

Supporting students in clinical practice is a challenge faced by many academics, whilst roles developed to address this have merely resulted in ambiguity and incongruity about the academics key functions. This has been exacerbated by the lack of definitive guidance from professional bodies. Although the requirement of 20% of time to be spent in practice is expressed (ENB 1993), there remains no explicit guidance which outline role activities (NMC 2006).

Aim:

To systematically review the research literature on the role activities of the academic in practice (AiP).

Methodology:

A team based approach was adopted to identify and subsequently refine a list of database search terms for research literature published in 1990-2006. Following initial assessment of retrieved abstracts, documents were obtained for further analysis. Calls for grey literature were made to UK schools of nursing and projects listed on the national research register. All 30 documents meeting the project inclusion criteria were subject to supplementary searches on citation indexes and critically appraised using validated assessment tools (University of Salford 2005).

Results:

Three areas of activity emerged from the appraised research literature. These were: staff related activities with sub-themes on education, practice development, staff development, and communications and liaison; student related activities with sub-themes on teaching, liaison and support, and assessment; and development of self with sub-themes on hands-on care, keeping up-to-date, and issues of clinical credibility.

Discussion:

Though the composition of AiP activities is not entirely surprising, the range of activities is broad and diverse. However, no definitive models of practice have been identified and activities could equally be undertaken in isolation as those cohered into a more expansive role.

Conclusion:

A clearer understanding of the range of activities being undertaken by AiPs is now available, though few publish models exist to evaluate their effectiveness. Further collaborative research is required.

Recommended reading list:

- ENB 1993, Standards for approval of higher education institutions and programmes, English National Board for Nursing, Midwifery and Health Visiting, London
- NMC 2006, Standard to Support Learning and Assessment in Practice, Nursing and Midwifery Council, London
- University of Salford 2005, Critical appraisal tools. Retrieved September 17, 2007, from http://www.fhsc.salford.ac.uk/hcprdu/critical-appraisal.htm

4.7.1 Mothers' experiences and perceptions of information and support needs following their child's diagnosis of epilepsy

Ann Cummins, Lecturer Practitioner, Catherine McAuley School of Nursing & Midwifery, Brookfield Health Sciences Complex, University College Cork, Cork, Ireland

Abstract:

Background:

Research on childhood epilepsy suggests that a diagnosis of epilepsy is a challenge for both children and parents. Children with epilepsy and their parents are faced with a multitude of medical, developmental, social and emotional issues that can place additional demands on the rearing of children requiring comprehensive, continuing health care. Only a select number of studies internationally have examined parents' requirements for information and support following their child's diagnosis of epilepsy. This study took place in 2006-2007 as partial fulfilment for MSc in Nursing.

Aim:

The aim of this study was to explore the experiences of mothers of a child with epilepsy with specific emphasis on their informational and support needs.

Methodology:

A qualitative research utilizing a phenomenological hermeneutic methodological approach provided an invaluable opportunity to gain an understanding and appreciation of the lived experiences and perceptions of mothers' needs for information and support following their child's diagnosis of epilepsy. Six mothers were interviewed using semi-structured interviews.

Analysis:

Colaizzi's (1978) data analysis six procedural steps was utilised in this research study which permitted understanding of the phenomenon under investigation and facilitated participants with the opportunity to validate the credibility of the findings.

Findings:

The findings in this study revealed that mothers have a real need for information and support to enable them to care for their child with epilepsy, their information and support needs are overall, currently not being met.

Conclusion:

This study provides valuable qualitative information concerning the gap in provision of information and support needs specific to children with epilepsy and their parents. Their information and support needs are detailed in this study. It is imperative that the specific needs of the child with epilepsy and their family are identified and met to ensure this ideal is espoused.

Recommended reading list:

- Shore C., Austin J., Musick B., Dunn D., Mc Bride A. & Creasy K. (1998) Psychosocial Care Needs of Parents of Children with New-Onset Seizures. Journal of Neuroscience Nursing 30(3), 169-174
- Camfield, C. Breau, L. & Camfield P. (2001) Impact of Pediatric Epilepsy on the Family: A New Scale for Clinical and Research Use. Epilepsia 42(1) 104-112

- Sarajärvi A., Haapamäki R.N. & Paavilainen R.N. (2006) Emotional and informational support for families during their child's illness. International Nursing Review 53, 205-210

4.7.2 Healthcare decisions with children and young people: the continent stoma story

Lucy Bray, Senior Research Nurse/Research practitioner, Faculty of Health, Royal Liverpool Children's NHS Trust/Edge Hill University, Liverpool, UK

Abstract:

A continent stoma is surgically formed to improve continence management and promote independence and is a big step in the lives of families. Fifty semi-structured interviews were conducted with two groups of families: Those waiting to undergo the operation and those who had undergone the operation in the last three years. Interviews were conducted at home and methods were used to encourage the children and young people to express their experiences. Data collection and analysis was informed by grounded theory methodology.

This presentation focuses on the process by which the decision to have the continent stoma was made, who made the decision, how it was made and the process of information giving and consultation between child, young person, their family and health care professionals.

The children, young people and their parents presented different and sometimes contrasting views of the decision-making process. Some parents struggled when consenting to treatment for their child, in that they had to double-guess what their child would really want in later life. Within some families the decision to have the operation had been delayed specifically so that children could be involved in the decision-making process. Some parents spoke about the child or young person making the decision to have the operation, but on further examination this seemed to be made by the parents and then later agreed to by the child or young person. In several cases, the context and content of the discussion undertaken pre-operatively may have made it difficult for the young person to make a self-directed decision, with some of the young people demonstrating a limited knowledge of their condition and the procedure.

The findings suggest that the process by which families make decisions for planned surgery is complex, with a need for negotiation and an understanding of developmental level and individual preferences.

Recommended reading list:

- Alderson, P (1990) Choosing for children. Parents' consent to surgery. Oxford, Oxford University Press
- Coyne, I (2006) Consultation with children in hospital: children, parents' and nurses' perspectives. Journal of Clinical Nursing 15, 61-71
- Dixon-Woods, M et al (2002) Childhood cancer and users' views: a critical perspective. European Journal of Cancer Care 11, 173-77

5.1.1 The impact of Advanced Practice Nurses in promoting evidence-based practice among front-line staff

Kate Gerrish, Professor of Nursing, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, United Kingdom Co authors: Marilyn Kirschbaum, Ann McDonnell, Angela Tod, Louise Guillaume & Mike Nolan, Susan Read

Abstract:

Background:

Advanced practice nurses (APNs) influence the practice of front-line staff by acting as conduits for disseminating evidence-based information (McCaughan et al 2002) and being a resource to front-line staff in decision making (Thompson et al 2001). However, little is known about the actual impact of this activity on the practice of front-line staff. This paper will present findings from one aspect of a study examining the APN's role in promoting evidence-based practice among front-line staff.

Aim:

To examine the impact of APNs in promoting evidence-based practice on the experiences of front-line staff within the context of an enriched care environment.

Methods:

A collective instrumental case study approach (Stake 1995) was used. A total of 23 case studies of APNs were completed in 2006. Interviews and observation were used to elicit the opinions of stakeholders within the practice environment of APNs, including front-line nurses, patients/carers, managers, and the multi-disciplinary team. Data analysis drew upon the principles of Framework analysis.

Results:

The impact of APNs could be modelled in three dimensions: direct/indirect, immediate/delayed, intentional/unintentional. APNs exerted a positive impact on front-line staff through developing their competence, empowering them to be more confident in decision making, and enhancing personal development and job fulfilment. APNs impacted on the care provided by front-line staff by remedying shortfalls in standards of care and enhancing the quality of care. By drawing together the different elements of impact, APNs' influence on the overall care environment could be mapped. The care environment was enhanced in relation to five dimensions: care giving, relationship-orientated, learning, workplace and evidence-based environments.

Conclusion:

APNs have a largely positive effect on the experiences of front-line staff, and on care delivery. Collectively, the multi-faceted impact of APNs served to enrich the overall care environment experienced by front-line staff and patients.

Recommended reading list:

- McCaughan, D., Thompson, C., Cullum, N. et al (2002) Acute care nurses' perceptions of barriers to using research information in clinical decision making. Journal of Advanced Nursing. 39: 46-6023
- Stake, R. (1995) The Art of Case Study Research. Thousand Oaks: Sage.
- Thompson, C., McCaughan, D., Cullum, N. et al (2001) The accessibility of research-based knowledge for nurses in United Kingdom acute care settings. Journal of Advanced Nursing. 36: 11-22

5.1.2 Learning about research by doing it: Setting up an interdisciplinary research forum, experiences in one hospital

Tim Clark, Senior Lecturer, Adult Nursing Studies, Canterbury Christ Church University, Canterbury, United Kingdom

Abstract:

Whilst the traditional route for commencing research studies has been through undergraduate degrees, this possibility appears have reduced following the introduction of research governance arrangements (DH, 2005). With most research now being carried out at post graduate level or above, some interested staff now feel less able to develop their own research ideas. Following involvement in one hospital's Research Committee, two members, set up an interdisciplinary Research and Development Forum. This forum is a collaborative venture involving staff at the hospital and university to 'promote, develop and support research activities' in the hospital. Some of the initial members had interest but very limited experience of actual research methods, so the initial plan was to identify appropriate potential problems, select one that was feasible and prepare a proposal for consideration by the Hospital Research Committee. This presentation identifies the processes in the forum's development from the initial idea to approval of the first study. This study is an interdisciplinary randomised controlled trial of the effects of intra-operative Dexamethasone in children undergoing dental extraction under general anaesthetic. Whilst this study is on-going, examples from the study will be used to demonstrate how the forum identified and managed some of the difficulties encountered. Problem based learning has been used to effect in medical and nursing curricula (Wilkie and Burns, 2003) and this approach was modified as a useful lever to increase motivation, enhance the research culture and develop focused researching skills. Whilst it is not possible to generalise to all settings, some useful lessons can be drawn and the staff involved have gained valuable skills and increasing confidence in their ability to generate and utilise evidence for their practice.

Recommended reading list:

- Department of Health (2005) Research Governance Framework for Health and Social Care (Second Edition) London, Department of Health
- Wilkie K. and Burns I, (2003) Problem-Based Learning: A Handbook for Nurses, Palgrave Macmillan, Hampshire

5.2.1 Take your pick: Theoretical, conceptual, contextual – the role of theory in case study research design

Raphaela Kane, Lecturer/Director of Academic Practice, School of nursing, Dublin City University, Dublin, Ireland

Abstract:

Anfara and Mertz (2006) reviewed the literature on theoretical frameworks in qualitative research and put forward three different understandings; first, that theory has little relationship to qualitative research, second, that theory in qualitative research relates to the methodology the researcher chooses to use and the epistemologies underlying that methodology, and third, that theory in qualitative research is broader and more pervasive in its role than methodology. Various arguments are put forward to support or refute the above. Terminology differs according to author and perspective and includes such terms as, theoretical stance, theoretical lens, conceptual context and conceptual framework. Whilst in the process of undertaking case study research, the work of Yin (1994) and Stake (1995) was examined for perspectives on the contribution of theoretical frameworks. Initially it appeared that polar views were taken by each. Stake is quoted as saying that a theoretical framework "will not add anything to the findings of a rigorous case study" (2007). However, Stake (1995) refers to a conceptual structure made up of issue questions, suggesting that issues are abstract and "draw us toward observing, and even teasing out, the problems of the case, the conflictual outpourings and the complex backgrounds of human concern" (P.17). Yin (1994), on the other hand, suggests that case study research requires that a theoretical framework be identified at the outset of the inquiry, since it affects the research questions, analysis and interpretation of findings. Yin (1994) argues that the complete case study design "embodies a theory of what is being studied" (P.28). This paper provides a brief overview of the conclusions provided by Anfara and Mertz (2006). These conclusions on the contribution of theoretical frameworks, provide the context within which the positions taken by Stake and Yin are examined with particular reference to case study design.

Recommended reading list:

- Anfara, V.A, Mertz N.T, 2006 Theoretical Frameworks in Qualitative Research.
- Stake, R.E, 1995 The Art of Case Study Research. Thousand Oaks, CA: Sage
- Yin R. 1994 Case Study Research (2nd ed.). Thousand Oaks, CA: Sage

5.2.2 A constructivist investigation into relationship between community-dwelling older people and their family and paid carers

Philip Clissett, Lecturer, School of Nursing, Lincoln Centre, University of Nottingham, Nottingham, United Kingdom

Abstract:

Despite an ever growing body of research exploring the stresses and strains experienced by people involved in caring for their community-dwelling friends and relatives (Zarit, 1989), relatively few studies have investigated such caring in a way that focuses on the interdependent, interactional and dynamic elements of giving and receiving care (Nolan et al, 2001). As part of a wider study which considered caregiving relationships from multiple perspectives over the period of one year, this presentation aims to explore the way relationships develop between older people and their family carers and with paid carers. Informed by a constructivist perspective (Guba and Lincoln, 1989) and using a longitudinal approach, data were collected during 74 semi-structured interviews relating to 19 purposively selected caregiving situations. Interviews were conducted in three phases (between 2003 and 2005) at six month intervals and, where possible, involved community dwelling older people, their family carers and their paid carers. Data analysis revealed that the nature of these relationships appeared to involve five underpinning processes: discovering each other, negotiation, recognising the value of each other, recognising the difference you are making and discovering pleasure. These processes seemed to apply to older people, their family carers and the paid carers. Gaining such insights into the development of caregiving relationships is useful to health and social care professionals as it offers an indication of how they might approach working with older people and their family carers so that the resulting relationship offers positive benefits to all parties.

Recommended reading list:

- Guba E and Lincoln Y (1989). Fourth Generation Evaluation. Sage Publications, Thousand Oaks, CA
- Nolan M, Davies S, Grant G, (2001). Working With Older People and their Families. Open University Press, Buckingham
- Zarit S (1989). Do we need another 'stress and caregiving' study? Gerontologist 29(2): 147-148

5.3.1 Living with a long-term condition. A mixed methods exploration of self-management and personal control in 30-40 year olds living with Inflammatory Bowel Disease

Joanne Cooper, Postgraduate Research Student, School of Nursing, Nottingham University, Nottingham, United Kingdom Co authors: Jacqueline Collier, Veronica James & C J Hawkey

Abstract:

Background:

This presents the qualitative phase of an exploratory, sequential mixed method investigation of self-management and personal control in Inflammatory Bowel Disease (IBD). IBD is a collective term for Crohn's Disease and Ulcerative Colitis. Adjusting to life with IBD involves developing self-management strategies which are linked to perceptions of personal control.

Aim:

Focusing on individuals at a particular life stage (30-40 years), to explore how people perceive their role and the role of others in controlling and managing their IBD.

Methods:

A theoretical, purposive sampling strategy was employed. 24 participants were recruited via Gastoenterology outpatient clinics at a large, inner city NHS Trust. In-depth semi-structured one-to-one interviews were conducted. Data analysis was guided by systematic framework analysis. Analysis of perceptions of personal control was informed by Social Cognitive Theory (SCT).

Results:

SCT was relevant to participants' descriptions of living with IBD but did not fully explain personal control and self-management. A key finding that emerged was the 'Living with IBD Self-discrepancy Concept'. Participants describing fewer discrepancies of personal control and self-management, described less of an impact from their IBD.

Discussions:

Although participants described the importance of personal control in managing their IBD, the ability to adapt to frequent discrepancies and uncertainties was a key finding of this research. Participants who were able to reconcile the discrepancies between their 'current self' and the person they 'needed to be for life to be okay' described less impact of IBD on daily life.

Conclusions:

Individuals living with IBD face frequent uncertainties and inconsistencies when managing their condition. Solely focusing on increasing a sense of personal control may not always be the best approach. Greater understanding of perceptions of self-discrepancies and helping patients adapt to these will help identify issues of up-most importance to patients, and refine the focus of current self-management approaches.

Recommended reading list:

- Department of Health (2005) Supporting people with long term conditions. An NHS and social care model to support local innovation and integration. London: Department of Health.

- Lorig, K., Sobel, D., S, Ritter, P., L, Laurent, D. & Hobbs, M. (2001) Effects of a self-management program for patients with chronic disease. Effective Clinical Practice 4, 256-262.
- Hall, N., Rubin, G., Dougall, A., Hungin, A. & Neely, J. (2005) The fight for 'healthy-related normality': A qualitative study of the experiences of individuals living with established Inflammatory Bowel Disease Journal of Health Psychology, 10, 443-455

5.3.2 Barriers to optimal self-care in Type 2 diabetes from both patients' and nurses' perspectives: Phase II of a mixed method study

Sandra Pun, Clinical Associate, School Nursing, The Hong Kong Polytechnic Universtiy, School of Nursing, Kowloon, Hong Kong Co authors: Vivien Coates & Iris Benzie

Abstract:

Background:

Type 2 diabetes is a serious global health problem, and its prevalence rate is increasing particularly in developing countries, including China. Enhancing self-care behaviours is vital for managing chronic illness like diabetes. Previous studies showed that there are barriers to optimal self-care that undermine attempts to achieve desired patient outcomes. Therefore, it is essential to explore and overcome these barriers for improving patient outcomes.

Aim:

To explore barriers to optimal self-care for patients with Type 2 diabetes and suggest strategies to overcome them to improve patient outcomes.

Methods:

A quantitative survey was done (Phase I) with 183 patients recruited from a local diabetes clinic. Interview protocols were developed and patients were selected based on the quantitative results. Both patients (n=22) and diabetes nurses (n=17) were then invited for focus group interviews to investigate barriers to self-care and strategies for overcoming these barriers (Phase II). Content analysis was adopted for data analysis.

Results:

The major barriers to overall self-care behaviours included knowledge deficits, low motivation to change habits and busy lifestyles. Desire to eat and Chinese cultural factors were barriers to diet modification. Physical limitation and lack of interest were major barriers to regular exercise. Financial constrains and fear of pain were the main reasons for non-adherence to self-monitoring of blood glucose. Seeking help from family and professionals, joining self-help groups and self-determination were strategies claimed by patients to overcome barriers. Nurses suggested that using a "named nurse" system, providing cooking classes, and positive reinforcement were effective strategies.

Conclusion:

Barriers to self-care expressed by patients and nurses were similar, which indicated that nurses were able to understand their patients very well. In order to improve patient outcomes, nurses should provide patient education and consider psychological factors and when designing targets for patients so that these are more achievable.

Recommended reading list:

- King, H, Aubert, RE & Herman, WH 1998, Global Burden of Diabetes, 1995-2025: prevalence, numerical estimates and projections. Diabetes Care, vol. 21, no. 9, pp.1414-1431
- Peyrot, M, Rubin, RR, Lauritzen, T, Snoek, FJ, Matthews, DR & Skovlund, SE 2005, Psychosocial problems and barriers to improved diabetes management: results of the Cross-National Diabetes Attitudes, Wishes and Needs (DWAN) study. Diabetic Medicine, vol. 22, pp.1379-1385

5.4.1 Exploring the meaning of dignity on a children's ward using ethnography with grounded theory

Paula Reed, Honorary Resarch Associate, Faculty of Health & Medical Sciences, Faculty of Health & Medical Sciences, University of Surrey, Guildford, United Kingdom

Abstract:

In this paper, I discuss the principles and real life experience of undertaking an ethnographic study on a children's ward. This study took place over a nine month period and formed the main phase of my doctoral research. I used principles of grounded theory to develop a conceptually grounded account of dignity and children in hospital (Charmaz, 2006). I discuss how I undertook the ethnography. In particular I describe how I attended to the 'strange' in my arena of inquiry in order to identify aspects of the field that warranted further investigation and explanation (Toren, 1996). I describe my methods of recording data through the analytic process to emergent theory, without the use of a computer software package. I explore some of the ethical and practical implications of undertaking qualitative research, specifically with children in hospital. I describe some of the practical dilemmas I encountered when undertaking the research and reflect upon how the voices of the children were heard and constructed as data in this research. The idea of protecting and promoting dignity is beset with ethical issues. As nurses we advocate for the child we see before us, but also for the adult they will become. The dignity of a child needs to be negotiated through the triadic relationship exists between the healthcare team, parents and child. Equally the research process needed to be undertaken with ethical concerns paramount. I describe how I found a person-centred approach useful in establishing my researcher participant relationship. The Rogerian core conditions of empathy, unconditional positive regard and congruence (Rogers,1961) helped establish a mutuality between us. Moreover, the centrality of the subjective experience in person-centred theory is appropriate for ethonography and for involving participants in data construction.

Recommended reading list:

- Charmaz, K. (2006) Constructing grounded theory: A practical guide through qualitative analysis. London: Sage
- Toren, C. (1996) "Ethnography: theoretical background" in Richardson, J. (ed) (1996) Handbook of qualitativeresearch methods for psychology and the social sciences. Leicester:BPS Blackwell, p. 102-112
- Rogers, C. (1961) On becoming a person. Boston: Houghton Mifflin

5.4.2 Children's views of the 'good' nurse

Mary Brady, Senior Lecturer, Faculty of Health and Social Care Sciences, Kingston University - St George's University of London, London, United Kingdom

Abstract:

Background:

This paper will present the results of a study that explored hospitalised children's perceptions of a 'good nurse'. Few studies have explored this area with children before; in most previous studies data have been obtained from parents (Shin & White-Trout, 2005).

Aims:

This study, set out to: Identify qualities that define the 'good nurse' from a child's perspective Address the gap in the literature Inform clinical practice to facilitate care provision that meets children's needs

Methodology:

A qualitative study using grounded theory as originally described by Glaser and Straus (Kendall, 1999) was conducted over a four-month period that provided data that was systematically collected and analyzed, without the use of statistical methods. In this study hospitalized children (n=22), aged 7-12 years old, were asked to describe pictorially and verbally the qualities of a good nurse. An adaptation of the 'draw and write' technique (Bradding & Horstmann, 1999) was used, together with a semi-structured interview to explore their drawings and provide more data. The interviews were recorded and transcribed verbatim.

Results:

Analysis using a process of constant comparison of the data and grouping together of emerging concepts, revealed seven themes that related to the personal characteristics and skills of the nurse. These were communication, knowledge, safety consciousness, trustworthiness, humour, and professional, personal and ethical qualities.

Discussion:

Some of these characteristics were consistent with parental opinions revealed in previous studies. This study also highlighted the importance of the nurse having an understanding of the needs of children and that the child's level of insight into the nurse's good qualities was related to his/her stage of moral development. Conclusions Good care for the child and his/her family; by competent nurses who engender in the child that he/she is valued is of importance to hospitalized child.

Recommended reading list:

- Bradding, A. and Horstmann, M. (1999) 'Using the write and draw technique with children', European Journal of Oncology Nursing, 3(3), pp.1709-175
- Glaser, B. and Strauss, A. (1967) The Discovery of Grounded Theory. Chicago: Aldine.
- Shin, H. and White-Trout, R. (2005) 'Nurse-child interaction on an inpatient paediatric unit', Journal of Advanced Nursing, 52(1), pp. 56-62

5.5.1 The impact of nurse education on the caring behaviours of nursing students

Fiona Murphy, Senior Lecturer, School of Health Science, University of Wales Swansea, Swansea,Wales, United Kingdom Co authors: Steve Jones, Mark Edwards & Jane James

Abstract:

Background:

There is an expectation that students entering a nursing course should have appropriate caring values and behaviours and that the process of nurse education should nurture and develop students to behave in a caring, compassionate yet professional manner (Karaõz 2005). However, there is some evidence that the educational process for nursing students does modify their caring behaviours but not always in a positive way (Smith 1992).

Aim:

To identify whether nursing student's caring behaviours as part of nursing practice are subject to a time effect and change over a three-year pre-registration nursing course.

Methods:

Quantitative, single, cross section survey of nursing students from one higher education institution in Wales. A population sample of two cohorts. Cohort 1 were 197 first year students entering an undergraduate nursing course (80 responded). Cohort 2 were 145 third year students (94 responded). Students completed a questionnaire incorporating the Caring Behaviors Inventory (CBI) (Wolf et al. 1994). Data were collected between 2005 and 2006.

Results:

A statistically significant difference was found in caring behaviours between first years and third years, where third years consistently scored lower than first years. These differences were exaggerated for those aged under 26 and increased further for those with no previous experience of caring and who were under 26.

Discussion:

Smith's (1992) notion of a 'caring trajectory' where some student's perceptions of care as part of nursing are modified and change over a course is supported. This and the effects of occupational socialisation will be discussed as influential in this process.

Conclusion:

Caring is a core component of nursing practice but the process of nurse education modifies and erodes student's caring behaviours. This implies that nurse educationalists should implement strategies to promote and support students in preserving these behaviours.

Recommended reading list:

- Karaöz S. (2005) Turkish nursing students' perceptions of caring. Nurse Education Today 25(1), 31-40
- Smith P (1992) The Emotional Labour of Nursing. Macmillan. Basingstoke
- Wolf ZR,Giardino ER, Osborne PA, Ambrose MS (1994) Dimensions of nurse caring. IMAGE: Journal of Nursing Scholarship. 26 (2), 107-111

5.5.2 Are nurse educators conducting ethical research with student nurses?

Edward Kinrade, Senior Lecturer, School of Nursing and Primary Care Practise, Liverpool John Moores University, Liverpool, United Kingdom Co authors: Sheila Dunbar

Abstract:

Introduction:

Nurse educators are engaged in planning and conducting research with pre-registration student nurses and with registered nurses who are undertaking post-registration studies. Additionally, many have conducted research with their students for higher degree or teaching certification course work. A review of recently published research indicates that nurse educators engaged in such research are as liable as any other group of health professionals to disregard the ethical rights of student participants. It is doubtful as to how much of this research has been subjected to formal ethical approval processes. The focus of this presentation arose from research being undertaken for PhD studies into the development of student nurses' work related values. The presenter, positioned in just such a dual role, had to recognise ethical implications that could affect adversely the quality of research design.

Aims:

This paper identifies the ethical dilemmas facing researchers who are conducting research with students with whom they also have an active teaching role. Concepts of ethical approval, informed consent, and confidentiality as they confront the educator/researcher are explored.

Methods:

Thematic literature review drawing upon a sample (n=30) of research published about nurse education, between 2005 - 2007. Sample reviewed identified student nurses as the main participants and as the primary source for data.

Results & conclusions:

Safeguards that serve to protect student nurses from involvement in unethical research appear to be ignored by a significant number of educator/researchers. Local and professional safeguard processes when not applied have a negative impact on student nurses involved in such research. This has the potential to adversely affect their willingness to participate in future research activities. Issues of power and control in relationships with research participants are crucial to design quality, affecting survey data collected.

Recommended reading list:

- Aveyard H and Hawley G (2007) How to do ethical health care research Ch16. in Ethics in Clinical Practice - an inter-professional approach. ed. Hawley G., Pearson Education. Harlow. England
- Cohen L. Manion L and Morrison K (2003) Research Methods in Education. 5th Edition,. Routledge/Falmer. London
- COREC (2004) New Operational Procedures for NHS REC's 2004. Central Office for Research Ethics Committees

5.6.1 A system under pressure: The discharge process in an acute hospital

Michael Connolly, Macmillan Nurse Consultant, Palliative Care, University Hospital of South Manchester NHS Foundation Trust, Manchester, United Kingdom Co authors: Jane Grimshaw, Mary Dodd, Julie Cawthorne, Tarnya Hulme, Sarah Everrit, Stephanie Tierney & Christi Deaton.

Abstract:

Background:

Discharge is a multi-disciplinary procedure, in which nurses play a pivotal role. Unfortunately, this process does not always run smoothly (Glasby 2003).

Aims:

To understand the perspective of health professionals with regard to preparing patients for discharge from an acute hospital in England.

Methods:

Posters were displayed within a hospital asking for volunteers to take part in a focus group. Maximum variation, in terms of job titles, was striven for within the sample. Focus groups were held in December 2006 at participants' place of work. Six senior members of staff divided into pairs to run them. All groups were taped and transcribed verbatim and analysed using a framework approach (Ritchie et al 2003).

Results:

Due to time and resource constraints, three focus groups were conducted, which involved 11 nurses, 15 allied health professionals, 5 social workers and 1 doctor. Analysis identified the following themes and sub themes: 1. Conflicting pressures on staff. Keeping patients in hospital versus getting them out Striving for flexibility within a system A paucity of intermediary provision 2. Consequences of conflicting pressures Professionals losing their sense of professionalism Patients being 'systematised'

Discussion:

Pressures described during focus groups stemmed from five main sources:

- external targets placed upon the system
- internal hospital inflexibility and poor communication
- dominance of the medical model of care
- a desire to address the complex needs of individuals
- a lack of community services.

Conclusions:

Data implied that practitioners are under pressure to process discharge planning quickly, within systems where staff are poorly coordinated and within a model of care that assigns little priority to social and psychological factors. It is clear from focus group data that staff can feel like victims of this pressure. Staff described the dehumanising effects of having to ignore patient concerns, wishes and choices.

Recommended reading list:

- Glasby, J. 2003 hospital Discharge: integrating health and social care. abingdon. Radcliffe Medical Press

- Ritchie, J., Spencer, L., O'Connor, W. 2003. Carrying out Qualitative Analysis. In J. Ritchie and J. Lewis (eds) Qualitative Research Practice: A guide for social science students and researchers (2003) Sage: London; Thousand Oaks; New Delhi

5.6.2 Extended roles in nursing in Ireland Policy: Interpretations from a study in the acture hospital sector

Anne Fahy, Lecturer, Nursing & Midwifery, University of Limerick, Limerick, Ireland

Abstract:

Background:

Irish general nursing has experienced tremendous change and development within the acute healthcare sector over the last decade in response to changes in health policy, demographics, technology, society and the need to contain healthcare costs (Department of Health and Children, 2003). Nurse's roles are developing and expanding with the intention to enhancing patient care (An Bord Altranais, 2000).

Aim:

Explore registered nurses perceptions of role expansion in the acute health care setting.

Objectives:

- Understand and clarify role expansion within nursing
- Provide recommendations to guide practice development

Methodology:

The study adopted a triangulation approach using both survey and focus group data collection methods. A questionnaire developed specifically for the study was administered to a sample of nurses in two Acute Hospitals in the West of Ireland (n=500). In addition three focus group interviews (n=17) was undertaken with a purposeful sample of nurses. The statistical package (SPSS™ Version 13) was used to analyse the quantitative data. The qualitative data was analysed using a thematic analysis approach (Braun and Clarke 2006).

Results:

Findings indicate there was considerable support among nurses to undertake role expansion with a strong commitment to their professional development. The importance of the nurse-patient relationship and maintaining a presence with patients, through the image of physical closeness or proximity was an essential requisite for the administration of high quality and holistic care. However there were concerns relating to accountability and litigation with some confusion surrounding the definition of expanded roles.

Conclusions:

There was a conditional willingness by nurses to engage in expanded roles recognising value to the patient's experience, the organisation and the profession. `Back to the bedside` was a common theme woven throughout the transcripts as nurses believe expanded role promotes a quality and holistic safe approach to patient care.

Recommended reading list:

- An Bord Altranais. (2000) Scope of Nursing and Midwifery Practice Framework. Dublin: An Bord Altranais
- Braun, V. and V. Clarke, (2006) "Using thematic analysis in psychology." Qualitative Research in Psychology. 3, 77-101
- Department of Health and Children. (2003) Health Service Reform Programme. Dublin: Stationery Office

5.7.1 Lost time: The patients' experience of waiting during haemodialysis therapy

Aoife Moran, Research Fellow, School of Nursing, Dublin City University, Dublin, Ireland Co authors: Anne Scott & Philip Darbyshire

Abstract:

Background:

Haemodialysis is one form of renal replacement therapy for patients with end stage renal disease (ESRD). It requires the person to comply with a strict regime of dialysis, medications, and dietary and fluid restrictions. These patients are also dependent on the haemodialysis machine for survival, and must accept frequent interaction with the healthcare team (Al-Arabi, 2006; Ravenscroft, 2005). The lifestyle disruptions caused by the illness and treatment can make it difficult for some patients to accept life on haemodialysis therapy.

Aim:

The overall aim of this study is to provide an in-depth understanding of the experience of being a patient with ESRD on haemodialysis therapy.

Methods:

The methodology employed was interpretive phenomenology. A purposive sample of sixteen participants aged from 20-70 years was recruited. Two semi-structured interviews were conducted with each participant. An approach to interpretive data analysis by Diekelmann & Allen (1989) was used to analyse the data.

Results:

The findings indicated that the experience of waiting was significant for the participants in the study. Their accounts suggest that they spent a lot of time waiting when they attended haemodialysis therapy. The time spent waiting was empty and unproductive, and held the participants back from their everyday lives. Therefore, they interpreted their experience of waiting, as lost time. The theme Lost Time is constituted by two sub themes: Killing Time and Wasting Time.

Discussion:

The theme Lost Time will be discussed from a phenomenological perspective. The existing literature does not address the experience of waiting in relation to the patient with ESRD on haemodialysis therapy. The patient's experience is the most appropriate starting point for providing effective, patient-centred care. It is anticipated that the findings from this study will contribute to the existing literature and also contribute to evidence-based practice.

Recommended reading list:

- Ravenscroft, E. (2005) Diabetes and kidney failure: How individuals experience kidney failure. Nephrology Nursing Journal, 32(4):502-509
- Al-Arabi, S. (2006) Quality of Life: Subjective descriptors of challenges to patients with end stage renal disease. Nephrology Nursing Journal, 33(3): 285-292
- Diekelmann, N & Allen, D.(1989) A hermeneutic analysis of the NLN criteria for appraisal of baccalaureate programs. In Diekelmann, N; Allen, D; Tanner, C (eds). The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis. New York: The National League for Nursing, pp.3-34

5.7.2 A postal survey to explore the impact of venous ulceration on quality of life

Simon Palfreyman, Reserach Nurse, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom Co authors: John Brazier & Jonathan Michaels

Abstract:

Background:

Qualitative (Briggs 2007) and quantitative (Anand 2003) techniques have described how having a leg ulcer affects the lives of sufferers. Such studies have illustrated that quality of life can be profoundly affected. However, there can be difficulties in measuring such impacts using quality of life questionnaires (Walters 1999).

Aim:

To assess the impact of venous ulceration on quality of life using a disease-specific and two generic quality of life questionnaires.

Methods:

Questions related to the impact of venous ulceration were identified through literature review, semi-structured interviews and focus groups. A self-completed postal questionnaire containing sixteen disease specific items, Euroqol, SF-6 and life satisfaction questions was sent to 266 people with a history of venous ulceration being treated by the local tissue viability service.

Results & discussion:

A response rate of 57% (n=152) was obtained. 92 respondents had a current ulcer, the remaining 60 had a healed ulcer. The mean age was 66.6 years (range 27-104) and 53% female. The most frequent symptoms experienced by respondents with ulceration were pain (80%), insomnia (65%), exudate (75%), depression (65%) and adverse smell (56%). Venous ulceration was associated with a significant adverse impact on quality of life. The presence of a venous ulcer resulted in statistically significant lower perceived quality of life scores compared to those with no active ulceration. Calculation of the EQ5D and SF6D single index utility scores showed poorer health scores for both groups compared to the normative UK population scores but significantly ($p < 0.05$) lower scores for those with active ulceration. Patients with ulcers also had significantly lower life satisfaction scores.

Conclusions:

Patients with venous ulcers suffer from reduced quality of life which can be illustrated through reduced quality of life scores. Those who have a healed ulcer also have a poorer quality of life compared to the general population.

Recommended reading list:

- Anand, S. C., Dean, C., Nettleton, R., & Praburaj, D., V 2003, "Health-related quality of life tools for venous-ulcerated patients", British Journal of Nursing, vol. 12, no. 1, p. 48
- Briggs, M. & Flemming, K. 2007, "Living with leg ulceration: a synthesis of qualitative research", Journal of Advanced Nursing, vol. 59, no. 4, pp. 319-328
- Walters, S. J., Morrell, C. J., & Dixon, S. 1999, "Measuring health-related quality of life in patients with venous leg ulcers", Quality of Life Research, vol. 8, no. 4, pp. 327-336

5.8.1 Predictors of parental attendance with children presenting with minor illness at an Accident and Emergency (A&E) department and General Practice (GP) services

Pippa Hemingway, Research Fellow, School of Nursing, University of Nottingham, Nottingham, United Kingdom
Co authors: Roderick MacFaul, Kate Armon, Ursula Werneke, Monica Lakhanpaul & Terence Stephenson.

Abstract:

Background:

UK child A&E attendances are rising with 3.5 million children attending A&E annually (Office for National Statistics 2004). However the factors determining child A&E attendance as compared to GP attendance remain unclear (Hendry et al 2005).

Aims:

The study identified the factors that predicted parental A&E attendance with children presenting with minor illness compared to an equivalent group attending GP services.

Methods:

This prospective case-control study recruited an opportunistic sample of parents of children with minor illness attending A&E or GP services (2:1 cases/controls): Cases: Parents attending A&E at Queeni̇s Medical Centre, Nottingham. Controls: Parents attending one of 6 GP surgeries or 1 out-of-hours GP cooperative in Nottingham. Parents completed a structured questionnaire developed from prior qualitative work (Eccleston et al 2001). Data were analysed by uni- and multivariate analysis using SPSS(TM).

Results:

In 2000, 411 subjects were recruited (272 cases, 139 controls; 87% response rate). Four variables significantly determined parental A&E attendance with children (iÜ 15 yr) presenting with minor illness (n=148); parents with no past experience of the respective childhood illness (p=0.018), attending with a child in pain (p=0.002), a high perceived need for hospital admission (p=0.003) and being a male parent/carer (p=0.036) were all more likely to attend A&E, independent of child illness severity (p=0.087, U=14592, n=377).

Discussion:

The identified predictors of A&E attendance should inform the current debate regarding child emergency care service development in the UK and elsewhere. These data address the enduring call for such data obtained across A&E and GP based services (Hendry et al 2005). Conclusions Parents of children with minor illness reported 4 factors which significantly contributed to their A&E attendance rather than attending GP services (independent of child illness severity), which may assist in directing resources intended to reform child emergency care and develop parent centred services.

Recommended reading list:

- Eccleston P, Werneke U, Armon K, Stephenson TJ, MacFaul R. Accounting for overlap? An application of Mezzich's kappa statistic to test inter-rater reliability of interview data on parental accident and emergency attendance. Journal of Advanced Nursing. 2001 Mar; 33 (6):784-90
- Hendry SJ, Beattie TF, Heaney D. Minor illness and injury; factors influencing attendance at a paediatric accident and emergency department. Archives of Disease in Childhood; 2005; 90;629-633
- Office for National Statistics. March 2004. Health for children and young people. Provision of use and services. Chapter 2

5.8.2 The challenges of nursing children with complex physical healthcare needs in the community: The views of professionals

Owen Barr, Senior Lecturer in Nursing, School of Nursing, University of Ulster, Co. Londonderry, Northern Ireland, United Kingdom Co authors: Roy McConkey & Rosario Baxter

Abstract:

Background:

In Northern Ireland there are approximately 250 children who have are life threatening or technology dependent conditions now being cared for at home. Developments in medical treatment and nursing interventions have contributed to considerably increasing life expectancy of these children. The effective delivery of care to such children and their families can present a major challenge to community services (Heaton et al., 2005).

Aim;

This project aimed to provide opportunities for nurses and other professionals to share their experiences, successes and challenges in caring for children with complex physical health care needs.

Methods:

Four focus groups involving a total of 51 participants where held across Northern Ireland during December 2006. Two groups involved community nurses only and the other two were interdisciplinary in composition. Thematic content analysis of data was undertaken independently by the three researchers involved in the project and the five main themes were agreed (Newell and Burnard 2006).

Results:

Five main themes were identified were:

- The need for increased co-ordination at local and regional levels.
- The need for equity in service provision across the region.
- Developments in respite care provision.
- The need for a coordinated approach to the provision of education.
- The need to hear the views of children and their families.

Discussion:

Policy drivers, together with a growing body research evidence emphasise that children with complex physical healthcare needs should when possible be cared for in their family and included in their community (McConkey et al., 2007). If these objectives community nursing and hospital services need to plan more effectively together to support children at home and work collaboratively with schools to facilitate their access to education.

Conclusion:

The findings of this study highlight the need for hospital and community services to work more closely with children and their families.

Recommended reading list:

- Heaton, J., Noyes, J., Sloper, P. Shah, R. (2005) Families' experiences of caring for technology-dependent children: a temporal perspective. Health and Social Care in the Community. 13(5)441-460
- Newell, R., Burnard, P. (2006) Research for evidence-based practice. Vital notes for nurses. Oxford, Blackwell
- McConkey, R., Barr, O., Baxter, R. (2007) Complex needs: the nursing response to children and young people with complex physical healthcare needs. Belfast, Department of Health, Social Services & Public Safety

5.9.1 Professional agency of nurses: Optionalising care

Kathleen Kilstoff, Director of Undergraduate Nursing Studies, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, Lindfield, NSW, Australia

Abstract:

Background:

Professional Agency of Nurses: Optionalising Care One of the challenges confronting nurses today is how best to manage the complexity of care required by the increasing numbers of acutely ill older people with concomitant co-morbidities being admitted into an economically constrained hospital system.

Aim:

The main aim of this study was to investigate nurses' knowledge and attitudes in relation to how they responded to and managed the care needed by acutely ill older hospitalised patients.

Methods:

The study was developed in a constructivist framework with multiple methods of data collection (observations, interviews and review of hospital records), undertaken during 1999 and 2001. Data were analysed thematically in order to understand the constructions of nurses. Additional interrogation of the data was undertaken using Giddens's (1984) Structuration Theory. Twenty seven registered nurses were recruited for the study by the use of purposive sampling.

Results:

The findings indicated that the nurses were knowledgeable and potentially competent in providing the standard of technical and functional care required by older adults in hospital. However, they admitted they were optionalising this care and blamed the medically oriented hospital organisations for the lack of funding for staff and resources, which impacted on their time. It was evident during the observations that this was not the case and so a very different picture began to unfold about what nurses said and what they did.

Conclusions:

The results demonstrate that the structural properties of the hospitals directed and controlled the way the nurses worked by a manipulation of 'time and space'. The significance of this study is that through the use of Giddens's (1984) Structuration Theory, the incongruence found between the nurses' knowledge and their actions has been revealed.

Recommended reading list:

- Giddens, A. (1984). The Constitution of Society: Outline of the Theory of Structuration. cambridge: Polity Press / Basil Blackwell

5.9.2 Evaluating the outcomes of person centred intermediate care interventions

Valerie Thomas, Tutor - Health Policy, School of Health Science, Swansea University, Swansea, Wales, United Kingdom

Abstract:

Background:

The function of intermediate care is transition from hospital to home and from dependence to independence (Steiner 1997. Governments have high expectations of services to improve quality of life (QoL) and to solve system pressures within acute hospitals. The latter is relatively easy to measure through length of stay and readmission rates. Measurement of health services must be based on a specific conceptual approach (Bowling 1997) and the interaction of factors and conceptual difficulties present when measuring independence and QoL in intermediate care as it is a model that is characterised by diversity and difference.

Aim:

The aim is to explore the how staff working in community based intermediate care teams measure outcomes.

Methods:

The paper draws on results from a Doctoral study (data collection from mid 2006 to mid 2007). Methods included 2 focus groups (n=6, n=10) and observations with IC teams (n=6), face to face interviews with referrers (n=17) and an evaluation of the outcome measures. Data were coded and analysed within and across data sets to identify themes.

Results:

Person centred care is central to the teams but individual choices may decrease outcome scores, for example, assuming that people with a lower score on mobility have a lower quality of life than someone with a higher score. Intermediate care is facilitated by integrated working and the varied functions of members within the team are not acknowledged by existing measurement tools.

Discussion:

The need to describe and measure the effectiveness of services is inevitable. People involved in developing these services to need use an appropriate range of tools which have the sensitivity and specificity to discern and evaluate the inputs and outcomes of interventions (McDowell and Newell 1996). Conclusion: These results contribute to knowledge on outcome measures within intermediate care and will inform future debates.

Recommended reading list:

- Bowling A (1997) Measuring Health: a review of quality of life measurement scales
- McDowell I & Newell C (1996) Measuring Health
- Steiner A (1997) Intermediate Care

6.1.1 Patient and partner experiences of Non-Hodgkin's Lymphoma symptoms and help-seeking behaviour: The relevance of psychophysiological comparison theory

Christine Wall, Senior Lecturer in Nursing, School of Nursing and Primary Care Practise, Liverpool John Moores University, Liverpool, United Kingdom

Abstract:

Aim:

The aim of this Descriptive Phenomenological study was to identify in-depth the holistic experiences of the patient and partner during the period leading up to the diagnosis of Non-Hodgkin's Lymphoma.

Methods:

Ethical approval was gained from relevant bodies and a purposive sample of 40 patients and 14 partners was recruited. The interview was the chosen method of data collection and all participants were interviewed in their own homes between 2002 and 2004. A reflective open-ended question and semi-structured questions were used as a guide. 31 patient interviews and 10 partner interviews were transcribed for further analysis.

Results:

The transcribed interviews were analysed using a phenomenological data analysis method based on Colaizzi (1978). Common essences arising from the analysis included the patients' symptom experience and help-seeking behaviour. Patients became actively or passively aware of symptoms and developed either a sudden or a gradual realisation of symptom significance. Patients and partners created various attributions as their symptoms developed and described differing help-seeking behaviours. Most patients sought help within a short timeframe but some delayed seeking help for several months. Patients described being assessed by health care professionals in relation to the speed in which doctors were alerted to their symptoms. Most doctors picked up on symptoms promptly, but some patients experienced long delays until referral for further investigation.

Discussion:

The findings of this study will be discussed in relation to Psychophysiological Comparison Theory (PCT), which is a theory of attribution developed by Andersen and Cacioppo (1990). The relevance of findings will also be discussed in relation to the role of the health care professional in the assessment of patients and partners during the pre-diagnosis period of illness.

Recommended reading list:

- Andersen, B.L., Cacioppo, J.T. (1990) Secondary and Tertiary prevention: Psychophysiological Comparison Theory and its role in understanding patient delay Cancer Prevention Vol.1, pp.122-126
- Colaizzi, P. (1978) Psychological research as the phenomenologist views it. In Valle R.S King M (Eds) Existential Phenomenological Alternatives for Psychology. Oxford University Press New York
- Husserl, E. (1965) Phenomenology and the Crisis of Philosophy. Philosophy as a rigorous science. Philosophy and the crisis of European man. Lauer, Q. (Trans) New York NY Harper and Row

6.1.2 Developing a tool to address symptom delay in lung cancer

Joanne Rose, Clinical Nurse Specialist IV therapy and care/Research Assistant - Cancer Services, Vascular Access Team, Rotherham General Hospital NHS Foundation Trust, Rotherham, UK Co author: Angela Tod

Abstract:

Background:

Lung cancer accounts for 22% of all UK cancer deaths (Peak, 2006). Lung cancer is often at an incurable stage at diagnosis; five year survival is 7%. High mortality rates may be due in part to delay in reporting symptoms. Previous research has identified factors patients think contribute to delay (Tod & Craven, 2006; Corner et al, 2006). This has not been explored amongst the general public and health professionals. Awareness of issues contributing to delays in symptom reporting will help nurses educate patients at risk of lung cancer and detect those in need of referral.

Aims:

- To further explore factors contributing to lung cancer symptom reporting delay.
- To develop a tool to promote early symptom reporting.

Methods:

A mixed method study using expert panel (16 participants) and focus groups (6 groups, 39 participants). Expert panel members were health professionals, lay representatives and lung cancer service users who were consulted intermittently throughout the project. The focus groups included nurses (2) pharmacists (1) and the general public (3).

Results:

The study reveals an ignorance of lung cancer symptoms amongst all groups. Complex interrelating issues were identified potentially influencing delay. These include a tendency to minimize, dismiss and explain symptoms, self-management, symptoms being masked by pre-existing conditions, fear, and attitudes of and barriers to primary care services. The presentation will present a summary of these results and examples of the issues raised.

Discussion:

The study participants reflected views from patients in previous studies regarding some aspects of delay but fear was emphasised more strongly. The study findings were used to develop a public awareness tool in consultation with members of the focus groups and expert panel. A description of how this was achieved will be provided.

Conclusion:

Public / professional awareness of lung cancer symptoms is lacking. This early reporting tool could contribute to addressing the educational needs.

Recommended reading list:

- Corner J. Hopkinson J. Roffe L. (2006) Experiences of health changes and reasons for delay in seeking care: A UK study of the months prior to diagnosis of lung cancer Social Science and Medicine 62; 1381-1391
- Peake M (2006) An overview of lung cancer The Pharmaceutical Journal 277; 521-524

- Tod AM, Craven J. (2006) Diagnostic delay in lung cancer: Barriers and Facilitators in diagnostic delay. University of Sheffield. Sheffield. ISBN 1-902411-45-5

6.1.3 The lived experience of cancer of the Vulva: Aloneness

Hilary Jefferies, Macmillan Clinical Nurse Specialist, Ward 7, Birmingham Women's Hospital, Birmingham, United Kingdom

Abstract:

This paper reports on a phenomenological study that is exploring the lived experience of cancer of the vulva. This is a comparatively rare cancer that requires radical surgery. Whilst the physical effects of the surgery can be described, little is known about the psychological, emotional and social impact of this condition. A review of the literature showed a paucity of studies (Andersen and Hacker 1983, van de Wiel 1990, and Green et al 2004) and produced limited insights in the wider impact of this disease. The study reported here sought to identify the impact and meaning of this condition on a cohort of women who were being treated for cancer of the vulva. The study used Heidegger's and van Manen's interpretative phenomenological approach (van Manen 1990, Mulhall 1996). The aim was to gain an understanding of the women's own perspective of their care and to add to the body of nursing knowledge, to inform and improve clinical nursing practice. Following ethical approval, thirteen women were identified by purposive sampling. All the women were aged less than 50 years and had all had surgery for their condition at some point between 6 months to 5 years prior to the interview. The data were analysed using Framework analysis (Ritchie and Spencer 1994). Four key concepts emerged from the data; one of which, Aloneness, will be explored here. This reflected the challenges the women faced in living with a condition that is not recognised or widely discussed in the main stream literature, a factor that impacts on the way in which these women can share their experience with family, friends and the health care professionals. Raising awareness of this very personal experience should help nurses caring for women with this problem.

Recommended reading list:

- Andersen B. and Hacker N 1983 Psychosexual adjustment after vulval surgery, Obstet. Gynecol. 62, 457-62
- Van Manen M. 1990 Researching Lived experience. Human science for an Action Sensitive pedagogy The Althouse press, Faculty of Education, the University of Western Ontario, Canada
- Ritchie J Spencer L 1994 Qualitative data analysis for applied policy research, Analysing Qualitative Data, Eds: Bryman A. Burgess R.G.Pubs: Routledge, London

6.2.1 What do we mean by 'supported' decision making?

Dawn Dowding, Senior Lecturer in Clinical Decision Making, Health Sciences (Research), University of York, York, United Kingdom Co authors: Rebecca Randell, Natasha Mitchell, Rebecca Foster & Val Lattimer, Carl Thompson, Nicky Cullum, Rebecca Owens

Abstract:

Background:

Nurses are increasingly working more autonomously in extended roles with a number of Computerised Decision Support Systems (CDSS) being introduced to support the process. However, little is known about how nurses actually use such systems to support their clinical practice. This paper will draw on results from a Department of Health (England) funded study which examined how nurses use technology to support their decision making, to explore this in more detail.

Methods:

Data was drawn from two sources; a secondary analysis of existing data sets and a case site study of nurses' use of CDSS from 4 NHS Trusts in England. Data sets for the secondary analysis were taken from a study examining primary care nurses' use of evidence to inform their decision making (410 observations and 76 interviews) (Thompson et al., 2005), and an evaluation of The Exemplar Programme for out-of-hours care (55 interviews) (Lattimer et al., 2004). The case site data consisted of non-participant observation of nurses use of CDSS (n=124), patient interviews (n=38), nurse interviews (n=55) and interviews with clinical unit and Trust level managers (n=17). Secondary data was analysed using framework analysis and case site data analysed using content analysis.

Results:

Nurses were observed and reported using technology in a variety of different ways, all of which were perceived to support their decision making. This included using technology to provide guidance for clinical decisions, as well as to assist with the assessment and monitoring of patients' conditions, to confirm a decision they had already made, for record keeping and for research/audit.

Discussion:

Nurses often use technology in ways that are not envisaged by the original developer, and 'adapt' their use according to the local context in which they work and their own experience with the patient(s) or the technology. All of these uses could be considered as 'supporting' the decision process.

Recommended reading list:

- Lattimer, v., Gerard, K., George, S., Smith, H., Lathlean, J., Burgess, A., Turnbull, J. & Surridge, H. (2004) The Examplar Programme for Integrated Out-of-Hours Care: Evaluation Report. University of Southampton
- Thompson, C., McCaughan, D., Cullum, N., Sheldon, T. & Raynor, P. (2005) Barriers to evidence-based practice in primary care nursing - why viewing decsion making as context is helpful. Journal of Advanced Nursing, 52, 432-444

6.2.2 Does whether a choice is perceived as "easy" or "hard" make a difference to heart failure nurses' clinical judgements?

Carl Thompson, Senior Lecturer, Health Sciences, Centre for Evidence Based Nursing, York, United Kingdom Co authors: Karen Spilsbury & Dawn Dowding, Jill Pattenden, Ros Brownlow

Abstract:

Background

Heart Failure Specialist Nurses (HFSNs) exemplify modern nursing roles. They face diagnostic, prognostic, and treatment decision uncertainties in practice and varying degrees of complexity associated with the choices they face. Little is known about nurses' cognitive handling of this complexity.

Aims

- To construct a decompositional model of nurses' decision making for two clinical judgement tasks
- To explore whether decisions classed as "easy" or "hard" by nurses are characterised by differing cognition.

Methods

Judgement analytic lens models for 29 HFSNs faced with two judgement tasks: a cognitively "easy" drug titration decision and a "hard" palliative care referral choice. Regression models and paired comparisons provided measures of agreement between the nurses, the linearity and non-linearity in information processing by nurses, and the degree of cognitive control exercised by them. Differences between nurses with varying degrees of education were explored using paired t-testing. The relationship between experience and measures was explored using bivariate correlations.

Results

Nurses varied significantly in their judgements and their weighting of information. The self reported difficulty of the decision tasks was less important for the cognitive handling of information and agreement between the nurses than we predicted. Nurses had high degrees of cognitive control in the drug task and far less (as expected) in the palliative referral condition. However, there was no change in the linear or non-linear processing of information of the two tasks. Education and clinical experience were not related to agreement or information processing.

Conclusions

Nurses self reported difficulty in decisions should not be relied upon as an indicator of decisional complexity. The title specialist nurse should not be assumed to default to clincial "expertise". Thinking in a more sophisticated way about the relationship between experience, uncertainty, decision structure and information available may help nurses make better and more consistent choices.

6.2.3 How nurses use technology to support their decision making: The role of experience

Natasha Mitchell, Research Fellow, Health Sciences, University of York, Heslington, United Kingdom Co authors: Rebecca Randell, Rebecca Foster, Dawn Dowding, Val Lattimer, Carl Thompson, Nicky Cullum & Rebecca Owens

Abstract:

Background:

Previous research has shown that the experience of a decision maker with a particular decision influences how they use information, and that experience using a technology may influence how that technology is used(O'Cathain et al., 2004). This paper will draw on results from a Department of Health (England) funded study which examined how nurses use technology to support their decision making, to explore how nurses' experience impacts on their use of such technology.

Methods:

Data were drawn from two sources; a secondary analysis of existing data sets and a case site study of nurses' use of Computerised Decision Support Systems (CDSS) from 4 NHS Trusts in England. Data sets for the secondary analysis were taken from a study examining primary care nurses' use of evidence to inform their decision making (410 observations and 76 interviews) (Thompson et al., 2005), and an evaluation of The Exemplar Programme for Out-of-Hours care (55 interviews) (Lattimer et al., 2004). The case site data consisted of non-participant observation of nurses use of CDSS (n=124) and semi-structured interviews with nurses (n=55). Secondary data was analysed using framework analysis and case site data were analysed using content analysis.

Results:

Both nurses clinical experience with a particular type of decision, and their experience using the technology were factors in how technology was used. Nurses were less likely to use decision support systems for decision tasks they were familiar with. Nurses who were experienced using a technology reported 'internalising' the knowledge contained within it, so that they used it to guide their decision making without actually referring to it.

Discussion:

Individual nurses may use decision support technologies in different ways, depending on their experience with the decision they are facing and the technology they are using. This has implications for how we investigate the impact of such technologies on patient care.

Recommended reading list:

- Lattimer, V., Gerard, K., George, S., Smith, H., Lathlean, J., Burgess, A., Turnbull, J. & Surridge, H. (2004) The Exemplar Programme for Integrated Out-of-Hours Care: Evaluation Report. University of Southampton
- O'Cathain, A., Sampson, F.C., Munro, J.F., Thomas, K.J. & Nicholl, J.P. (2004) Nurses' views of using computerized decision support software in NHS Direct. Journal of Advanced Nursing, 45, 280-286
- Thompson, C., McCaughan, D., Cullum, N., Sheldon, T. & Raynor, P. (2005) Barriers to evidence-based practice in primary care nursing – why viewing decision making as a context is helpful. Journal of Advanced Nursing, 52, 432-444

6.3.1 First-time mothers: Expectations of parental self-efficacy and social support

Patricia Leahy Warren, College Lecturer & HRB Nursing & Midwifery PhD Research Fellow, Nursing Studies, University College Cork, Cork, Ireland Co authors: Geraldine McCarthy

Abstract:

Aim:

The aim of this study was to explore first-time mothers' expectations of parental self-efficacy and social support immediately after childbirth.

Background:

Becoming a mother involves a process of learning and integrating skills that are necessary in caring for a baby. A variety of factors are associated with facilitating the transition to motherhood. One of which may be self-efficacy in parenting and the other social support. Self-efficacy in early parenting is the mothers' belief about her capabilities to meet the demands of a new parent. Efficacy beliefs are a major base for parental practices and constructing parental efficacy is considered a crucial step in mothering development (Bandura, 1997; Reece, 1992). Social support is also an important positive contribution during the transition to motherhood. By determining a mothers' degree of parenting self-efficacy and level of social support in the immediate postpartum period, nurses and midwives may be able to identify mothers at risk for increased stress in their role of new parent and provide strategies that are tailored to meet the needs of these mothers.

Methodology:

A quantitative descriptive design was used. Data were collected from 100 first-time mothers using questionnaires measuring social support (Leahy-Warren, 2005) and parental self-efficacy (Reece, 1992) in the period immediately after childbirth. Data from the questionnaires were entered and analyzed using the Statistical package for social scientists (SPSS). Descriptive and inferential statistics were used to analyse the data.

Findings:

Findings will be discussed on mothers' early perceptions of self-efficacy in parenting. For those mothers with low self-efficacy, interventions to empower them in that new role will be discussed. First-time mothers' expectations of social support will also be discussed. The focus will be on the types of support mothers expected (informational, instrumental, emotional and appraisal) and from what social network members (mother, partner, friends), including healthcare professionals (nurses, doctors) it was received.

Recommended reading list:

- Bandura, A. (1997). Self-efficacy: The Exercise of Control. New York, Freeman & Co.
- Leahy-Warren, P. (2005). "First-time mothers: social support and confidence in infant care." Journal of Advanced Nursing 50: 479-488
- Reece, S. (1992). "The Parent Expectations Survey." Clinical Nursing Research 1(4): 336-346

6.3.2 The arrival of the baby born with down syndrome: Parents' lived experience of the post natal period

Roja Sooben, Senior Lecturer, Centre for Research in Primary and Community Care, University of Hertfordshire, United Kingdom

Abstract:

Background:

This empirical study is set within the context of the UK National Antenatal Screening Programme for Down syndrome. Ethics approval for the study was obtained in December 2001 from the University Ethics Committee where the researcher is an employee and the study data was gathered during March-July 2002.

Aims:

The overarching aim of the study was to gain an insight into the lived experience of parents during their postnatal care period. The focus of the conference presentation will be to present the key research findings, including a brief discussion of the implications and limitations of the study.

Method:

A phenomenological inquiry involving 10 parents was undertaken by means of unstructured interviews (Kvale, 1996). The participants were parents whose children were born with Down syndrome, and the invitation to participate in the study was made via the Down Syndrome Association.

Findings:

Parents had limited opportunities to talk about the needs of their new born babies as healthcare professionals were perceived to be embarrassed or lacking in knowledge about Down syndrome. Parents felt that practical advice and emotional support to cope with their new experience was inadequate. The essence of the research findings points to an unequivocal message that the newborn with Down syndrome was not considered as having healthcare needs like any other baby.

Conclusions:

The lack of balanced information to parents about Down syndrome raises a number of implications for maternity care policy, practice and healthcare education, particularly if one of the key aims of the policy is to prepare new parents for the arrival of their child (UK National Screening Committee, 2001). This study will serve to inform new ways in effectively preparing future parents and contribute to contemporary healthcare issues that 'ignorance' of the needs of people with learning disabilities generally may have a serious impact upon their quality of life (MENCAP, 2007.).

Recommended reading list:

- Kvale,S.(1996). InterViews- An Introduction to Qualitative Research Interviewing. Sage
- UK National National Screening - Down Syndrome Screening Policy - (2001).DH & NHS
- Mencap (March 2007) 'Death by Indifference'

6.4.1 Women's perceptions of their health through life transitions: Mothering young children during perimenopause

Patricia Morgan, Assistant Professor, Associate Degree Coordinator, Nursing and Health Services Management, University of New England, Portland, Maine, United States Co authors: Joy Merrell & Dorothy Rentschler

Abstract:

Background:

Women are having children at an older age than any time in the past 50 years (Hall,1999).The overall birth rate for women aged 35 to 39 years increased more than 100% since 1978, and the rate for women aged 40-44 years more than doubled from 1981-2000 (Nelson, 2004). Few studies, particularly qualitative studies, have explored the mothering experiences of women who give birth after the age of 35 years, and none of these include women who are simultaneously experiencing symptoms of perimenopause.

Aim:

To understand women's perceptions of their health as they mother young children, while simultaneously transitioning to menopause.

Method:

Using the qualitative theoretical perspective of hermeneutic phenomenology, data were generated through in-depth serial interviews with a purposive sample of 13 women (26 interviews total), between 2004- 2007. Inclusion criteria were women 40 years old when they delivered or adopted their first child, and who were experiencing symptoms of perimenopause. Data analysis is ongoing using thematic analysis and will be completed in time for presentation at the conference.

Results:

Preliminary findings support that midlife women consider themselves healthy despite menopausal symptoms. Their position as older mothers serves as motivation for healthy behaviors in order to 'be there' for the child in the future. Uncertainty is a prominent feature in understanding older mothers' experiences transitioning into menopause and motherhood. Their experiences are compounded by insufficient preparation for menopause by healthcare providers and inadequate social support networks.

Conclusion:

There is little understanding about older mothers' experiences of mothering, let alone how these may change or be affected by other overlapping life transitions, like menopause. This study adds to the limited body of knowledge and has implications for the support provided to these women by healthcare providers.

Recommended reading list:

- Hall, D. M. B. (1999) Children in an aging society. British Medical Journal 319: 1356-1358
- Nelson, A.M. (2004) A qualitative study of older first-time mothering in the first year. Journal of Pediatric Health Care 18(6): 284-291

6.4.2 Why do women prefer sterilisation to long-term reversible contraception?

Roslyn Kane, Senior Lecturer, School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom
Co authors: Gwen Irving, Sally Brown, Neal Parkes, Martin Walling & Stephen Killick

Abstract:

Despite widely available, reliable and cost effective reversible long-acting methods of contraception, there is still a heavy reliance on sterilisation. Previous research has shown relatively high rates of regret associated with sterilisation and, given the difficulties of its reversal, a move towards the increasing use of other reversible methods would appear to be desirable.

Methods:

A survey was conducted among 386 women, recruited from three general practices in Lincolnshire, who had either recently been sterilised or opted for a long acting reversible method (either Mirena or Implanon). Case note analysis and in-depth qualitative interviews were also conducted amongst a sub-sample to explore their reasons behind their choice of method and their experiences of its use.

Results:

The study revealed incidences of regret amongst those women who had opted for sterilisation and this was the case even among some who initially seemed certain that this was the appropriate option for them. Women often chose sterilisation specifically because of its irreversibility when they did not wish to retain their choice of future fertility. There were reports of positive experiences of both Implanon and Mirena although significant side effects of both were also experienced. There was evidence of limited awareness of long acting reversible methods, despite the women being recruited from specialist family planning GP practices.

Conclusion:

There is room for improvement in knowledge of long acting reversible methods amongst women requesting contraception. Ways in which awareness can be increased need to be explored in order to maximise informed choice in line with the current NICE Guidelines. Care should be taken when agreeing to a request for sterilisation, even in women who seem certain of their decision.

Recommended reading list:

- NICE. Long-acting reversible contraception. The effective and appropriate use of long-acting reversible contraception. National Collaborating Centre for Women's and Children's Health. Commissioned by the National Institute for Health and Clinical Excellence. October 2005 RCOG Press
- FFPRHC Guidance. The levonorgestrel-releasing intrauterine system (LNG-IUS) in contraception and reproductive health. Journal of Family Planning and Reproductive Health Care 2004; 30(2):99-109
- French R, Van Vliet H, Cowan F, Mansour D, Morris S, Hughes D, Robinson A, Proctor T, Summerbell C, Logan S, Helmerhorst F, Guillebaud J. Hormonally impregnated intrauterine systems (IUSs) versus other forms of reversible contraceptives as effective methods of preventing pregnancy. Cochrane Database Syst Rev. 2004;(3):CD001776

6.4.3 Women and menopause: Understanding decision-making around HRT

Sharron Hinchliff, Lecturer, School of Nursing and Midwifery, University of Sheffield, Sheffield, United Kingdom
Co authors: Merryn Gott & Fiona Wilson

Abstract:

Background:

A small number of studies have explored women's views on hormone replacement therapy (HRT) since the Women's Health Institute published its findings on the treatment's potential adverse effects. Very little research, however, has been qualitative and/or UK-based.

Aim:

Drawing on women's own perspectives, this paper will examine decision-making around HRT.

Method:

In-depth interviews were conducted with 47 women, aged 48 to 61, registered with GPs in Barnsley (21 had never used HRT, 20 had used it previously and 6 were using at the time of interview). Data were analysed thematically. Results Participants were divided in their awareness of the risks associated with HRT, and whether or not this knowledge prevented use was mixed. Reasons for not using HRT included: bodily changes not perceived as severe; not wanting to interfere with the naturalness of menopause; and a dislike of medicines. The primary reason for choosing HRT was to alleviate 'symptoms' participants attributed to menopause, which many had tolerated until they felt unable to cope. Decisions to discontinue HRT were based upon concerns about future risks to health, part their own experience and part the result of stories in the media, alongside ineffectiveness of HRT.

Discussion:

Although some women will choose not to use HRT, others will in order to alleviate 'symptoms' that interfere with daily life, believing that the benefits outweigh the risks. Whilst the majority of participants were aware of the benefits of HRT, not all were aware of the risks. These findings will usefully inform women's decision-making, and are of value to clinical practice, especially practice nurses who are a point of contact for women seeking advice on menopause.

Conclusion:

Decision-making around HRT was often difficult, and shaped by physical 'symptoms', awareness of risks and benefits associated with HRT as well as the social context within which participants experienced menopause.

6.5.1 MS patients' perceptions of illness and its development

Anners Lerdal, Associate Professor, Dept. of Health, Dept. of Health, Buskerud University College, Norway, Drammen, Norway Co authors: Elisabeth Celius & Thorbjorn Moum

Abstract:

Background:

Several studies of MS-patients quality of life have been undertaken, but little is known about how these patients perceive their own illness trajectory.

Aim:

To examine to what degree sociodemographic variables, clinical variables and health-related quality of life (HRQoL) are related to Multiple Sclerosis (MS) patients' perceptions of their current disease severity as well as changes in disease severity.

Method:

A questionnaire, measuring HRQoL (SF–36), and perceived MS severity were mailed twice, one year apart in the year 2000 and 2001 to patients with definite MS in Oslo (N = 502). Clinical data about the patients' disease onset and course were retrieved from the Oslo City MS-registry.

Findings:

Among the 313 (62%) patients who responded with valid disease severity scores at both times, those with primary progressive (PP) disease course reported higher perceived MS severity ($p < 0.001$), more mental health problems ($p = 0.004$) and more physical impairment ($p < 0.001$) than patients with a relapsing remitting (RR)/secondary progressive (SP) disease course. Patients with PP MS reported higher mean scores of disease severity at follow-up. No change in mean severity was found among patients with a RR/SP disease course. Among the sub-domains of HRQoL, physical functioning clearly showed the strongest concurrent relationship to perceived MS severity. A regression analysis also showed that change in physical functioning was independently related to perceived change in MS severity.

Conclusion:

When MS patients judge the severity of their disease, their level – and/or recent change – in physical functioning seems to be the major determining factor.

6.5.2 Clinical governance and nursing - A sociological analysis

Karen Staniland, Senior Lecturer Nursing, School of Nursing, University of Salford, Manchester, United Kingdom

Abstract:

Clinical governance involves demonstrating that quality assurance and patient safety is routine practice within every organization that provides healthcare. This ethnographic study presentation is an account of the degree to which nurses and other stakeholders in one NHS hospital Trust responded to the clinical governance initiative, the effects on quality improvement and professional regulation and the practical accomplishment of legitimacy. A case study was employed using broadly ethnographic methods. The qualitative data were obtained by documentary analysis, observation of meetings and ward activity and twenty-eight semi-structured interviews. Sociological new institutionalism theory as explained by Powell and DiMaggio (1991) served as a useful tool for understanding the political and ceremonial conformity that marked the clinical governance process. Errors and inconsistencies were found in documentation and the Trust's reporting systems. Nevertheless, during the same period the Trust obtained a three star status and recognition for having appropriate structures and systems in place for the NHS Litigation Authority. A grounded theory approach was adopted in the analysis of the interviews using methods described by Straus and Corbin (1998) and Charmaz (2006). Identified themes included: Making Sense' 'Knowledge Construction' 'Somebody Else's Job' and 'Real Work'. It was concluded that at a practice level clinical governance was poorly understood and seen as unrealistic and that corporate organizational goals were ambiguous and not shared. The study concludes that what is happening is not a 'failure' but an unintended consequence that results from an inadequate understanding of how organizations work. It is suggested that the organization and professionals are taking on legitimate forms to gain legitimacy, but that the impact of clinical governance to improve quality in practice is inconsistent.

Recommended reading list:

- Charmaz, K. (2006) Constructing grounded Theory, London: Sage Publications
- Powell, W. and DiMaggio, P. (1991) The New Institutionalism in Organizational Analysis, Chicago: The University of Chicago Press
- Strauss, A. and Corbin, J. (1998) Basics in Qualitative Research: Grounded Theory Procedures and Techniques, Newbury Park C.A: Sage

6.5.3 Learning and working: The conflict continues

Debbie Roberts, Lecturer in Adult Nursing, School of Nursing, University of Salford, Manchester, United Kingdom

Abstract:

Background:

It has long been known that student nurses are caught in a sometimes conflicting bi-cultural world of learning and working (Melia 1984, 1987); this paper reports on one of the findings from a recent ethnographic study and demonstrates how the conflict continues to exist for the respondents in the study. The students contributed to the work of the ward but as they progressed throughout their education they became concerned about the nature of nursing as they were practising it.

Aims:

- To describe the student experience of learning and working in clinical practice
- To outline the conflict of being engaged in health care assistant work
- To discuss the possible implications for nurse education

Method:

An ethnographic study of fifteen pre-registration nurses who were known to the investigator was conducted. Students consented to being observed in both clinical practice and the classroom and to tape recording of ethnographic conversations. Data were collected using non participant direct observation together with ethnographic interviewing throughout the three years of the programme (between 2003 and 2006).

Findings:

The students in the study struggled to find the nursing role because they tended to work alongside fellow students and unqualified staff (Health Care Assistants). The students observed the qualified nurses undertaking different work; work which as students they did not tend to engage in and this created conflict for them. The findings suggest the students perceived differences between qualified nurse work and health care assistant work, with student work tending to focus more heavily on the latter. As a result the students converged together to find the nursing role and saw each other as valuable learning resources. The implications for this in terms of nurse education are discussed.

Recommended reading list:

- Melia K. 1984. Student nurses' construction of occupational socialisation. Sociology of Health and Illness. Vol. 6. No. 2.132-151
- Melia K. 1987. Learning and Working. The occupational socialisation of nurses. Tavistock publications. London

6.6.1 Witnessed resuscitation: The lived experience of qualified nurses

Wendy Walker, Lecturer in Nursing, School of Health Sciences, The University of Birmingham, United Kingdom

Abstract:

Background:

Witnessed resuscitation is a controversial topic that has stimulated discussion and debate over the past two decades. It has attracted the attention of clinicians and researchers worldwide, giving rise to a growing body of literature regarding the pros and cons of this practice.

Aim:

This paper presents the findings of a qualitative study designed to explore qualified nurses' experience of lay presence during adult cardiopulmonary resuscitation; a practice commonly referred to in the literature as 'witnessed resuscitation'. This is the second stage of my doctoral programme of research which is designed to gain insight into this phenomenon from the perspective of nurses and ambulance staff who have encountered this situation.

Methodology:

The philosophical and methodological basis of this enquiry is the application of phenomenological research techniques based on the Heideggarian tradition and in particular, the use of van Manen's methodological structure for 'doing' phenomenological research and writing. Method: In-depth interviews are currently being held with first-level registered nurses who are employed in secondary care and have experience in the specialty of accident and emergency care. The aim is to interview ten participants. Selection is based on the informants' experience of the research topic.

Results:

Thematic analysis and interpretation of the study findings will be complete for the conference in accordance with the timescales of this funded project.

Discussion:

The findings will be presented and discussed in the context of previous studies that have investigated lay presence during an adult resuscitation attempt from the perspective of accident and emergency healthcare staff.

Conclusions:

The insights gained will deepen our knowledge and understanding of this phenomenon by providing information-rich cases of qualified nurses' experience, as lived. The implications for policy and practice in relation to the delivery of holistic emergency resuscitative care will be considered in the context of the study findings.

Recommended reading list:

- Royal College of Nursing (2002) Witnessing resuscitation: guidance for nursing staff. RCN: London
- Walker, W.M. (2006) Witnessed resuscitation: A concept analysis. International Journal of Nursing Studies 43: 377-387
- van Manen, M. (1990) Researching Lived Experience: Human Science for an Action Sensitive Pedagogy. State University of New York Press, Albany

6.6.2 Benchmarking a nurse-led counselling service for intensive care

Christina Jones, Nurse Consultant Critical Care Follow-up, Intensive Care Unit, Whiston Hospital, Prescot, United Kingdom Co authors: Susan Hall & Sandra Jackson

Abstract:

Background:

Psychological problems are common after critical illness in an intensive care unit (ICU) (Jones et al 2006). Dedicated psychological services are not provided by the majority of Trusts. The nurse-led counselling service at Whiston was formally established in 2005 and sees patients and families.

Aim:

To benchmark the ICU counselling service against a well established service and to examine the effectiveness of the service in terms of symptom reduction and client perception of change.

Methods:

This was a prospective study undertaken in 2 counselling services, one dedicated ICU and one general service. The clients were asked to complete the CORE-OM and PSYCHLOPS at the initial assessment and the end of counselling.

Results:

48 clients overall completed the initial CORE-OM and PSYCHOPS questionnaires, with 40 completing the end of counselling questionnaires. Two clients died due to complications of their critical illness. The clients attending the ICU service scored higher on the total score and several of the domains of the initial CORE-OM (total $p=0.043$, symptoms $p=0.044$, function $p=0.008$) than those attending the general service. Symptom levels were similar for both sets of clients by the end of counselling. Repeat measures ANOVA showed a significant reduction in the CORE-OM total score and the individual domain scores from the start to the end of counselling ($p < 0.0001$). All clients completing the follow-up reported feeling significantly better.

Discussion:

This study showed that a dedicated ICU counselling service is effective in reducing distress but demanding on the skills of the counsellor because of the high levels of dysfunction seen at initial assessment. Such as service needs to be able to offer a range of therapies from highly skilled staff.

Conclusion:

A dedicate ICU counselling service is effective in reducing psychological symptoms but demanding on the skills of the staff.

Recommended reading list:

- Jones C, Griffiths RD. Advances in Sepsis. 2006;5(3):88-93

6.6.3 An exploration of hope on a trauma unit: The views of staff and patients

Liz Tutton, Senior Research Fellow, School of Health and Social Studies, University of Warwick, Coventry, United Kingdom

Abstract:

Background:

Hope as a concept has long been considered to be an important part of daily life and is discussed extensively in many areas of the literature. In general hope is appealing because it focuses on how people survive and look forward to life, despite the many traumas and disruptive events that occur. This presentation explores how hope is understood within trauma care from the perspectives of staff and patients.

Aims:

The study extends existing knowledge for practice by exploring the meaning of hope for patients and staff on a trauma unit.

Methods:

The study drew on the principles of ethnography undertaking 21 hours of observation and qualitative interviews with 10 patients and 10 members of staff. Two focus groups with staff were held to explore preliminary findings from the study. Data collection commenced in March 2007 and will be completed in October 2007. Data were analysed line-by-line and coded using QSR N6 as a means of managing the data.

Results:

The preliminary findings identified that hope in trauma care is centred on the immediacy and unfolding nature of daily life. For patients generalised hope focussed on tangible outcomes such as discharge and increasing functional ability. Particularised hope was predominantly influenced by perceived progress through treatment paths. Staff used a form of realistic hopefulness to balance the potentially harsh consequences of traumatic injury for their patients. They also used hope to sustain a belief in the support of colleagues and the organisation itself.

Discussion:

The discussion focuses on the meanings that patients and staff attribute to hope and the opportunities for therapeutic interactions.

Conclusion:

Hope is a useful concept for examining the way in which patients experience care, how best to support staff in the delivery of that care, and the interaction between the two.

Recommended reading list:

- Lohne V. & Severinsson E. (2006) The power of hope: patients' experiences of hope a year after acute spinal cord injury. Journal of Clinical Nursing 15(3), 315-323
- Morse J.M. & Penrod, J., 1999. Clinical scholarship. Linking concepts of enduring, uncertainty, suffering, and hope. Image: Journal of Nursing Scholarship 31 (2), 145-150
- Turner D S. & Stokes L. (2006) Hope promoting strategies of registered nurses. Journal of Advanced Nursing 56(4), 363-372

6.7.1 Identifying the core components of cultural competence using the Delphi technique

Maria Jirwe, Lecturer, PhD student, Department of Nursing, Karolinska Institutet, Huddinge, Sweden Co authors: Sinead Keeney, Kate Gerrish & Azita Emami

Abstract:

Background:

The multi-cultural diversity in Sweden raises challenges for preparation of nurses. Nurses need to be culturally competent, i.e. demonstrate the effective application of knowledge, skills, attitudes and judgement to practice safely and effectively in a multi-cultural society (Gerrish, Husband, & Mackenzie, 1996). Existing models of cultural competence reflect the socio-cultural, historical and political context in which they have been developed (Jirwe, Gerrish, & Emami, 2006). To date, there has been no research examining cultural competence within a Swedish context.

Aim:

To identify the core components of cultural competence from a Swedish perspective using the Delphi technique.

Methodology:

The Delphi technique is as an iterative process which provides the opportunity to reach consensus within a group of 'experts' (Keeney, Hasson, & McKenna, 2001). A purposeful sample of 24 experts; 8 researchers, 8 lecturers and 8 practising nurses, knowledgeable in multicultural issues, was recruited. Individual semi-structured interviews were used to identify the knowledge, skills and attributes that experts considered formed the core components of cultural competence. The content analysis yielded 143 core components which formed the basis of a questionnaire used in the next round. Respondents scored each item in terms of perceived importance. Statements which reached consensus in each round were removed from questionnaires used in subsequent rounds. In total 3 rounds of questionnaires were sent to the experts during 2006.

Results:

After three rounds, 131 components had reached the predetermined consensus level at 75%. The components were categorized into 5 areas; cultural sensitivity, cultural knowledge and understanding, cultural encounters, understanding of health and healthcare, and social and cultural contexts.

Conclusion:

The core components of cultural competence identify the knowledge, skills and attributes which should be taught in nursing education to prepare nurses for work in a multicultural society.

Recommended reading list:

- Gerrish, K., Husband, C., & Mackenzie, J. (1996). Nursing for a multi-ethnic society. Buckingham: Open University Press
- Jirwe, M., Gerrish, K., & Emami, A. (2006). The theoretical framework of cultural competence. Journal of Multicultural Nursing & Health, 12(3), 6-16
- Keeney, S., Hasson, F., & McKenna, H. P. (2001). A critical review of the Delphi technique as a research methodology for nursing. International Journal of Nursing Studies, 38(2), 195-200

6.7.2 Why don't Israelis donate blood and how can this be changed?

Merav Ben Natan, Nurse Educator, Department of Nursing, Pat Mattews Academic School of Nursing Hadera, Hadera, Israel Co authors: Lena Gorkov

Abstract:

In most developed countries, and in particular, in Israel, there is a chronic shortage of blood. This is a phenomenon that raises questions about ways to increase blood donations. In light of the above, the purpose of this study is to review the factors influencing the decision of the Israeli population to donate blood. This study might aid in designing interventional methods to raise the number of blood donors.

This is a quantitative study. A questionnaire was created that was based on a review of the literature and the "theory of planned behavior." The questionnaire was distributed among a random sampling of 167 Israeli men and women, aged 17-60. The results show that married men aged 26-45 with a high level of education and born in Israel, are more likely to donate blood compared to the rest of the population. The main factors that were found to be related to intention and the actual decision to donate blood are: the feelings of the individual that he/she can overcome barriers that impede the donation, level of knowledge of the subject of blood donation and anticipation of negative feelings such as disappointment at not having donated blood. One of the outstanding findings is that the Ethiopian-Jewish community in Israel has an extremely low level of intention to donate blood.

The findings support the "theory of planned behavior." This study has shown that perceived behavioral control of the Israeli to donate blood, his subjective norms and his attitude regarding blood donation predict his intention to donate blood. The results of this study have shown that there are a number of interventional methods that can be used to increase blood donations. These include: reduction of the perceived barriers and the use of various strategies that will encourage the population to donate blood.

Recommended reading list:

- Salonen, J.T., Tuomainen, T-P., Salonen, R., Lakka, T.A. and Nyyssonen, K. (1998). Donation of blood is associated with reduced risk of myocardial infarction. American Journal of Epidemiology, 148(5), 445-451
- Lemmens, K.P.H., Abraham, C., Hoekstra, T., Ruiter, R.A.C., De Kort, W.L.A.M., Brug, J. and Schaalma, H.P. (2005). Why don't young people volunteer to give blood? An investigation of the correlates of donation intentions among young nondonors. Transfusion, 45, 945-955
- Godin, G., Sheeran, P., Conner, M., Germain, M., Blondeau, D., Gagne, C., Beaulieu, D. and Naccache, H. (2005). Factors explaining the intention to give blood among the general population. Vox Sanguinis, 89, 140-149

6.7.3 Cultural competence in community public health nurses: A case study

Angela Knight Jackson, Research Health Visitor, Acting R&D Lead Nurse, Primary Care, Heart of Birmingham, Birmingham, United Kingdom

Abstract:

Background:

Current health policy has recognised the need to address the inequality of health status experienced by black and minority ethnic (BME) communities. Community public health nurses (CPHN) have been identified as having a pivotal role in leading public health practice and agreeing local health plans. Yet national and international literature suggests nurses are ill equipped to address the health needs of (BME) communities. Cultural competence training (CCT) is a means to achieving and delivering change.

Aim:

The aim of the research project was to ascertain whether (CCT) has an effect on CPHN (n=75) knowledge, attitudes and practice.

Method:

This project adopted a case study design. Transcultural nursing experts were commissioned to provide a 2 day training programme. Pre and post test data was collected using a cultural competence assessment tool (CCATool) (Papadopoulos et al 2002, 2004). Data analysis was undertaken using a dedicated software package designed to assess cultural competence. The study was approved by Local Research Ethics Committee.

Results:

Mean cultural competence levels scores increased post training and statistical analysis using parametric and non parametric testing revealed a significant difference in individual visual analogue scores in the experimental group in the areas of cultural knowledge, cultural sensitivity and practice. In comparison no significance was demonstrated in the control group.

Discussion & conclusion:

Cultural competence training increased cultural competence levels; most participants post training had moved to different levels, demonstrating participants were now more confident in their knowledge, skills and abilities. However questions are posed surrounding sustainability which has significant implications for providing a culturally competent service. This research study makes a valuable contribution to the body of knowledge in relation to cultural competence. Its particular strength is that it has been undertaken in clinical practice. A recommendation of the study is that it is repeated on a national scale with diverse CPHN and population profiles.

Recommended reading list:

- Papadopoulos,I; Tilki,M, Lees,S; (2002) Cultural Competence in Action Project, Research Centre for Transcultural Studies in Health, Middlesex University, London
- Papadopoulos,I.; Tilki,M.; Lees,S. (2004) Promoting cultural competence in healthcare through a research-based intervention in the UK Diversity in Health and Social Care 1(2)107-115

6.8.1 The effect of do-not-resuscitate orders on the care plan of critically ill patients

Maria Angeles Margall, Nurse Manager, Intensive Care Unit, Clínica Universitaria de Navarra, Pamplona Navarra, Spain Co authors: Carrion Asiain, Zubizarreta E & Sarasa MM

Abstract:

Background:

Do-not-resuscitate (DNR) orders are physician orders not to initiate cardiopulmonary resuscitation on a patient who is in cardiac or respiratory arrest; however, these orders often imply other treatment modifications.

Aims:

To analyse the effect that do-not-resuscitate orders have on the care plan of the critically ill patient; and to analyse if differences exist in the nursing workload (NEMS), before and after DNR prescription.

Method:

This descriptive retrospective study was carried out in the 12-bed surgical-medical intensive care unit of a Spanish teaching hospital. The computerised care plan from 73 patients (p) who had a DNR order written in ICU over a 21-month period was analysed (2005-2007). Data collection included: demographic data, therapeutic plan, physicians' and nurses' progress notes, family participation in the decision making, length of family visits, spiritual support and NEMS.

Results:

After the DNR order some therapy was withdrawn in 41p, initiated in 8p, both withdrawn and initiated in 13p, and in 11p therapy remained unchanged. Specific modifications: mechanical ventilation was withdrawn in 13p, and the FIO2 was reduced in 19p on the day of death; vasoconstrictor drugs were withdrawn in 18p and initiated in 2p; inotropic drugs were withdrawn in 7p and initiated in 2p; haemofiltration was withdrawn in 10p and initiated in 2p. Family daily visit was recorded in all patients. In 61 of them, relatives spent several hours a day with the patient and in 20 patients, family participation in the decision making of the order was documented. NEMS scores decreased on the patients after the DNR order (35.64-32.67; t=3,363, p=0.001).

Conclusions:

Do-not-resuscitate orders have an effect on the care plan of the critically ill adult patient. Also, although NEMS scores decrease after the order, nursing workload do not diminish due to an increase in the psychosocial needs of patients and families.

Recommended reading list:

- Simpson, S.H. (1994). A study into the uses and effect of do-not-resuscitate orders in the intensive care units of two teaching hospitals. Intensive and Critical Care Nursing, 10(1), 12-22
- Chu, W., Hynes-Gay, P. (2002). The influence of DNR orders on patient care in adult ICUs: a review of the evidence. Dynamics, 13 (4), 14-21
- Sulmasy, D.P., Sood, J.R., Ury, W.A. (2004). The quality of care plans for patients with do-not-resuscitate orders. Archives of Internal Medicine, 164(14), 1573-1578

6.8.2 The experiences of nurses with regard to brain stem death testing

Christina Ronayne, Lecture Practitioner, Continuous Professional Education and Development, Greater Glasgow and Clyde NHS, Glasgow, United Kingdom

Abstract:

Background:

Minimal research has been published seeking to understand the experience of nurses caring for patients undergoing brainstem death testing (Pearson, Robinson-Malt, Walsh, Fitzgerald 2001, Hibbert 1995, Watkinson 1995). The published work has combined the experience of caring for the brainstem dead patient with that of caring for an organ donor, however in the United Kingdom only 50% of brainstem dead patients will become organ donors (UKTS 2006).

Aim:

To understand the experience of nurses caring for a patient being brainstem death tested. Method. A hermeneutic phenomenological study involving in depth interviews with 6 nurses in general intensive care units. Interviews were taped, transcribed, and coded. Codes were clustered into themes and categories.

Findings:

Fell into 5 categories: communication, education, feelings, protection and technology. Within the category of feelings all respondents expressed a degree of confusion or cognitive dissonance, which led to difficulties in explaining brainstem death to the relatives. This confusion is managed by nurses in a variety of ways including maintaining normality and treating the patient as though they were still alive. Within the category of communication it was found that the nurses commonly talked to the brainstem dead patient, as they would to any patient despite the potential for this to create confusion in the relatives.

Conclusion:

The presence of cognitive dissonance can result in increased stress for the nurse and inhibit the full understanding of brainstem death for the relatives. Recognition of this could lead to a less ritualistic approach to care with the development of improved communication strategies such as the provision of written information for the relatives and the greater use of touch instead of verbal communication to the patient. This more individualised approach to care could lessen the degree of confusion and stress in the relatives.

Recommended reading list:

- 18. Doran M (2004a) the presence of relatives during brainstem death testing Intensive and Critical Care Nursing 20 (1) 32-37
- Gruber M (2003) Cognitive dissonance theory and motivation for change Gastroenterology Nursing 25(6) 242-245
- Pearson A, Robertson-Malt S, Walsh K, Fitzgerald M (2001) Intensive care nurses' experiences of caring for brainstem dead organ donor patients Journal of Clinical Nursing 10(1) 132-139

6.8.3 Ethical issues surrounding non-participant observation in multiple case study research

Catherine Houghton, full-time PhD student, Deaprtment of Nursing and Midwifery Studies, National University of Ireland, Galway, Ireland, Co authors: Dympna Casey

Abstract:

The aim of this presentation is to focus on the ethical implications of conducting non-participant observation in multi-site research. The challenges will be illustrated through a description of an ongoing multiple case study exploring the role of the clinical skills laboratories in preparing students for the real world of practice. There are ethical challenges which are specific to qualitative research. They chiefly relate to the emergent and unpredictable nature of the design (Ramos, 1989; Robley, 1995). The researcher-participant relationship and the application of process informed consent will be discussed in relation to the literature and the research in progress. Conducting non-participant observations in the clinical setting raises a number of ethical issues, which includes the involvement of patients and the dual role of the nurse researcher. An ethical protocol as recommended (Casey 2004) was used to overcome some of these problems and this will be described in the context of the current study. Finally, some of the challenges of gaining ethical approval in multi-site research will be highlighted and discussed in relation to the literature and the current research. This presentation will highlight some of the ambiguities surrounding ethical issues in collecting non-participant observational data and discuss processes which can be implemented to overcome them. It will also highlight the need for more suitable guidelines when submitting qualitative research proposals to research ethics committees.

Recommended reading list:

- Casey, D. (2004) Challenges of collecting data in the clinical setting Nursing Times Research 9(2), 131-141
- Ramos, M.C. (1989) Some ethical implications of qualitative research. Research in Nursing and Health 12, 57-63
- Robley, L.R. (1995) The ethics of qualitative research. Journal of Professional Nursing 11(1), 45-48

7.1.1 Semi-structured interviews: Challenges when unterviewing older people

Adeline Cooney, Lecturer, Nursing and Midwifery, School of Nursing and Midwifery, National University of Ireland, Galway, Ireland Co authors: Kathy Murphy

Abstract:

Background:

There is some debate in the literature about undertaking research with vulnerable populations. Much of this debate centres on ethical issues, for example, gaining informed consent. However, there has been relatively little discussion on the practicalities of conducting interviews with older people. This will be the focus of this paper. Examples from a recent study (Murphy et al., 2006) will be used to contextualise the paper.

Aim:

This paper will discuss the challenges of conducting interviews with older people in residential care settings. Methods The study which will be used to provide examples explored quality of life issues from the perspectives of residents. The principle method of data collection was semi-structured interviews with residents (n = 101).

Results:

It was found that older people were articulate and capable of expressing their opinions. How the researchers approached the interview was key to enabling older people to contribute to research. Various factors that enabled (or hindered) their participation were identified, for example, physical impediments or a feeling that they had nothing important to say. The warmth of the relationship between the participant and researcher added immeasurably to the quality of the interview but raised the ethical issue of research vs. therapy. Older people need physical and emotional support when participating in interviews. It is important to re-explore the role of the researcher in context of this finding.

Discussion:

This paper will contribute to a fuller understanding of what is involved in interviewing older people and will be helpful to novice researchers who plan to interview vulnerable groups.

Conclusion:

Increasingly emphasis is placed on including the 'voice' of older people in research. This is challenging but achievable and ethically sound. This paper will examine the issues involved and will make recommendations on how best to achieve this.

Recommended reading list:

- Murphy, K., O'Shea, E., Cooney, A., Shiel, A., Hodgins, M. (2006) Improving Quality of Life in Long-Stay Settings in Ireland. Dublin: National Council on Ageing and Older People

7.1.2 The use of peer interviews in exploring the mental health and wellbeing of primary school aged children

Catheriene Burton, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, United Kingdom
Co authors: Behailu Abebe, Michelle B. O'Neill, Markus Themessl-Huber, William Lauder & Michelle Roxburgh

Abstract:

Background:

A recent UNICEF report (2007) suggested that out of 21 countries measured, the health and wellbeing of children in the UK ranks in the bottom third. The current study employed a peer research method to gain understanding about issues pertaining to the mental health and wellbeing of children. The use of a peer interview approach enabled children's specific experiences, needs and insights to be articulated more fully (Hart and Tyrer, 2006), the rationale being that children would be more at ease to talk about their emotions with their peers than with adults.

Method:

37 children from 3 local primary schools took part in peer interview training. Over the course of three weeks, peer interviewers carried out interviews with other children in the school on the emotions of happiness (n=126), sadness (n=57) and worry (n=34). Questionnaires asked children about a variety of aspects of these emotions.

Findings:

Findings show that children preferred to talk about happiness, rather than sadness or worry and that there were significant age ($p < 0.05$) and gender ($p < 0.05$) differences across a number of variables. Peer interviewing children reported a sense of prestige in their role and the importance of the developing focus group relationships over the course of the study was clear. Teachers reported that they the peer interviewing method helpful in fostering positive interactions in the playground.

Discussion:

The findings suggest that not only is peer interviewing effective in gaining insights of children's experiences of mental health and wellbeing, they may be less willing to discuss negative emotions. In addition, the data indicate that emotional experiences may differ between gender and across developmental stage. Such findings have important implications for how the health and wellbeing of children is understood and perceived and consequently, how this impacts on the development and application of approaches and interventions.

Recommended reading list:

- UNICEF (2007) Child poverty in perspective:An overview of child well-being in rich countries. A comprehensive assessement of the lives and wellbeing of children and adolescents in the economically advanced nations
- Hart, J. and B. Tyrer (2006). "Research with Children Living in Situations of Armed Conflict: Concepts, Ethics & Methods." Refugee Studies Centre working paper (30): 1-60

7.1.3 What do community dwelling Caucasian and South Asian 60-70 year olds think about exercise for fall prevention? An ethnographic study

Maria Horne, Health Visiting Lectuer/Research Fellow, School of Nursing Midwifery and Socail Work, The University of Manchester, Manchester, United Kingdom Co authors: Shaun Speed, Dawn Skelton & Chris Todd

Abstract:

Introduction:

Fall prevention remains a key public health priority. Strategies to help prevent falls often include taking regular exercise (Gillespie et al. 2004). However, 40% of over 50s in the UK report less physical activity than is considered necessary to maintain good health (Skelton et al. 1999). Sedentary behaviour is more common among South Asian's (Gill et al. 2002).

Aim:

To identify salient beliefs that drive or hinder the uptake and adherence of exercise for fall prevention in community dwelling 60-70 year old Caucasian and South Asians.

Method:

An ethnographic approach – participant observation, 15 focus group discussions (n = 87; mean age = 65.74 yrs) and 40 semi-structured interviews (mean age = 64.83 yrs), using purposeful sampling, were used to elicit salient beliefs about taking and maintaining exercise for falls and fall prevention. Framework analysis was used for data analysis and classification.

Findings:

- Those who had experienced a fall, held more positive beliefs about the potential for exercise in preventing falls
- Falling perceived as general bodily weakness, therefore, exercising purely to prevent a fall was considered superfluous to other general health issues
- South Asians believed that the act of praying was a good form of exercise Motivation
- Higher if had a previous fall Barriers
- Not motivated to exercise purely to help prevent falls

Discussion:

Falls prevention takes a low priority in older people's lives. Sixty-70 year olds do not recognise their risk of falls. Those who had experienced a fall were more likely to report being motivated to perform exercise for this reason.

Conclusion:

Falls prevention should not be the focus of marketing strategies. The peripheral benefits of exercise and leading active healthy lifestyles should be promoted. Targeting older adults who have fallen is likely to be more successful than population based approaches.

Recommended reading list:

- Gill P.S., Kai J., Bhopal R.S. & Wild S. (2002) Health care needs assessment: black and minority ethnic groups. Abingdon 2002. Available at: http://hcna.radcliffe-oxford.com/bemgframe.htm. [accessed 28th March 2007]

- Gillespie L.D., Gillespie W.J., Robertson M.C., Lamb S.E., Cumming R.G. & Rowe B.H. (2004) Interventions for preventing falls in elderly people [Cochrane Review]. Oxford: The Cochrane Library, Issue 3. Oxford: Update Software
- Skelton D., Young A., Walker A. and Hoinville E. (1999) Physical Activity in Later Life. London: Health Education Authority

7.2.1 Exercise, shoulder disability and axillary node dissection: What advice should women with breast cancer be given pre-operatively?

Jacqui Todd, Consultant Physiotherapist Lymphoedema Specalist, Leeds Lymphoedema Services, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom Co authors: Annie Topping & Andy Scally

Abstract:

Background:

Traditionally, as part of routine post-operative care, women are taught arm exercises following surgical axillary node dissection (AND) for breast cancer. The rationale is that exercise will reduce the incidence of lymphoedema and/or adhesive capsulitis Recent reviews have provided conflicting evidence concerning the optimum time to commence above shoulder exercise regimes. This confusion is also evident in the patient information provided for women in the UK (Todd and Topping 2005).

Aims:

This study sought to compare the incidence of treatment related complications including lymphoedema after two programmes of shoulder mobilisation following AND for invasive breast cancer.

Methods:

A two group (intervention/control), two-time point (pre-operation and one year) single blind randomised controlled trial was undertaken. Women (n=116) recruited from two United Kingdom (UK) National Health Service (NHS) Trusts were allocated to one of two exercise regimes. Sample size estimated on basis of 50% reduction in mean limb volume. The control group regime involved early introduction of exercises (day one/two) involving full shoulder movement and the intervention group commenced a modified exercise regime with the introduction of full shoulder exercise after seven days. Data relating to arm volume (water displacement method), shoulder movement (goniometer), grip strength (dynamometer), self report of shoulder disability (Croft et al 1994), quality of life with FACTB 4 (Coster et al 2001) and wound drainages volumes and incidence of seroma were collected.

Results:

Incidence of lymphoedema (iÝ200mls) was significantly increased in women who had undertaken a programme of early full shoulder mobilisation (control), relative risk 2.7 (95% CI 1.1 ¨C 6.3; p=0.031). There were no statistical differences in shoulder movement, grip strength or self evaluated outcomes between groups at one year.

Discussion:

A programme of exercise that delays full shoulder movement for seven days should be recommended for women following surgical and for breast cancer.

Recommended reading list:

- Coster, S., Poole, K., Fallowfield, L.J. (2001) The validation of a quality of life scale to assess the impact of arm morbidity in breast cancer patients post-operatively. Breast Cancer Research & Treatment, 68(3), pp.273-82
- Croft, P., Pope, D., Zonca, M., O'Neill,T., Silman, A. (1994) Measurement of shoulder related disability: results of a validation study. Annals of the Rheumatic Diseases, 53(8), pp.525-8
- Todd, J., Topping, A. (2005) A survey of written information on the use of postoperative exercises after breast cancer surgery. Physiotherapy, 91, pp. 87-93

7.2.2 Development of an integrated psychosexual clinical assessment strategy for women receiving pelvic radiotherapy

Isabel White, Clinical Research Training Fellow, Faculty of Health & Medical Sciences, Faculty of Health & Medical Sciences, University of Surrey, Guildford, United Kingdom

Abstract:

Background:

Pelvic radiotherapy creates a number of physical effects and psychological responses that impact negatively on the sexual well-being of women and their partners (Juraskova et al 2003, Davidson et al 2003 ; Jensen et al 2003).

Aims:

The aim of this study was to develop an assessment methodology to improve the clinical evaluation of sexual morbidity following radiotherapy in women with pelvic malignancy.

Methods:

This focused ethnography used participant observation of gynaecological and colorectal oncology follow-up clinics (50 gynaecological, 19 colorectal consultations) plus in-depth interviews with women (n=24), partners (n=5) and health professionals (n=20) to explore the context and content of sexual morbidity assessment after treatment completion. Women with gynaecological (cervical, endometrial) and non-gynaecological (rectal, anal, bladder) cancer who had completed radical pelvic radiotherapy 3, 6, 12 and 24 months previously were included. Doctors, nurses and therapy radiographers were interviewed to establish professional perspectives on assessment. Participant observation and interview data were analysed using both SPSS v.14 and NVivo v.2 software.

Results:

Consultations focused on disease surveillance, specific aspects of toxicity monitoring and managing active symptoms. Psychosocial issues were raised in only 42% (n=29) of consultations. Sexual concerns were not routinely assessed in gynaecological clinics (11/50) while in colorectal clinics they were predominantly explored via standardised clinical trial toxicity monitoring (6/19). Health professionals felt inhibited discussing sexual concerns with older women and when partners were present. Patient and partner interviews revealed inconsistency in the management of treatment induced menopause, inadequate knowledge of sexual health resources and unidentified difficulties including loss of desire, dyspareunia and reduced sexual satisfaction.

Discussion & conclusions:

The current model of medical follow-up may not be an appropriate clinical context for the optimal assessment and management of sexual concerns associated with pelvic radiotherapy. These findings are important for the development of supportive care services and training of health professionals engaged in post-treatment toxicity assessment, patient information and support.

Recommended reading list:

- Davidson SE, Burns MP, Routledge JA & Swindell R (2003) The impact of radiotherapy for carcinoma of the cervix on sexual function assessed using the LENT SOMA scales, Radiotherapy and Oncology, 68:241-247
- Jensen PT, Groenvold M, Klee MC, Thranov I, Petersen MA & Machin D (2003) Longitudinal study of sexual function and vaginal changes after radiotherapy for cervical cancer, International Journal of Radiation Oncology, Biology and Physics, 56 (4) 937-949

- Juraskova I, Butow P, Robertson R, Sharpe L, McLeod C & Hacker N (2003) Post-Treatment Sexual Adjustment Following Cervical and Endometrial Cancer: A Qualitative Insight, Psycho-oncology, 12, 267-279

7.2.3 The illness experiences of patients following surgery for colorectal cance - a phenomenological approach

Barbara Worster, Senior lecturer, Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, United Kingdom

Abstract:

Colorectal cancer is the fourth most common cancer throughout the world (WHO, 2003). Whilst cancer is a disease it is also a series of experiences that profoundly affect the person (Carnevali and Reiner, 1990). The treatment of each cancer produces different physical and psychological effects, which means that such experiences will be unique to each individual and, therefore, subject to considerable variation mediated by the patient's perspective of his/her situation. The purpose of this qualitative study was to describe the patients' perspective of their experiences of their illness following surgery for colorectal cancer. It adopted a Giorgian phenomenological approach, which in turn follows the Husserlian tradition (Koch, 1995). Data was collected from a purposeful sample of twenty patients using in-depth interviews approximately six weeks after surgery. The transcripts were analysed using Giorgi's framework resulting in descriptive statements representing the participants' illness experiences. These were grouped into categories that best captured the structure of the phenomenon. The participants had much to endure. The findings indicate that the illness experience is complex, comprising a range of unpleasant and potentially life-changing emotional and physical experiences. The journey encompassed transitions from health to disease, wellness to illness, independence to dependence and from being in complete control of their lives to having to relinquish it. It also included a fight between hope and despair, certainty and uncertainty and efforts to regain physical strength and a functioning body that allows the individual to function physically without discomfort and socially without loss of dignity or embarrassment. The role of the healthcare professionals at all levels has to be to facilitate and support such transitions by providing information to both patient and carers, supporting decision making, taking care of physical problems and human integrity. The role of the Colorectal Nurse Specialist was found to be pivotal but unfortunately not a resource available to all.

Recommended reading list:

- Carnevali, D. and Reiner, A. (1990) The cancer experience: nursing diagnosis and management. Philadelphia: JB Lippincott
- Koch, T. (1995) 'Interpretive approaches in nursing research: the influence of Husserl and Heidegger', Journal of Advanced Nursing 21, pp827-836
- WHO (2003) The World Health Report. Geneva: World Health Organisation

7.3.1 The role of preconception counselling for women with epilepsy: A systematic review

Janine Winterbottom, Epilepsy Nurse Specialist, Division of Neurological Science, University of Liverpool, Liverpool, United Kingdom Co authors: Rebecca Smyth, Ann Jacoby & Gus Baker

Abstract:

Background:

Preconception counselling can be defined as the process of planning and preparation for pregnancy, involving optimizing physical, mental and emotional health ahead of conception (Frey & Files, 2006; Chamberlain, 1986). For women with epilepsy (WWE), this requires an ongoing process of information update and review of management, ensuring that the woman conceives with a minimum of risk factors, fully aware of any risks and benefits of treatment and able to make informed decisions about future pregnancies (Crawford, 2005). The author will present the findings of a Cochrane systematic review of the role of preconception counselling for WWE to reduce adverse pregnancy outcome.

Aims:

To determine the effectiveness of preconception counselling aimed at: • Reducing adverse pregnancy outcomes in WWE and their children. • Increasing the knowledge of WWE. • Increasing intention to plan pregnancy. Methods We systematically reviewed the literature, conforming to methods proposed by the Cochrane Library. Eligible studies included: randomised controlled trials; cluster randomised trials; quasi-experimental studies; prospective cohort studies; and interrupted time series (before and after) studies. Quality criteria were established a priori and submitted as a protocol.

Results:

The search located a wealth of published studies (211), including 51 narrative review articles. Thirty studies were considered potentially relevant, few studies evaluated the effectiveness of preconception counselling to improve pregnancy outcome in the study population, and none met the review objectives or inclusion criteria.

Conclusions:

The results of the review suggest a failure to address this important area of research. Demonstrating that whilst there is widespread support for pre-conception counselling interventions to improve the experience and outcome of pregnancy in WWE, evidence of potential benefits or risks of preventive strategies remains unclear. The review directs future research and identifies the need to establish the role healthcare professionals can play in raising the profile of preconception care for WWE.

Reference:

- Chamberlain, G. (1986). 'Prepregnancy Care', In Chamberlain, G. & Lumley, J. (eds.) Prepregnancy Care: A Manual for Practice. Chichester: John Wiley & Sons Ltd, pp.1-10
- Crawford, P. (2005) 'Best practice guidelines for the management of women with epilepsy', Epilepsia, 46 (Suppl 9), pp. 117-24. Frey, K.A. & Files, J.A. (2006) 'Preconception Healthcare: What Women Know and Believe', Maternal & Child Health Journal, 10 (Suppl 1), pp.S73-S77

Recommended reading list:

- Frey, K.A. & Files, J.A. (2006) 'Preconception Healthcare: What Women Know and Believe', Maternal & Child Health Journal, 10 (Suppl 1), pp.S73-S77
- Crawford, P. (2005) 'Best practice guidelines for the management of women with epilepsy', Epilepsia, 46 (Suppl 9), pp. 117-24

- Chamberlain, G. (1986). 'Prepregnancy Care', In Chamberlain, G. & Lumley, J. (eds.) Prepregnancy Care: A Manual for Practice. Chichester: John Wiley & Sons Ltd, pp.1-10

7.3.2 Pregnant women's decision-making with regard to antenatal screening for down syndrome: a meta-synthesis

Bernie Reid, PhD Student, Institute of Nursing Research, University of Ulster, Derry, United Kingdom Co authors: Marlene Sinclair, Owen Barr, Frank Dobbs & Grainne Crealey

Abstract:

Background:

The diffusion of antenatal screening programmes for Down syndrome has triggered much discussion about their powerful potential to enhance pregnant women's autonomy and reproductive choices. Simultaneously, considerable debate has been engendered by concerns that such programmes may directly contribute to the emergence of new and complex ethical, legal and social dilemmas for women. Given such discussion and debate, an examination of women's decision-making within the context of antenatal screening for Down syndrome is timely.

Aim:

To examine the factors influencing decisions to accept or decline antenatal screening for Down syndrome from the perspective of pregnant women.

Methods:

A meta-synthesis was undertaken based on the method of Noblit and Hare (1988). Ten electronic health and social science databases were searched together with a hand-search of ten journals for papers published in English between 1999 and 2007, using predefined search terms; inclusion and exclusion criteria; and a quality appraisal framework (Walsh and Downe 2006).

Findings:

Nine papers met the criteria for this meta-synthesis, providing an international perspective on pregnant women's decision-making. Ten sub-themes were identified by consensus and combined into four main themes. These main themes were anticipating the future; perceiving risk; maternal-fetal relatedness and privacy.

Discussion & conclusion:

These themes provide new insight into pregnant women's complex decision-making processes with regard to antenatal screening for Down syndrome and they support Mercer's (2004) theory of 'becoming a mother'. However, further research is necessary to determine whether or not the development of a model of decision making may empower pregnant women in making choices about screening.

Recommended reading list:

- Mercer, R.T. (2004) Becoming a mother versus maternal role attainment. Journal of Nursing Scholarship 36(3): 226 – 232
- Noblit, G. and Hare, R. (1988) Meta-ethnography: Synthesising Qualitative Studies. Newbury Park: Sage
- Walsh, D. and Downe, S. (2006) Appraising the quality of qualitative research. Midwifery 22(2): 108 – 119

7.3.3 Promoting informed choice: Provision of appropriate information and support for parents making decisions about antenatal screening for fetal abnormality

Owen Barr, Senior Lecturer in Nursing, School of Nursing, University of Ulster, Co. Londonderry, United Kingdom
Co authors: Heather Skirton

Abstract:

Background:

The introduction of the offer of antenatal screening for Down syndrome for all pregnant women in England and Wales this offer has had a mixed reception. Whilst welcomed by some, concerns have also been expressed about the degree of choice afforded to parents as well as the degree that health professionals involved in offering screening are not fully prepared with the information needed to practice competently in this area (Skirton & Barr 2007).

Aims:

- To identify the ways in which prospective parents can be supported to make informed decisions.
- To provide guidelines on training materials for professionals offering antenatal screening, to augment those that exist already.

Methods:

Six focus groups involving a total of 24 parents and four focus groups involving 25 professionals where held across four regions of England between April – July 2007. Transcripts of the taped discussions and the notes made will be analysed using the process described by Strauss and Corbin. Ethical approval for a multi-site study was obtained from COREC.

Results:

Six main themes were identified were:

- Offer of screening 'a good thing'
- Information overload versus opportunities for choice
- Screening as an aid to decision making
- Emphasis on providing information
- Promoting choice versus acceptance of screening offer
- Lack of information about the 'lives' of people with Down syndrome

Discussion:

The findings highlight if the 'offer' of screening is to be realised there needs to be a closer match between the information parents wish to have and that which professionals feel they should provide (Michie et al, 2003). In particular, attention needs to be given to how information about the lives of people with Down syndrome is presented.

Conclusion:

Further information should be prepared to assist professionals involved in providing the offer of antenatal screening for Down syndrome.

Recommended reading list:

- Skirton H, Barr O. (2007) Influences on uptake of antenatal screening for Down syndrome: a review of the literature. Evidence Based Midwifery 5(1): 4-9
- Strauss A, Corbin J. (1988) Basics of Qualitative Research. Second Edition. London, Sage Publications, Inc
- Michie S, Dormandy E, Marteau TM. (2003) Informed choice: understanding knowledge in the context of screening uptake. Patient Education and Counseling 50:247-53

7.4.1 A critical analysis of the evidence-base to nurse staffing policies in Denmark, Finland, Portugal, England & Ireland

Moira Attree, Lecturer In Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom Co authors: Rittaa-Liisa Aari, Mervi Flinkman, Breeda Howley, Marta Lima-Basto & Lizabeth Uhrenfeldt

Abstract:

This paper presents a critical analysis of the evidence base to current nursing workforce policies in five European Countries (Denmark, Finland, Portugal, England and Ireland). The review aimed to identify the extent to which current evidence about nurse staffing is implemented in national healthcare policies. The paper will contribute to the development of evidence-based policy and practice by stimulating critical awareness and debate about the current evidence-base to nursing workforce healthcare policies. Nurse staffing is a contentious issue of international importance. Nursing represents the principal component of healthcare workforce expenditure; consequently nursing workforce variation has major resource implications. Many countries are currently experiencing nursing shortages, which are predicted to worsen as the current nursing workforce ages and retires (WHO 2006). Nurse job satisfaction, occupational stress, burnout, recruitment and retention are international healthcare workforce management issues (Aiken et al 2001; Rafferty et al 2007). Various nursing workforce policies have been implemented to address these issues at local and national levels; however, the evidence base to these policies has not been analyzed. Evidence exists of a link between nurse staffing and job satisfaction, occupational stress, burnout, recruitment and retention. Aiken et al (2002) and Rafferty et al (2007) linked better nurse staffing with higher nurse job satisfaction and lower burnout. Evidence demonstrating the relationship between nurse staffing and patient outcomes is also emerging (Aiken et al 2002; Rafferty et al 2007). The association between better nurse staffing and lower patient mortality has been identified by Aiken et al (2002) and Rafferty et al (2007). The impact of this evidence on workforce policy-making is unverified. The analysis concludes with a synopsis of evidenced-based practice in nursing workforce healthcare policy-making and a deliberation of the challenges to evidence-based policy-making.

Recommended reading list:

- Aiken LH, Clarke S, Sloane JA, Sochalski R & Silber JH (2002) Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. Journal of the American Medical Association. 288: 1987-1993
- Rafferty AM, Clarke S, Coles J, Ball J, James P, McKee M & Aiken L (2007) Outcomes of variations in hospital nurse staffing: cross sectional analysis of survey data and discharge records. International Journal of Nursing Studies 44 (2): 175-182
- WHO (2006) Working Together for Health. The World Health Report 2006. Retrieved on May 28, 2007 from http://www.who.int/whr/2006/whr06_en.pdf

7.4.2 Flexible working and the contribution of older nurses in the workforce

Ruth Harris, Senior Researcher, Faculty of Health and Social Care Sciences, Kingston University - St George's University of London, London, United Kingdom Co authors: Janette Bennett & Barbara Davey

Abstract:

Concerns about the future shortage of nurses is a key challenge to the modernisation of health care delivery. The increasing age or 'greying' of the workforce has prompted a number of strategies to improve working lives and to encourage older nurses to continue to work in the NHS after retirement (DH 2000a, 2000b). Flexible working is one such initiative that has had a huge impact on work life in a large number of industries (Pettinger 2002). This paper presents findings from a Department of Health funded study. The study was undertaken within two inner city case study sites, one an acute trust and the other an integrated health and social care trust. Data were collected using focus groups and biographical semi-structured interviews with nurses (n=10 and n=37 respectively) and telephone interviews with trust managers (n=17). The study examined the organisational, professional and personal factors that influence participation in the workforce for nurses working in mid-life (aged 45 and over). The study found that flexible working was greatly valued although there was evidence of variation in nurses' and managers' perceptions of the access to and operation of flexible working. Furthermore, challenges to its implementation were identified and these include the nature of the service setting, shift patterns, management style of service managers and seniority of position. There was evidence that the working patterns of some older nurses with no caring responsibilities were accommodating for the flexible working of their colleagues. Thus, for some, flexible working may inadvertently produce an 'inflexible' workforce. The findings have implications for maximising the contribution of older nurses and workforce planning.

Recommended reading list:

- Department of Health (2000a) Improving Working Lives Standard: NHS employers committed to improving the working lives of people who work in the NHS. Department of Health, London
- Department of Health (2000b) Improving Working Lives. Flexible Retirement. March 2006, http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003499&chk=pGelsl
- Pettinger R (2002) Managing the flexible workforce. Oxford, Capstone Publishing.

7.4.3 Nurses in interprofessional teams: non medical health and social care professionals' views of interprofessional teams

Margaret Miers, Professor of Nursing and Social Science, Faculty of Health and Social Care, University of the West of England,Bristol, United Kingdom Co authors: Katherine Pollard & Caroline Rickaby

Abstract:

Improvements in interprofessional working are key to improving services for users. Nurses' roles in teams have mainly been explored in terms of nurses' relationships with doctors, with an emphasis on boundary negotiation, role substitution or expansion. A study of non medical professionals' views concerning interprofessional working is being conducted in two phases.

The study's aim is to explore non medical health and social care professionals' views of interprofessional working in their own work settings. In 2006, 13 adult nurses, 4 midwives, 5 physiotherapists and 7 social workers were recruited to phase 1. Phase 2, Autumn 2007, will recruit mental health nurses, children's nurses and occupational therapists. Recruitment is from participants in a longitudinal evaluation of interprofessional learning who remain employed as professionals and have agreed to further follow-up. Data collection is through semi-structured face-to-face or telephone interview. COREC approval and NHS project registration from 10 NHS sites allows a choice of workplace interviews, or elsewhere. Interviews focus on educational preparation for, and experience of, interprofessional collaboration. Data are analysed thematically using NVivo. Phase 1 results related to nurses' and other professionals' perceptions of collaboration and perceptions of nurses' activity in multidisciplinary teams suggest adult nurses perceive themselves as co-ordinators in interprofessional teams and have positive attitudes to boundary crossing. Practitioners with experience of interprofessional learning have a complex understanding of collaborative practice skills. Perceptions of difficulties in interprofessional collaboration include differing work patterns and availability; hierarchical patterns of working and communication failures.

Discussion focuses on nurses' perceptions of their role in a changing workforce, approaches to addressing ongoing difficulties in collaboration and the implications of discrepancies between nurses' and other professionals' perceptions of nurses' teamwork.

The conclusion emphasises the opportunities and challenges for nursing in a workforce valuing collaborative skills. Nurses' advantages include team co-ordination and flexibility.

Recommended reading list:

- Allen, D. (2001) The Changing Shape of Nursing Practice: The role of nurses in the hospital division of labour. London, Routledge
- Horrocks, S., Anderson, E. & Salisbury, C. (2002) Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. British Medical Journal 324 819-823

7.5.1 Does who we are make a difference to the research that we do? Service user researchers and a study of the 'lived experience of detained psychiatric patients'

Mary Chambers, Professor of Mental Health Nursing in the Faculty of Health & Social Care Sciences, St. George's University of London / Director, Centre for Clinical Leadership and Interprofessional Practice at South West London and St. George's Mental Health NHS Trust, Nursing, Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, London, United Kingdom Co authors: Steve Gillard, Rohan Borschmann, Kati Turner, Kath Lovell & Norman Goodrich-Purnell

Abstract:

Nursing research has an historical tradition of critical, collaborative research (Benner 1994). Public and service user involvement in the research process has become a political and governance requirement for health service research in the UK. There is awareness of issues of capacity building in service user involvement in nursing research (Maslin-Prothero, 2003) and the potential contribution of service user involvement to mental health research (Trivedi & Wykes, 2002). However, no studies have measured the impact of service user researchers on research findings and, consequently, on developments in practice informed by this research. Three service user researchers were employed as part of a multi-disciplinary team, including a nurse, a psychologist, and a health services researcher. The team carried out an action research project exploring experiences of care of psychiatric inpatients, detained under the Mental Health Act (1983), at three south London hospitals. A practice development intervention for ward staff was developed from data collected and a pilot intervention evaluated. Initial in-depth qualitative interviews were held with 19 patients, interviews carried out by different combinations of service user and academic researchers. Preliminary analysis of interview transcripts was then undertaken independently by all members of the multi-disciplinary team. Secondary content analyses were indicative of clear differences in the range of follow-up questions employed by different researchers, and also of different interpretations of the same interview texts in the analysis stage. These findings will be presented, along with a discussion of the potential impact of service user involvement on research outputs and practice development, informed by the experiences of the service user researchers themselves. This evidence suggests that it is possible to move with confidence beyond tokenistic service user involvement to a genuine collaborative research that is productive of richer data and interpretative analyses, fully integrating the service user experience into practice development.

Recommended reading list:

- Benner, P. (1994) Interpretive phenomenology embodiment, caring and ethics in health and illness, London: Sage
- Maslin-Prothero, S. (2003) 'Developing user involvement in research', Journal of Clinical Nursing, 12, pp. 412-421
- Trivedi, P., & Wykes, T. (2002) 'Qualitative review of user involvement in research', British Journal of Psychiatry, 181, pp. 468-472

7.5.2 Involving older people in psychotherapy research - is age an issue? A reflective case study

Claire Merritt, Community Psychiatric Nurse/Research Nurse, Ridgeway CMHT for Older adults, Oxfordshire & Buckinghamshire Mental Health NHS Trust, Oxon, United Kingdom

Abstract:

Background:

Within health care systems firmly rooted within evidence-based health care paradigms, research is playing an increasingly prominent role in informing health care policy and practice. Despite this, older people have gone under-represented within clinical trials.

Aims:

The aims of this study were to investigate ways in which age may be a factor which influences the involvement of older people in research. There was a particular emphasis on RCT's, which investigate the efficacy of psychotherapy in the treatment of depression in late life.

Methods:

This study used a case study approach to ask: 1. What is the evidence that older people are under-represented within psychotherapy RCT's? 2. Is there evidence to support claims that the under-representation of older people in research is an example of age discriminatory practices, or are there ageing-dependent factors which need to be taken into consideration within the design of research? Quantitative data, in the form of documentary evidence, was evaluated qualitatively, within a reflective framework (Borton, 1970).

Findings:

This paper will present data which supports claims that older people are under-represented within psychotherapy RCT's. Arguments are put forward to suggest that, whilst there may be ageing-dependent factors to account for this, the empirical validity of these can be challenged. Discussion Evidence from this investigation would suggest that decisions made within the research process would appear to be largely based on chronological age, which is no measure of ability or need. This, it is argued, makes it difficult to dispute claims that the under-representation of older people in research is an example of age discriminatory practices.

Conclusion:

The paper concludes by suggesting that unless ageism is addressed within research it is difficult to see how a key policy initiative, to root out age discrimination within health care (Department of Health, 2001), can be achieved.

Recommended reading list:

- Borton, T. (1970). Reach, touch and teach. London: McGraw-Hill
- Department of Health. (2001). National Service Framework for Older People. London: Department of Health

7.6.1 Measuring the quality of continuous epidural infusions for delivering postoperative analgesia after major abdominal surgery

Fiona Duncan, Nurse Specialist, Honorary Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Abstract:

The introduction of Acute Pain Services (APS) has led to an increased use of specialized pain relief methods, which have the potential to improve patient wellbeing and reduce postoperative morbidity. Epidural analgesia has become the 'gold standard' technique for the management of postoperative pain, particularly in the high risk patient undergoing major abdominal surgery. However, recent evidence about the safety and outcome of epidural analgesia is conflicting. Epidurals are not without associated problems for the patients such as hypotension, respiratory depression and rare serious adverse events, so their safe administration requires skilled monitoring. We have collected and analysed data (January - December 2006) on all visits to patients with epidurals (n=480) as part of a larger study and found that 20 -30 % patients are in severe pain (above 6 on a 0 - 10 Visual Analogue Score) on our first visit. This figure is similar to other published reports. Yet the percentage of patients with a high pain score was less than 5% when we conducted a randomized controlled study in 2004. We believe our 2006 data captures the realities of delivering postoperative epidural pain relief in everyday practice. This session will be in three parts. First, the key results of data analysis from both the 2004 and 2006 studies will be presented, including the identification of independent variables associated with effective analgesia. Secondly, the current evidence supporting the effectiveness and safety of postoperative epidural analgesia will be debated. Finally, there will be a brief exploration of the difference between the controlled and real-time data collection in an APS, and the implications for clinical practice.

Recommended reading list:

- Ballantyne J C. (2004) Does epidural analgesia improve surgical outcome? British Journal of Anaesthesia 92: 4 - 6
- Chilvers CR, Nguyen MH, Robertson IK (2007) Changing from epidural to multimodal analgesia for colorectal laparotomy: an audit Anaesthesia and Intensive Care 35: 2: 230 – 238
- Duncan F, Cupitt J, Haigh C, Vernon P, Marshall J, Nield A (2005) A prospective randomized double-blinded comparison of 0.125% and 0.0625% bupivacaine for the management of pain after operation in patients undergoing major abdominal surgery Acute Pain 7: 85 - 93

7.6.2 The role of teams and relationships in nurse prescribing in acute and chronic pain

Molly Courtenay, Professor Prescribing and Medicines Management, School of Health and Social Care, University of Reading, Reading, United Kingdom Co authors: K Stenner

Abstract:

Background:

A recent addition to the role of the specialist pain nurse is prescribing. The relationship nurse prescribers have with other healthcare professionals is of central importance to their prescribing role (Latter et al 2005). There is no evidence available specifically exploring how nurse prescribing in pain affects relationships and team working.

Aim:

To explore the views of nurses working with patients in pain, on the adoption of the role of prescribing on their practice and effects on relationships and team working.

Method:

Semi-structured interviews were used to explore the views of a purposive sample of 26 specialist pain nurses (and qualified prescribers'), working in a variety of clinical settings and prescribing for acute and chronic pain. Data was collected between November 2006 and April 2007. A thematic analysis was conducted on the interview data.

Results:

Nurses continuously communicated their prescribing rationale to doctors to educate them and increase their trust with regards to prescribing decisions. They believed that prescribing encouraged sharing of knowledge across boundaries, and collaborative working within wider teams. This provided nurses with an understanding of the wider remit of pain and its management. Nurses reported that there were misunderstandings amongst members of the healthcare team with regards to nurse prescribing.

Discussion:

Relationships with doctors and other health professionals are, to a large extent, two-way relationships by which nurses both share and gain knowledge and expertise about prescribing. Infrastructures necessary to support nurse prescribing within organisations, including clinical supervision, prescribing policy, access to CPD and peer support networks, whilst deemed to be important, were found to be inconsistent.

Conclusion:

Good relationships with doctors, peers and wider teams are essential for supporting effective nurse prescribing, as is an understanding of the role of the nurse prescriber by other members of the healthcare team.

Recommended reading list:

- Latter S, Maben J, Myall M, Courtenay M, Young A., Dunn N (2005). An evaluation of extended formulary independent nurse prescribing. Final Report DoH: University of Southampton, 2005

7.7.1 Using framework analysis to explore parents' experiences of living with a child with hydrocephalus

Joanna Smith, Lecturer in Children's Nursing and part-time PhD student, University of Leeds, School of Healthcare, University of Leeds, Leeds, United Kingdom Co authors: Francine Cheater & Hilary Bekker

Abstract:

Background:

Health policy emphasises the need to involve patients in the management of their long-term conditions (DH 2001). When the patient is a child, understanding the views and experiences of parents is fundamental to enabling this involvement. Hydrocephalus is a condition normally identified in early childhood; the main treatment is insertion of a permanent shunt. Shunt malfunction results in the child requiring surgery to revise the shunt before neurological damage occurs. Parents are responsible for monitoring their child's condition, identifying the symptoms of shunt malfunction and responding accordingly. There is little research exploring parents' experiences of living with a child with hydrocephalus, and their decision making about managing shunt complications.

Aim:

To explore parents' views of living with a child who has shunted hydrocephalus.

Methods:

- Cross-sectional interview based study employing qualitative methods
- Purposive sampling strategy ensured a range of experiences were represented
- Semi-structured interviews were conducted with 15 mothers and 10 fathers
- Data analysis was underpinned by the framework approach (Spencer, Ritchie, O'Conner 2003).

Findings and discussion:

The themes that emerge from the data were grouped into 3 key overarching concepts

- Becoming an expert
- Uncertainty
- Striving for normality

These concepts were inter-related and dynamic in nature as parents adapt across the trajectory of the illness, learn through experience, and make decisions about both the family and the child with hydrocephalus.

Conclusion:

The study suggests parents are able to differentiate between symptoms of other childhood illnesses and those that may indicate a shunt problem. However, the decisions about where or when to seek help appear to relate to minimising disruption for the whole family, meeting the immediate needs of the child with hydrocephalus and prior experience of healthcare services.

Recommended reading list:

- Department of Health (2001) The expert patient. SO, London
- Spencer L, Ritchie J, O'Connor W (2003) Analysis, principles and processes. In Ritchie J, Lewis J ed, Qualitative Research Practice. Sage Publications, London

7.7.2 Safeguarding children in primary care: Confronting the challenges of multi-agency working

Jane Appleton, Reader in Primary and Community Care, School of Health and Social Care, Oxford Brookes University, Oxford, United Kingdom

Abstract:

Aim/Background:

This study has examined how Primary Care Organisations (PCOs) in England are managing, organising and delivering their safeguarding children responsibilities. In the light of changing organisational configurations across primary care and a wealth of policy directives including the Children Act (2004), Every Child Matters: Change for Children (DfES, 2004) and revised Working Together (HM Government, 2006) guidance, this presentation will explore how PCOs are responding to national policy and delivering multi-agency safeguarding children services.

Method:

Following multi-centre research ethics approval, this national study used a telephone survey method incorporating semi-structured qualitative interviews with Designated Child Protection Nurses across England. A maximum variation sampling strategy identified 2 PCOs within each of the original 28 Strategic Health Authority sites, 3 Care Trusts and 4 pilot sites, to reflect geographical variation, levels of deprivation and different organisational configuration. The Designated Nurse was selected as the key informant in each PCO and interviews took place between December 2005 and May 2006. Designated Nurses take a professional lead on all aspects of the health service contribution to safeguarding children and they take a strategic role in driving forward safeguarding work.

Results:

Data analysis using QSRN6 has been conducted. This paper will highlight models of good practice in multi-agency safeguarding children work. However, while respondents were very committed to collaborative working with other agencies, there continue to be considerable difficulties with collaborative endeavours, including: the practical difficulties of really promoting collaborative working when organisations are resource stretched, do not have shared budgets or compatible IT systems, and the need to address different organisational cultures and limited knowledge of professional roles.

Conclusion:

This paper will contribute a new understanding of the challenges faced by PCOs in delivering safeguarding children services in partnership with other key agencies, including social care, education, police and voluntary agencies.

Recommended reading list:

- HM Government (2004) Every Child Matters: Change for Children. Nottinghsm, DfES.
- HM Government (2006) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. London, HM Government.
- The Stationery Office (2004) Children Act 2004. London, The Stationery Office.

7.7.3 Listening to the stories of young people who have CF (What are the life experiences for individuals when the young adult has Cystic Fibrosis (CF): An in-depth life story analysis of 8 individuals

Christina Thurston, Senior Lecturer, Faculty of Health & Social Care, Anglia Ruskin University, Chelmsford, United Kingdom

Abstract:

"What I'd like at my funeral….My mum knows, she knows I want a horse and cart. And I want white lilies and stuff.… I don't want hymns. " This study describes with young peoples narratives their feelings, and memories around their lives, alongside their experiences of school ,careers and the heath service . The methodology draws from the ideas of sociological phenomenological , exploring the boundary between the exploration of a person's public and social life and their private and emotional life. The young people with CF reflected upon their life using a life story approach, this enabled a picture to emerge which captured the unique life of young people who have CF and their adaptation to living, along side the shared experiences of living with a long term illness. The process of exploring someone's life story or narrative as a research method gives the narrator the opportunity to tell their story or "narrative truth" rather than the "historical truth", (Crossley, 2000). This distinction is the difference between a factual account, which gives a clear but a one dimension version of events, and a personal story, which while not always completely accurate, allows the story teller to relive the experience from their perception, and contains feeling and opinions about the events (Mcadams, 2001). The texture of the life story is explored by narration of the young person's words using story maps holding the themes, which are developed, into factual stories. These offer a commentary of the issues raised by the narrators. Kvale (1996) views this shared meanings, as encouraging understanding of the individual's world. The stories then highlight common experiences and unique challenges for each of the young person with CF, this enables clarification of the needs required by these young people as they transfer to adult services.

Recommended reading list:

- Crossley, M. L. 2000 Introducing Narrative Psychology, Open University Press, Buckingham
- Mcadams, D. 2001, 3rd Edition, The Person, An Integrated Introduction To Personality And Psychology, Harcourt College Publishers, New York
- Kvale, S. 1996, Interviews: An Introduction to Qualitative Research Interviewing, California Sage Publications Inc.

7.8.1 Nursing patients in transition: An ethnography of the role of the nurse on an acute medical admissions unit

Pauline Griffiths, Senior Lecturer, School of Health Science, University of Wales Swansea, Swansea, Wales, United Kingdom

Abstract:

Background & aims:

This paper discusses a recently completed doctoral study that sought to describe and explain the role of the nurse on an acute medical admissions unit (AMAU). AMAUs are found in district general hospitals in the United Kingdom and they provide a setting where acute medical emergencies are admitted and treated (Wood, 2000). However, there is a paucity of research that considers the nurse's role in these units despite the importance of the nurse's contribution to care provision.

Research design:

Using a reflexive ethnographic approach data were collected on one AMAU from 2002-2004 by participant observation, semi-structured interviews (n=19), and review of documentary evidence. A purposive sampling approach was utilised. Analysis was an abductive process with data collection guided by analysis in an iterative process (Mason, 2002). Full ethical approval was gained for the study.

Findings:

The major claims of this study are that the role of the AMAU nurse was to manage and coordinate rapid patient transition and that this nursing role had evolved in response to the AMAU's particular clinical and managerial demands. The findings of this study are grounded in clinical practice and data extracts are provided to support findings. Validity and relevance of the study's findings are supported by a clear audit trail, the reflexive approach taken, and the substantive relevance of the findings.

Conclusion:

A unique aspect of this study is the use of Wenger's (1998) concept of community of practice to understand the locally negotiated working practices of the AMAU nurses studied. Theoretical descriptions of the role of the nurse are compared and contrasted to the reality of practice and arguments offered for an innovative understanding of the AMAU nurse's role. This study makes a significant contribution to the limited body of knowledge regarding AMAU nursing practice.

Recommended reading list:

- Mason, J. (2002) Qualitative researching. London. Sage Publications
- Wenger, E. (1998) Communities of practice. Learning, meaning, and identity. Cambridge, Cambridge University Press
- Wood, I. (2000) Medical assessment units in the West Midlands region: a nursing perspective. Accident & Emergency Nursing, 8, 196-200

7.8.2 An evaluation of daily sedation vacation in mechanically ventilated patients within the adult intensive care milieu and its impact on patient outcomes

Jenni Templeman, Critical Care Practice Development Facilitator, Intensive Care Unit, Macclesfield Hospital, Macclesfield, United Kingdom

Abstract:

Background:

The purpose of the study was to evaluate the efficacy of daily sedation vacation practice in relation to length of mechanical ventilator days and length of stay in the intensive care unit and its impact on patient outcomes. Cost of sedative therapy and intensive care bed days was also evaluated. Continuous sedative infusions are widely administered in intensive care units to reduce pain, distress and anxiety. These carefully titrated infusions also assist the tolerance of entracheal and tracheostomy tubes, facilitate modes of mechanical ventilation, bronchial toilet and suctioning, physiotherapy and generalised care. Daily sedation vacation is an integral component of the 'ventilator care bundle', which encompasses seven evidence-based research practices.

Method:

A retrospective comparative pilot study of Level III intensive care participants was conducted with a 2003 group of n = 20 participants (before the introduction of daily sedation vacation) and a 2006 group of n = 20 participants (after the introduction of daily sedation vacation). Data was retrieved from the ICNARC database and patient case notes. Participants from the two groups were matched as closely as possible according to admission diagnosis. APACHE II scores, length of ventilator days and length of stay were analysed by the Mann-Whitney U test using SPSS software.

Results:

The results in the 2006 group reflected a mean reduction in ventilator days = 12.3 (p = 0.001) and length of stay = 12 (p = 0.001). In addition, a cost reduction of £3,862.00 was evident with regard to sedative therapy and £18,000.00 - £22,000.00 in length of stay in intensive care in the 2006 group.

Conclusion:

In adult mechanically ventilated patients within a general intensive care unit, daily sedation vacation practice improves patient outcomes by decreasing the duration of length of ventilator days, length of stay, sedative therapy costs and intensive care costs.

Recommended reading list:

- Bruno,J.J. and Todd,W. (2006) Daily Sedation Interruption in Mechanically Ventilated Patients: Limited Data, Numerous Concerns. Hospital Pharmacy,Volume 41, 943-951
- Kress,J.P., Pohlman,A.S., O'Connor,M.F., Hall,J.B. (2000) Daily Interruption of Sedative Infusions in Critically Ill Patients Undergoing Mechanical Ventilation.New England Journal of Medicine, Volume 342, 1471-1477
- Weinert,C.R., Chlan,L., Gross,C. (2001) Sedating critically ill patients: factors affecting nurses' delivery of sedative therapy. American Journal of Critical Care, Volume 10, No.3, 156-165

7.8.3 Confidence and proficiency levels of ICU nurses using computerised technologies: An Australian study

Mary O'Connell, Staff Nurse, Health Information Management, University of Sydney, New South Wales, Australia
Co authors: Kate O'Loughlin & Janelle Craig

Abstract:

Background:

Computerised equipment is increasingly used in fast-paced healthcare environments such as Intensive Care Units (ICUs) where core decisions must be made quickly (Zytkowski 2003). The extensive and broad range of computerised equipment used in ICUs and the inherent responsibilities for their management and safe usage typifies the educational requirements for ICU nurses (Neighbours et al 1991, McConnell 1998).

Aims:

To investigate the training needs and experiences of nurses using computerised equipment in fully and partially computerised Intensive Care Units.

Methods:

A two-stage research study using mixed methods. Stage1: six in-depth interviews with ICU nursing staff from two Sydney metropolitan public hospitals. Stage 2: a survey of nursing staff from five Sydney metropolitan public hospitals (n=504). Two of the hospitals had a fully computerised ICUs; three were partially computerised ICUs.

Results:

Themes (positive and negative clinical experiences of using computerised equipment) that emerged from the interviews were used to inform the survey instrument. The results from the survey with a response rate (n=232) show a significant correlation between confidence and proficiency levels in ICU nurses. Overall confidence levels of staff employed in fully computerised units and the opportunity to attend computerised equipment in-services, were statistically significant by comparison to partially computerised units. There was no significant difference in proficiency levels between the units.

Discussion:

The results suggest that fully computerised ICUs afford their nursing staff improved training and exposure with computerised equipment thereby supporting a more confident clinical approach. Perhaps the fact that no paper charting is used in these units allowed the focus to be on the computerised equipment; thus creating a different mind-set.

Conclusions:

These findings support further investigation of the educational needs of ICU nurses, for improved confidence and proficiency levels in their clinical experience with technology implementation.

Recommended reading list:

- Zytkowski ME. Nursing informatics: the key to unlocking contemporary nursing practice. AACN Clinical Issues Advanced Practice in Acute Critical Care, 2003;14(3): 271-81
- Neighbours M, Eldred E, Sullivan M. Nursing skills necessary for competency in the high-tech health care system. Nursing and Health Care 1991;12(2):92-96

- McConnell E. Medical Device Use by Nurses: A Review of Published Nursing Literature. Biomedical Instrumentation & Technology 1998;32(5):471-8

7.9.1 The residential care of persons with Parkinson's Disease: A systematic review

Lucy Ziegler, Research Fellow, Department of Health Studies, University of Bradford, Bradford, United Kingdom
Co authors: Gerry Armitage & Rob Newell

Abstract:

Background:

Many of those who suffer from Parkinson's disease (PD) will have received considerable support from their close relatives. However, the progression of PD will often demand some form of residential care. There is little knowledge about the level and nature of input from informal carers, even though their potential contribution could be significant.

Objectives:

Confirm the needs of persons with PD in residential care, and their informal carers' perspectives on this care to establish whether their input could be beneficial. Determine whether the specialised needs of person's with PD are addressed in residential care.

Methods:

A systematic review of 13 electronic databases was undertaken using a carefully structured search strategy. Hand searching of relevant journals and of grey literature was also undertaken. The extent to which each paper fulfilled the inclusion and exclusion criteria were determined by two independent reviewers. A quality grade was assigned to each paper included in the review, and then independently verified by a third reviewer.

Results:

Of the 157 studies retrieved 48 papers were subjected to detailed review, data extraction and quality grading. 26 papers successfully fulfilled the inclusion criteria and were included in the review.

Conclusions:

The complexity of PD presents particular demands for informal carers but gives them considerable expertise which is likely to be helpful to formal carers if the person with PD is admitted to residential care. Exploratory, descriptive research is necessary to establish the conceptual foundations of informal carers' perspectives and how these compare to the provision of residential care.

Recommended reading list:

- National Institute for Clinical Excellence (2006) The Parkinson's Disease National Clinical Guideline for Diagnosis and Management in Primary and Secondary care. NICE/Royal College of Physicians, London
- Parkinson's Disease Society (2005) Choices: a guide to the Health & Social Care Services. PDS, London
- Lloyd, M. (2000) Where has all the care management gone? The challenge of Parkinson's Disease to the health and social care interface. Br J Social Work., 30 54. 737–754

7.9.2 Does task specific practice improve functional recovery after stroke? A cochrane systematic review

Beverley French, Senior Research Fellow, Department of Nursing, University of Central Lancashire, Preston, United Kingdom Co authors: Lois Thomas, Michael Leathley, Christopher Sutton, Joanna McAdam, Anne Forster, Peter Langhorne, Christopher Price, Andrew Walker & Caroline Watkins

Abstract:

Introduction:

The repeated practice of the functional movements required for relearning everyday tasks such as walking and dressing is a key feature of some approaches to stroke rehabilitation, and could be a useful component of the nursing contribution to functional recovery. This Cochrane systematic review aimed to determine if repetitive task training after stroke improves functional abilities, and if the amount, timing, or type of task practice modified the effects.

Methods:

We searched the Cochrane Stroke Trials Register, published, unpublished and non-English language databases, and conference proceedings; we also followed up secondary references, searched citations and contacted authors for all relevant trials. The review included randomised and quasi-randomised trials. The intervention had to include an active motor sequence performed repetitively within a single training session; and a quantifiable level of practice with a clear functional goal. Cochrane review methods were used and the results from individual trials were combined using meta-analytic techniques appropriate to the data extracted.

Results:

The review included fourteen trials with 771 participants. Results showed small to moderate effects on walking distance and speed, sit-to-stand, and activities of daily living, with small, borderline significant effects on functional ambulation and global motor function. There were no statistically significant effects for quality of life, or any of the upper limb function measures. The amount or timing of practice did not modify the effects, but the effects of the type of practice were modified for lower limbs.

Conclusions:

RTT resulted in modest improvement in lower limb function, but not in upper limb function, and evidence for sustained effect was limited. Training effects may be sufficient to impact on activities of daily living. Further research is needed to explore what types and amounts of repetitive task training can contribute to nursing and therapy activity, and how to maintain functional gain.

Recommended reading list:

- French, B., Forster, A., Langhorne, P., Leathley, M.J., McAdam, J., Price, CIM., Sutton C.J., Thomas, L.H., Walker, A., Watkins, C.L. (2007) Cochrane Review: Repetitive task training for improving functional ability after stroke. Cochrane Database of Systematic Reviews. Issue 4

7.9.3 Carer perceptions (parental and informal) of the health and social care services provided for their dependents: A mixed methodological scoping study

Ian Mansell, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, United Kingdom
Co authors: Christine Wilson & Becky Stakhouse

Abstract:

The majority of people with learning disabilities live at home with their parents or family carers. This was the case even before policy initiatives moved towards 'care in the community' (Valuing People 2001). Encouragingly, people with learning disabilities are living longer and whilst this situation is to be applauded it places additional burden and stress on aging carers. This paper will report carer's (parental and informal) knowledge of, and satisfaction with, the health and social care services they receive for their learning disabled dependent. Three methods of data collection were used to collect data. Questionnaires, focus group interviews and a hand held electronic voting system. Questionnaires were sent to the total population of members of a Parent and Carer Federation within South Wales (n = 647), with a response rate of 23%; Two focus groups were held exploring the findings from the questionnaire. The electronic voting system 'Teamworker R' was used to seek normative data on the consensus between focus group participants. The qualitative findings indicate that Parents and carers reported low levels of help and information in terms of both the quality and quantity of services provided, suggesting that nurses and other professionals sometimes lacked the necessary knowledge of available services and often information had to be 'prised out' of these staff. The need to 'fight and shout' was perceived as vital in receiving adequate care for their learning disabled dependent, a finding also identified in Northway et. al (2006). The paper will conclude by indicating that nurses, including learning disability nurses, need to ensure they have sufficient knowledge and information regarding services to share with parents and carers. The frustration and anger felt by those who care for the learning disabled was highlighted by this study, along with the often underestimated but very real risk of 'carer burnout'.

Recommended reading list:

- DOH (2001) Valuing People: A new strategy for learning disability for the 21st. Century. Cm 5086 London, Department of Health
- Northway R, Sardi I, Mansell I, Jenkins R (2006) Hopes and fears concerning service developments, a focus group study of parents and family carers of people with a learning disability, University of Glamorgan

8.1.1 Developing and validating a risk assessment tool for constipation

Gaye Kyle, Senior Lecturer, Faculty of Health & Human Science, Thames Valley University, Slough, United Kingdom

Abstract:

Constipation is a problem that can affect any person at anytime in their life. Constipation is rarely a life-threatening symptom yet the distress it causes leads to reduced patient comfort and diminished quality of life. Risk assessment tools have been described as the backbone of any prevention (Thompson 2005) therefore; a prerequisite for the prevention of constipation is the development of such a tool. This paper discusses the development and validation process of the Norgine Risk Assessment tool for constipation. Key risk criteria were identified through a systematic review of the literature. The Norgine risk assessment tool was developed in 2003 and a pilot study (n=29) undertaken to test the robustness of tool and practically evaluate the tool's clinical usefulness. Descriptive statistics were used for the study analysis, 96% of nurses found the tool easy to use and 100% found the advice on the tool easy to follow. The predictive ability was tested in 2005 (n=120) using an apparently healthy subject group (n=56) i.e. those considered at low risk of being constipated and a group of patients (n=64) i.e. those considered at a high risk. 98% of the 'healthy' group registered below the 'at risk of constipation' suggesting the tool's specificity whereas the patients group all presented with a risk of developing constipation suggesting predictive sensitivity. The inter-rater reliability (n=25) was tested in 2006. This demonstrated a strong valid strength of agreement. The validation studies suggest the tool is easy to understand, quick to use with good reliability (Kyle 2007). The absence of any risk assessment tool for constipation has meant that the Norgine tool cannot be judged against a gold standard tool. The Norgine risk assessment tool predicts a patient's risk of constipation encouraging nurses to adopt a proactive approach with a focus on prevention.

Recommended reading list:

- Kyle G (2007) Developing a constipation risk assessment tool. Continence UK. 1, (1),38-45
- Thompson D (2005) An evaluation of the Waterlow pressure ulcer risk-assessment tool. British Journal of Nursing. 14. (8) 455-459

8.1.2 Development of the multi-dimensional dyspnoea questionnaire

Janelle Yorke, Lecturer, Salford Centre for Nursing Midwifery and Collaborative Health Care, IHSCR Salford University, Salford, United Kingdom Co authors: Shakeeb Moosavi, Caroline Shuldham, Carol Haigh, Margaret Lau-Walker, Peter Barnes & Paul Jone

Abstract:

Background:

In cardiopulmonary disease, dyspnoea can be severely debilitating and distressing. Dyspnoea, like pain, is subjective and consists of: intensity, quality, and affective components. However, measurement generally focuses on intensity; in part because no available tool measures the multidimensionality of dyspnoea. This paper presents development of the Multi-Dimensional Dyspnoea Questionnaire (MDDQ).

Aim:

To develop an instrument that captures multiple dimensions of dyspnoea.

Methods:

81 items were assembled into a list and administered in 2007 to 123 patients with COPD; 129 patients with interstitial lung disease; 106 patients with chronic heart failure. Patients were asked to respond to each item using: none, mild, moderate, or severe. Hierarchical method of item reduction was used to exclude items if i̇Ý60% of patients from each group rated them as i®nonei¯ or if they were influenced by age or gender. Item response theory (IRT) was applied to the remaining items. Principal components analysis (PCA) was then used to test for the presence of different domains and test internal consistency.

Results:

24 items were removed because of low response rate or gender or age bias. IRT removed a further 22 items. PCA of the retained 35 items produced a 3-component solution (Cronbach's alpha = 0.964). Component 1 (n = 17) related to various qualities of dyspnoea e.g.: i®laboured breathingi¯; Component 2 (n = 10) related to affect e.g.: i®panickyi¯; Component 3 (n = 4) related to a mixed item collection e.g.: i®light-headednessi¯. Four items did not reach the pre-specified >0.5 factor loading threshold onto any of the 3 components e.g.: i®puffedi¯.

Conclusion:

Dyspnoea is multidimensional. The MDDQ will have significant clinical utility in the assessment of dyspnoea and evaluation of therapeutic interventions. Providing clinicians with an instrument that measures multiply dimensions of dyspnoea will enable patientsi¯ to be evaluated and managed holistically.

Recommended reading list:

- Banzett RB & Moosavi SH. Dyspnea and pain: Similarities and contrasts between two very unpleasant sensations. Amer Pain Society Bulletin 2001; 11:1 (and 6-8)
- von Leupoldt A, Ambruzsova R, Nordmeyer S, Jeske N, Dahme B. Sensory and affective aspects of dyspnoea contribute differentially to the Borg scalei¯s measurement of dyspnoea. Respiration 2006; 73(6):762-8

8.1.3 Methodological challenges of conducting cross-cultural nursing research: The example of a survey of nurses' attitudes to mental illness

Mary Chambers, Professor of Mental Health Nursing, Nursing, Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, London, United Kingdom Co authors: Veslemøy Guise, Pekka Makkonen, Maritta Välimäki, Maria Botelho, Anne Scott, Vida Staniuliene & Renzo Zanotti

Abstract:

Cross-cultural research and international collaborative studies within nursing are increasingly valued as a means of improving both the knowledge and skills of nurses and the quality of care offered to service users. It is also acknowledged that cross-cultural studies can only be beneficial when the appropriate research instruments are used. Conducting quantitative cross-cultural research therefore often means contending with such thorny methodological issues as having to find culturally appropriate research tools, and the rigid instrument translation processes that usually follow. Frequently, these methodological challenges are compounded by limited time and resources. The rise in the use of web-based research tools such as e-surveys within nursing scholarship has introduced new and often complex methodological challenges. For example, issues related to sampling, access to technology, test environments, response rates, and ethical concerns such as privacy and confidentiality can all have real implications for the validity of research findings and are important considerations when conducting surveys via email or the internet. This presentation uses the example of a partly web-based cross-cultural survey into nurses' attitudes to mental illness and people with mental health problems to illustrate some of these methodological challenges. The attitudes' study was part of a multinational project investigating nurses' educational needs connected to the management of distressed and disturbed service users on acute psychiatric inpatient units. 1243 nurses in six European countries were invited to participate in the study, which was overseen by research partners locally in each country. Partners used either a web-based questionnaire or a paper version of the same questionnaire, based on which data collection option was considered most methodologically appropriate to each. The presentation will detail the challenges encountered early on in the research process and how each was accommodated. Suggestions for how to contend with similar methodological problems in future research projects will be offered.

Recommended reading list:

- Cha, E., Kim, K.H. & Erlen, J.A. (2007) 'Translation of scales in cross-cultural research: issues and techniques'. Journal of Advanced Nursing, vol. 58, no. 4, pp. 386-395
- Duffy, M.E. (2002) 'Methodological issues in web-based research'. Journal of Nursing Scholarship, vol. 34, no. 1, pp. 83-88
- Whitehead, L.C. (2007) 'Methodological and issues in Internet-mediated research in the field of health: An integrated review of the literature'. Social Science and Medicine, vol. 65, no.4, pp 782-791

8.2.1 What is the home-based self-management experience of heart failure patients and the impact of the specialist nursing service?

Jennifer Wingham, Research Nurse, Research and Development Directorate, Royal Cornwall Hospitals NHS Trust, Truro, United Kingdom

Abstract:

Background:

Many people living with heart failure experience poor quality of life, Murray et al (2002). There is paucity of research relating to patients' perspective of the heart failure nurses' role in self-management.

Aim:

To explore the impact (if any) the specialist nurses have on heart failure patients' overall day-to-day self-management strategies.

Methods:

31 theoretical sampled participants with confirmed heart failure were recruited from a district general hospital between October 2004 and September 2006. All took part in taped, semi-structured interviews prior to the community nurse intervention to determine their experience of heart failure, understanding of self-management and current self-management strategies. The nurses conducted home visits and telephone contact according to individual need independent of the research. 29 participants (3 died and 1 withdrew from the research) were interviewed at 6 months to explore their experience of heart failure and how their strategies have changed if at all. Critically adaptive grounded theory techniques, narrative methods and reflexive accounting informed analysis. A team of researchers confirmed findings.

Results:

Participants managed the consequences of living with heart failure more than the illness itself. Successful management was influenced by construction of or maintenance of an acceptable personal identity while living with a chronic life limiting and uncertain condition. Central to successful management was "intelligent support" meaning careful consideration and understanding of advice and information by the family to support lifestyle change. Participants and their families obtained information from a variety of sources. Self-management includes relationship building within the family, community and health service professionals. The nurses' role included physical monitoring, educational and psychological support in 'being there' for the people with heart failure and their family. Some stable patients discharged from the service felt abandoned and reluctant to contact the nurses for further consultation.

Conclusion:

Community based heart failure nurses can improve self-management of heart failure by enhancing intelligent support.

Recommended reading list:

- Murray, S. Boyd, K. Kendall, M. Worth, A. Benton, T.F. Clausen, H. (2002) Dying of lung cancer or cardiac failure; prospective qualitative interview study of patients and their carers in the community. BMJ 325 (7370) 929

8.2.2 Assessing the impact of the BHF and BIG heart failure nursing service in England

Jill Pattenden, Senior Research Fellow, Health Sciences, University of York, Heslington, United Kingdom Co authors: Simon Coulton & Karen Spilsbury

Abstract:

Heart failure affects about 2% of the population with an annual incidence of 0.5-1%. Treatment takes up about 1.8% of the NHS budget, 5% of acute admissions, and 10% of bed occupancy.1 Regular monitoring of this patient group by heart failure nurses has been shown to improve quality of life, reduce readmissions and mortality and be cost effective2, 3 In recognition of this, in 2004 the BHF with the Big Lottery Fund provided funding for the employment of 76 community heart failure specialist nurses in 26 Primary Care Trusts. Clinical and demographic data has been collected over two year on 9,350 patients in the nurses' caseloads. Data on hospital readmissions over a one year period have been compared to hospital episode statistics. The evidence suggests that patients seen by heart failure specialist nurses are readmitted on fewer occasions for fewer nights. But these nurses incur a cost over and above the cost of routine provision of heart failure services, so we are currently carrying out a cost benefit analysis of the service. Results will be presented at the conference. 752 of these patients and 342 carers have completed a battery of health related quality of life measures, with follow up at 12 months exceeding the estimated 70% response rate with 86% and 85% respectively. The final sample exceeds the numbers required in the power calculation. Baseline data showed that the mean age of patients is 72. Self-care scores were low, quality of life poor, and 83% of the sample had borderline anxiety disorder. Follow up data is currently being analysed and will be presented at the conference. Systematic reviews as to the effectiveness of heart failure specialist nurses have mostly included studies outside the UK. This is a large pragmatic study to assess the impact of these nurses in England.

Recommended reading list:

- NHS National Institute for Clinical Excellence. Chronic Heart Failure: National clinical guideline for dignosis and management in primary and secondary care. (NICE Guideline 5). 2003. London, NICE
- Holland R, Battersby J, Harvey I, Lenaghan E, Smith J, and Hay L. Systematic review of multidisciplinary interventions in heart failure. Heart 91:899-906, 2005.
- Stewart S Financial aspects of heart failure programs of care European Journal of Heart Failure 7 423-428 2005

8.2.3 Education in pulmonary rehabilitation: What and how do patients want to learn?

Julie Wilson, Respiratory Research Nurse, Respiratory Medicine, Belfast City Hospital, Belfast, United Kingdom
Co authors: Brenda O'Neill, Jacqueline Reilly, Joseph MacMahon & Judy Bradley

Abstract:

Objective:

To ascertain from the patients' perspective what should be included in the educational component of pulmonary rehabilitation and how this should be delivered and compare this to the views of health professionals.

Design:

Qualitative research method using focus groups with patients and health professionals. Setting: A regional respiratory centre and outpatient clinic.

Participants:

Purposive samples of thirty-two patients with chronic obstructive pulmonary disease attended 6 focus groups; and eight health professionals knowledgeable about chronic obstructive pulmonary disease and pulmonary rehabilitation attended a multidisciplinary focus group. Intervention: Participants attended one focus group (2-3 hours) guided by an interview schedule, consisting of open-ended questions relating to educational needs and delivery preferences.

Data analysis:

Focus groups were videotaped and analysed using a grounded approach. The findings were posted to participants for verification, accompanied by a patient demographic/lifestyle questionnaire.

Results:

Deficits in patients' knowledge, understanding and management of their disease were identified. Six key educational topics emerged, these were; disease education, management of breathlessness, management of an exacerbation, medication, psychosocial support and welfare and benefits system. Patients and health professionals preferred group information sessions, provided by knowledgeable individual(s), using plain language supplemented by written information.

Conclusion:

This study identified deficits in patients' knowledge, understanding and management of their COPD. In order to promote self-management, health professionals should ensure that the educational components included in pulmonary rehabilitation programmes meet patients' needs, in a format that is acceptable to patients. References:

Recommended reading list:

- Morgan MDL, et al (2001) British Thoracic Society Statement Pulmonary Rehabilitation. Thorax. 56(11):827-34
- Strauss A, Corbin J.(1990)Basics of qualitative research: grounded theory procedures and techniques. London: Sage Limited
- Wilson et al (2007) Education in pulmonary rehabilitation: The patients' perspective. Archives of Physical Medicine and Rehabilitation. In press

8.3.1 An action research study to evaluate of the role of the nurse consultant role in the care of children and young people: The research process and findings

Sue Chapman, Nurse Consultant, Nursing & Workforce Development, Great Ormond Street Hospital for children NHS Trust, London, United Kingdom Co authors: Eileen Brennan; Anna Gregorowski; Kate Khair;Anne Lindsay Waters & Lindy May

Abstract:

The purpose of this paper is for a research team to share their experiences of practitioner focussed action research (AR) and to explore new knowledge arising from this study. There is little research about how the Nurse Consultant (NC) role unfolds in the reality of practice. This study aimed for NC to address this gap by exploring and evaluating the NC role. A further aim was to provide an AR environment characterised by mutual support and encouragement for NC as they embraced new NC roles in an NHS Trust (January 2005 to January 2007). Five NC participants and a research facilitator participated in the study. Data were drawn from 2 sources: Data Set 1: Discussions during AR meetings where NC worked collaboratively as co-researchers to explore their emerging role. These meetings, lasting two hours, took place on a monthly basis and were tape recoded, then transcribed. Data Set 2: The research facilitator observed and recorded NC clinical practice as NC conducted their everyday work with children and young people (CYP) and their clinical teams. Data Set 1 were analysed collaboratively, through content, thematic and transformational processes, by the NC's and facilitator: this was a powerful learning experience, over a prolonged time period. Data Set 2, were subjected to content and thematic analysis by the research facilitator.

From the combined data sets 22 themes emerged and these were subsumed into four overarching themes:

- Shaping child-centred services through consultancy
- Shaping the nurse consultant role
- Taking responsibility for the development of practice
- Leadership.

This study reveals the nature of the NC role with CYP, providing clarification of NC specific contributions as they work in clinical teams. Further it shows how NC limit and shape their roles over time in order to balance the four functions of the role.

Recommended reading list:

- McSherry, R. and Johnson, S. (2005) (eds) Demystifying the Nurse/Therapist Consultant, Cheltenham: Nelson Thornes
- Bellman, L. (2003) Nurse-led Change and Development in Clinical Practice, London: Whurr Publishers Ltd
- Punch, K. (2005) Introduction to Social Research Quantitaive and Qulitative Approached (Second Edition), London: Sage

8.3.2 Using an action research discourse to create organisational change

Christine Whitney-Cooper, Head of Department Nursing, Midwifery and Healthcare, Nursing Midwifery and Healthcare, Coventry University, Coventry, United Kingdom

Abstract:

The paper will seek to open a discourse on the methodological complexity of action research and organisational change. The discussion will explore the issues of insider research and collaboration discourses within the contextual framework of the changing role of a nurse academic within Higher education. The research study has developed as the result of my promotion to become the Head of Department. The new role had objectives to implement changes in the research culture of a department that was viewed intransigent. The research project was in part opportunistic to meet the organisational goals yet raised questions about effecting changes in an environment that was perceived as resistant to change and where staff saw themselves as teachers not researchers. The project aimed to empower staff to implement an applied research strategy through a collaborative enquiry process of action research that integrated research into the roles of nurse teachers. The work draws on Giddens (1991) and the notion of a reflexive identity as part of a construction of a professional self. This is a core concept of action research, which is the 'integration of an intellectual and theoretical engagement through a continuous interplay of doing something and revising our understanding of what should be done,' (Noffke 1995). Yet, unexpectedly this collaboration was not inherently libratory and resistance created a number of ethical, emotional and methodological problems. Although the space for discourse was unpredictable and complex but herein also lay their richness. The moments of disagreement generated intersections that were uncomfortable and annoying and yet productive and through the process, a strategy is developing that may facilitate the emergence of a fledgling identity of teacher researcher. This highlights the work of Shaw (2002) that recognises discourse as change not a precursor to change.

Recommended reading list:

- Giddens A (1991) Modernity and self-identity. Self and society in the late modern age. Polity Press, Cambridge
- Noffke S (1995) Action research and democratic schooling; problematic and potentials. Cited in: Noffke S & Stevenson RB (Eds) Educational action research: becoming politically critical. Teachers College Press, New York
- ShawP (2002) Changing conversations in organizations : a complexity approach to change London Routledge

8.3.3 Appreciative inquiry: An exploration of the benifits and issues for nursing research

Jacqueline Cahill, PhD Student, School of Nursing, University of Nottingham, Nottingham, United Kingdom Co authors: Carol Hall, Katie Gallagher, Christopher Jones & David Hilton

Abstract:

This presentation discusses the methodology used in a study conducted in 2007 and situated within the context of existing work carried out by NHS Education for Scotland. The work was funded in light of recommendations included within the NHS Education for Scotland (NHS 2006) strategy document 'Identifying and Supporting the Numeracy Needs of Health Care Staff in Scotland. The aim of the study was to evaluate practice in developing numerical competence amongst both NHS Scotland staff and healthcare students in order to provide further baseline data to support planning. It was recognised in the planning of the research that accessing the personal perceptions of nurses, educators and students about developing practice in numercial competence may be complex. This is due to the psychological and sociological constructions of mathematical learning and potential implications in relation to the delivery of quality patient care. An appreciative inquiry (AI) approach was undertaken as it sought to understand the socialized context of mathematics within healthcare. AI focuses upon improving practice through concentrating on what works well. It builds on the understanding that helping people to realise that in all of the things that they do, there are elements which are constructive and effective and these can be used as the foundation for development. The AI methodology works through a four phase process, which encourages participants to explore the research questions through facilitating visions of; Discovery, Dreaming, Designing and Destiny. It is suggested that AI helps to develop insight into what sucess actually means and what it is about the people, resources and the organisation that creates these sucess stories. The aim of this presentation is to explore the methodology of AI as it is used within one research project and to explore the benefits and challenges that this methodology brings to nursing research.

Recommended reading list:

- Carter B (2006) One expertise among many - working appreciatively to make miracles instead of finding problems. Journal of Research in Nursing 11 (1) 48-68
- Cooperider DL and Srivastva S (1987) Appreciative Inquiry in organisation life. Research in Organisational Change and Development 1 129-169
- NHS Education for Scotland (NES) (2006) Identifying and supporting the numeracy needs of healthcare staff in Scotland. Scotland. NES Education for Scotland

8.4.1 Problem based learning (P.B.L) and simulation as instructional methodologies in attaining clinically relevant undergraduate competencies in the management of challenging acute nursing episodes (C.A.N.E)

Irene Hartigan, College Lecturer, School of Nursign & Midwifery, University College Cork, Cork, Ireland Co authors: Nuala Walshe, Angela Flynn & Siobhan Murphy

Abstract:

Problem based learning (P.B.L) and simulation are two student-centred teaching methodologies when used in combination give undergraduate nurses potential to develop clinical competencies. This study incorporated PBL and simulation as instructional methodologies in a fourth year nursing module. The aim was to determine the effectiveness these instructional methodologies in achieving clinical competencies in the management of C.A.N.E. A panel of clinical nursing experts was chosen to identify clinically relevant module content and to create and validate descriptors to assess student's competency.

Methods:

A descriptive exploratory design was used. Ethical approval was granted and all participants gave consent to participate. A purposive sample of clinical expert's formed the focus groups to identify the priority C.A.N.E and the descriptors of competent practice. Focus group interviews were transcribed and analysed. Identified themes were formulated to inform the development of the module problems and simulations. Themes relating to descriptors of practice were included in newly devised assessment rubric and used to summatively assess clinical competencies in simulated environment.

Results:

Analysis of data is in progress. Initial findings indicate that PBL and simulation enhanced the competency of undergraduate nurses in simulated environments. Consulting with clinical experts ensured clinically relevant content and learning. Further data relating to the reliability and validity of the rubric will be presented.

Discussion:

Innovative teaching methods prepare students for the real world of nursing with efficiency in managing workplace complexities. These methods represent a change in higher education and relate to critical thinking, clinical reasoning skills, synthesis of knowledge and confidence in practicing real-life situations 1. The contribution of clinical staff gives merit to the module and the assessment descriptors as a clinically relevant focus that promotes the theory-practice link.

Recommended reading list:

- Nehring, W.M. & Lashley, F.R. (2004) Current use and opinions regarding human patient simulators in nursing education. Nurse Education Perspectives. Vol. 25, No. 5, pp. 244–248.

8.4.2 Clinical supervision: New research insights from an Australian perspective

Edward White, Professor of Nursing, Faculty of Science, Health and Education, University of the Sunshine Coast, Maroochdore, Que, Australia Co authors: Julie Winstanley

Abstract:

Several Australian national and state-based inquiry documents have reported on the recruitment and retention of high quality mental health nurses. The privately experienced cost of working and coping in such contemporary mental health settings remains poorly understood. Clinical Supervision [CS], a structured staff support arrangement, has shown promise as a contribution to the clinical governance agenda and is found reflected in central policy themes across the world. However, CS remains underdeveloped in Australia. This presentation will report on the study design and on baseline data of a world-first randomised controlled trial of CS that has been funded [A$242,000] by the Queensland Treasury/Government Golden Casket Foundation. The study has been designed, not only to determine the effects of providing regular Clinical Supervision to nursing staff who work in mental health settings, in relation to their levels of personal well being, but also the quality of care they deliver and the outcomes for patients. The study is sited in 10 mental health services located in regional and metropolitan areas of Queensland, in inpatient and community settings and in the public and private sectors. The sample sizes include ~720 nurses and a sample pool of ~3000 patients. This presentation will include findings derived from several empirical CS research studies, particularly that recently yielded by a two State-wide reviews of CS arrangements in New South Wales and in Queensland and will offer an account of preliminary financial modelling that has provided new insights about the material implications of implementing Clinical Supervision. It will be argued that, in relation to policy development, CS represents a vanishingly small cap on the level of clinical nursing practice, necessary to reap demonstrable benefits. It will behove the nursing profession to comprehend Clinical Supervision as bona fide work, not an activity which is separate from nursing work.

Recommended reading list:

- Winstanley J and White E and [2002] Clinical Supervision: models, measures and best practice. Research Monograph Series. Australian and New Zealand College of Mental Health Nurses. Greenacres, South Australia
- White E and Roche M [2006] A selective review of mental health nursing in New South Wales, Australia, in relation to Clinical Supervision. International Journal of Mental Health Nursing, 15, pp 209-219
- White E and Winstanley J [2006] Cost and resource implications of Clinical Supervision: an Australian perspective. Journal of Nursing Management, 14, 1-9

8.4.3 Student nurses and health care assistants: Delegation and supervisory skills

Felicity Hasson, Senior Lecturer, Nursing, University of Ulster, Ireland Co authors: Hugh McKenna, Marlene Sinclair, Assumpta Ryan, Sinead Keeney, Ann Wakefield, Karen Spilsbury, & Frank Dobbs

Abstract:

Background:

Changing models of nursing care have resulted in the need for registered nurses to be competent in delegating, supervising and coordinating patient care. Registered nurses are responsible for delegation and supervision of unregistered health care assistants.

Aim:

This paper reports on undergraduate student nurses' level of preparation when working with health care assistants (HCA). It is part of a large scale project, undertaken in 2005-2006, which investigated undergraduate student nurses' level perceptions of the role of health care assistants and how this affects their clinical learning.

Methods:

A mixed method multi-strand sequential transformative research design was adopted, comprising of focus groups (n=32), interviews (n=13) and a questionnaire distributed to 650 pre-registration nursing students at one higher educational institution. Qualitative data were content analysed and quantitative data were analysed using the Statistical Package for the Social Sciences (Version 11).

Results:

In general, while most students were familiar with the HCA role, participants believed that both clinical mentorship and class room education failed to prepare them to work alongside this grade of worker. Over 65% felt they lacked delegation and supervisory skills required for practice. This lack of preparation was perceived to be a hindrance to meeting the goals of clinical learning, to understanding the dynamics within the nursing hierarchy, to being accepted within the nursing team, and to the non-reporting of poor patient practice or training.

Discussion:

This study highlights that neither educational programmes nor clinical experience have prepared student nurses to function in delegation or supervision skills.

Conclusion:

The manner in which tasks are delegated will affect directly the quality and safety of patient care, it is therefore imperative that the nursing profession to provide student nurses with education necessary to develop delegation strategies and to adapt to their evolving professional role.

Recommended reading list:

- Harrison, S. (2007). Unison challenge NMC advice on accountability for delegated work. Nursing Standard 21(49), 5
- Storey, L. (2005). Delegation to health care assistants. Practice Nursing 16(6), 294-296
- Anthony, M. K, Standing, T S. & Herta, E, J. (2001). Nurses' beliefs about their abilities to delegate within changing models of care. The Journal of Continuing Education in Nursing 32(5), 210-215

8.5.1 End of life care for adolescents and young adults; The link between evidence and policy

Daniel Kelly, Reader in Cancer & Palliative Care, School of Health & Social Sciences, Middlesex University, London, United Kingdom

Abstract:

Background:

Health service guidance should be underpinned by evidence that determines the relationship between approaches to treatment or care and improved outcomes for patients. For those who will not survive cancer, including teenagers and young adults (TYA'S), the quality of the end of life care available is paramount. The present study was undertaken to appraise the nature of the current evidence and establish its relevance with current UK cancer policy initiatives.

Methods:

Peer-reviewed publications appearing between 1990 and the present day on end of life care for adolescents and young adults was accessed and subjected to thematic analysis using a tool designed for this purpose. This highlighted methods, sample size and key findings. Findings from the literature review were compared with trends in recent cancer policy developments for these age groups in the UK.

Results:

Publications fell into four categories: symptom management and physical distress; psychosocial issues including communication, family support and ethics; service developments and case studies/polemical papers. There were no randomised trials of service delivery, no patient or family satisfaction studies and few researchers employed a qualitative focus. Nursing papers from the United States dominated. The majority of non-nursing papers derived from the psycho-oncology disciplines (psychology, psychiatry and social work) and favoured psychometric methods.

Conclusions:

It is possible to identify significant gaps in the evidence base on end of life care for teenagers and young adults. Significantly less attention has been paid to this patient population than other groups- such as older adults or children with cancer. This presentation will explore themes in the available literature and compare these with policy initiatives currently taking place to advance teenage cancer care and end of life support for all patient groups in the UK.

Recommended reading list:

- Kelly D & Edwards J (2005) Palliative care for adolescents and young adults. In Faull C, Carter Y & Daniels L (Eds) Handbook of Palliative Care. 2nd Ed. Oxford: Blackwell. 317-331
- Black N (2001) Evidence-based cancer policy: proceed with care. British Medical Journal. 323: 275-279
- National Institute for Health and Clinical Excellence (2005) Improving outcomes in Children and Young People with Cancer. London: NICE

8.5.2 Support needs of parents who have lost a child to cancer

Sally Roberts, Research Student, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, United Kingdom Co author: Tony Long

Abstract:

The presentation focuses on the data sources and findings from a study investigating support for bereaved parents whose child died from cancer.

Background:

About 1/600 children develops cancer before age 15 , and approximately 30% of children with cancer die. Research on medical treatment and the needs of children with cancer are extensively reported in the literature. However, there is little knowledge to guide professionals about how best to support bereaved parents.

Aim:

To establish what support was available to parents and what was needed following the death of a child from cancer; and to identify which elements of available support were helpful or less effective.

Method:

A purposeful sample of parents who had lost a child aged 16 or less to cancer in the past 5 years was recruited through a national support network: The Compassionate Friends (TCF). Data was collected in 2005-2006 through parents' written narratives, passive analysis of TCF website, and observation and interviews with bereaved parents attending conferences and support groups. An adaptation of Roper and Sharpria's strategy for ethnographic data analysis was employed, aided by use of NVivo.

Results:

Parents needed:

- Continued contact with professionals (perceived to end abruptly on the death).
- Professionals who attended the funeral and sent cards on the anniversary were valued sources of support.
- Professionals to recognise their child by name and to maintain this identity. • information from professionals about groups like TCF
- Truthful information about treatment choices to avoid false hope
- Messages for practice Implement a 24 hour service (through a link nurse) during the first days following the death. Improve information about support networks
- Establish a bereaved parents database for mutual support links. Prepare professionals to "get the support right first time" before, around and after the death.
- More support for bereaved siblings

Recommended reading list:

- Cancer-UK (2004) Childhood Cancers1996-2004. http://www.cancerindex.org/clink44thtm (accessed 09/09/04)
- United Kingdom Children's Cancer Study Group (2006) Children and Cancer. http://www. UKCCSG.org/ (accessed 31-05-06)
- Roper J, Sharpria J (2000) Ethnography in Nursing Research. London: Sage Publications

8.5.3 A systematic review to identify the most effective ways to support, inform, and communicate with a range of different parents who have had a premature baby: implications for neonatal nurses and midwives

Jo Brett, Research Fellow, School of Health and Social Studies, University of Warwick, Oxford, United Kingdom
Co authors: Sophie Staniszewska & Mary Newburn, Nicola Jones, Claire Pimm

Abstract:

Background:

While medical advances mean that very young babies have a good chance of surviving when they are born, the enormous impact of this experience on the parents cannot be underestimated[1]. The study is a collaboration between researchers, nurses, parents and charities to explore the experiences of parents and develop services to facilitate the provision of information, communication and support to parents[2,3].

Aim:

To undertake a systematic literature review to identify effective interventions for communicating with, supporting and providing information for parents of pre-term babies.

Methods:

Systematic searches were undertaken from January 1980 to June 2006 in the relevant electronic databases, grey literature was sought, and frequently used neonatal journals were hand-searched. A total of 434 papers were identified, and a non-quantitative synthesis was conducted.

Results:

A range of interventions have been found to be effective, although the quality of the evidence is variable. These interventions included relevant and timely information, for example about the neonatal unit, and provision of information binders for parents to collate good quality information specific to their infant. Discussion around infant progress charts with health professionals, using video phone to link parents to the neonatal clinic, and using taped consultations between doctors and parents were interventions identified that may improve communication with parents. Key support interventions identified were use of family centred care programmes teaching parents how to care for their baby, support groups, detailed discharge programme to help parents cope after returning home, and health visitor support at the neonatal clinic and at home.

Conclusion:

Overall, the literature highlights the key role of information, communication and support in the parent's experience of having a pre-term baby. The results suggest neonatal nurses need to develop their practice in a number of key areas which will be outlined in the presentation. This presentation will report key findings of the systematic review.

Recommended reading list:

- Lau R, Morse C. 2003. "Stress experience of parents with premature infants in a special care nursery". Stress & Health, Vol.19 no. 2: pp. 69-78
- Garcia J, Redshaw M, Fitzsimmons B, Keene J. 1998. "First class delivery. A national survey of women's views of maternity care". London: Audit Commission
- O'Shea J, Timmins F. 2002. "An overview of parents' experiences of neonatal intensive care: Do we care for both parents". Journal of Neonatal Nursing, Vol. 8, no. 6: pp.178-183

8.6.1 Loss of imagined future: Grieving the loss of a transplanted kidney

Paul Gill, Senior Post-Doctoral Research Fellow, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, United Kingdom

Abstract:

Background:

Kidney transplantation is the treatment of choice for most patients with end-stage renal disease. Kidney transplants are effective and efficient, but are not without complications. Approximately 7-12% of all kidney transplants fail within a year (UK Transplant 2007) and rates of graft failure increase over time. The impact of graft failure is profound, often inducing a grief like reaction, causing depression and, occasionally, suicidal feelings. However, despite these issues, the personal dimensions of graft failure have been poorly researched.

Aims & Objectives:

The purpose of this paper is to provide a comprehensive insight into the graft rejection experience from the participants' perspective.

Methods:

11 live kidney donors and their recipients were originally recruited into this study from a regional transplant centre in South-West England. Of this sample, one donor-recipient couple experienced an irreversible episode of graft rejection immediately post-transplant. A phenomenological case-study approach was therefore used to explore their experiences. Data were collected through a series of semi structured interviews, conducted pre-transplant and at three and ten months post transplant. Interviews were recorded, transcribed verbatim and analysed using a process of thematic content analysis. Analyses were also validated using a process of inter-rater reliability.

Findings & conclusion:

This paper discusses the impact of graft failure on the participants, focusing on the psychosocial trauma and feelings of grief, loss, depression and suicidal ideations. The paper also explores coping mechanisms, emotional readjustment and service provision issues relating to care, support and information provision. Recommendations for practice and research are also made.

Recommended reading list:

- UK Transplant (2007) Transplant survival.
  http://www.uktransplant.org.uk/ukt/statistics/transplant_activity_report/transplant_activity_report.jsp

8.6.2 Policing passion: Sexualised media in the nursing care and treatment of the sexual offender

David Mercer, University Lecturer, Department of Nursing, University of Liverpool, Liverpool, United Kingdom

Abstract:

Background:

High security psychiatric provision in England and Wales provides for the treatment of offenders deemed mentally disordered and dangerous. Dating back to the criminal lunatic asylum of the nineteenth century, the role of staff within these institutions was dominated by debates about therapeutic custody and the tensions incumbent on containment and care. Forensic nursing as a relatively recent, but rapidly expanding, area of professional practice has prompted the need for an appropriate evidence and skills base. Sex offender treatment is one dimension of this role function, where access to sexually explicit, or erotic, media presents a complex challenge in managing treatment environments and therapy (Mercer & McKeown 1997).

Aims:

To explore the accounts of forensic mental health nurses and personality disordered sexual offenders in relation to pornography, sexual desire, and sexual offending.

Methods:

A discourse analytic approach informed the concurrent collection and analysis of data. Semi-structured interviewing with nursing staff (18) and patients (9) were used to co-construct accounts within the context of one high-security psychiatric hospital. Data coding identified theoretical and conceptual themes that represented the discursive repertoires of collective talk.

Results:

Professional and political concerns about the role of pornography in the institutional treatment of the disordered sexual offender (Fallon et al 1999) has constructed pornography as, both, clinical and security issues. The 'content' of sexual media, the 'context' of sexual offending, and the 'censorship' of risk-management, has invested nursing with a policing and surveillance role; where simplistic associations between fantasy and offending conjoined the deviant imagination and the deviant individual.

Discussion:

This presentation will review a diverse body of literature on pornography and harm, reflecting different academic and ideological positions, in relation to the policy and practice of custodial care.

Recommended reading list:

- Mercer, D., McKeown, M. (1997) Pornography: Some implications for nursing. Health Care Analysis, 5 (1): 56-61
- Fallon, P., Bluglass, R., Edwards, B., Daniels, G. (1999) Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital. Cm 4194. London, HMSO

8.5.3 A systematic review to identify the most effective ways to support, inform, and communicate with a range of different parents who have had a premature baby: implications for neonatal nurses and midwives

Jo Brett, Research Fellow, School of Health and Social Studies, University of Warwick, Oxford, United Kingdom
Co authors: Sophie Staniszewska & Mary Newburn, Nicola Jones, Claire Pimm

Abstract:

Background:

While medical advances mean that very young babies have a good chance of surviving when they are born, the enormous impact of this experience on the parents cannot be underestimated(1). The study is a collaboration between researchers, nurses, parents and charities to explore the experiences of parents and develop services to facilitate the provision of information, communication and support to parents(2,3).

Aim:

To undertake a systematic literature review to identify effective interventions for communicating with, supporting and providing information for parents of pre-term babies.

Methods:

Systematic searches were undertaken from January 1980 to June 2006 in the relevant electronic databases, grey literature was sought, and frequently used neonatal journals were hand-searched. A total of 434 papers were identified, and a non-quantitative synthesis was conducted.

Results:

A range of interventions have been found to be effective, although the quality of the evidence is variable. These interventions included relevant and timely information, for example about the neonatal unit, and provision of information binders for parents to collate good quality information specific to their infant. Discussion around infant progress charts with health professionals, using video phone to link parents to the neonatal clinic, and using taped consultations between doctors and parents were interventions identified that may improve communication with parents. Key support interventions identified were use of family centred care programmes teaching parents how to care for their baby, support groups, detailed discharge programme to help parents cope after returning home, and health visitor support at the neonatal clinic and at home.

Conclusion:

Overall, the literature highlights the key role of information, communication and support in the parent's experience of having a pre-term baby. The results suggest neonatal nurses need to develop their practice in a number of key areas which will be outlined in the presentation. This presentation will report key findings of the systematic review.

Recommended reading list:

- Lau R, Morse C. 2003. "Stress experience of parents with premature infants in a special care nursery". Stress & Health, Vol.19 no. 2: pp. 69-78
- Garcia J, Redshaw M, Fitzsimmons B, Keene J. 1998. "First class delivery. A national survey of women's views of maternity care". London: Audit Commission
- O'Shea J, Timmins F. 2002. "An overview of parents' experiences of neonatal intensive care: Do we care for both parents". Journal of Neonatal Nursing, Vol. 8, no. 6: pp.178-183

8.7.1 Factors influencing diabetes self-management among middle aged Chinese women with type-2 diabetes

Hsiu-Li Wu, PhD Student, School of Nursing, University of Nottingham, Nottingham, United Kingdom and Lecturer, Department of Nursing, Chang Jung Christian University, Taiwan. Co authors: Veronica James & Catrin Evans

Abstract:

Background

In Taiwan, as in other countries, type 2 Diabetes is a major public health problem (DoH, ROC, 2007). Very little is known about how the Taiwanese socio-cultural context affects diabetes self-management. This information is necessary however for Taiwanese nurses who are being called upon to play an increasingly large role in Diabetes care (Adiseshiah, 2005).

Aim

To identify factors contributing to self-management of type 2 diabetes in Taiwan. Methods Adopting a qualitative approach, in-depth interviews were conducted in 2006 with 38 women, aged 40-60 years old with type 2 diabetes, purposively selected from a large diabetes centre. This sample was selected from a large diabetes centre and included women whose diabetes (from a medical perspective) was well controlled and poorly controlled. Application of framework analysis yielded a number of key themes (Ritchie & Spencer, 1994).

Findings

For many women, their diabetes diagnosis was marked by profound shock and change in their sense of self. Learning to live with diabetes was an on-going 'journey' in which women engaged in a range of strategies to acquire information and support, to find a health care provider they could trust, and to gain a sense of control over their condition. Self-management was found to be highly contingent upon individual life circumstances, and was influenced by a context of social stigma and the need to balance self care alongside maintenance of social gender roles and responsibilities.

Discussion and Conclusions

Nursing assessments need to be more detailed and holistic in order to tailor diabetes care to the specific and complex needs of individual patients.

Recommended reading list:

- Chang, C. J., Lu, F. H., Yang, Y. C., Wu, J. S., Wu, T. J., Chen, M. S., Chuang, L. M., & Tai, T. Y. (2000) Epidemiologic study of type 2 diabetes in Taiwan. Diabetes Research and Clinical Practice, 50(Supplement 2), S49-S59.
- Department of Health, Republic of China (2007). Life statistics report. Internet Resource by anonymous URL from: http://www.doh.gov.tw/statistic/index.htm (Accessed 12.09.07)
- Ritchie J, Spencer L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman A, Burgess R, editors. Analysing Qualitative Data. London: Routledge; p 173-195.

8.7.2 Coronary Heart Disease and Asian Indian migrants in Australia: Influence of Indian culture on experiences, knowledge, health beliefs and behaviours

Shantala Mohan, Senior Research Officer, Clinical Nursing Research Unit, Nepean Hospital, POenrith, Australia. Co authors: Debra Jackson and Lesley Wilkes

Abstract:

Background:

Asian Indians are at an extremely high risk of coronary heart disease and this risk is exacerbated in migrant Indians globally. In order to provide culturally competent and sensitive care for migrant Asian Indians with coronary heart disease, it is vital to have a clear understanding of the impact of Indian culture on experiences, knowledge, health beliefs and behaviours.

Aims:

This study aims to report on the influence of Asian Indian culture on experiences, knowledge, health beliefs and behaviours in relation to coronary heart disease among Asian Indian migrants in Australia.

Methods:

Using the qualitative approach of constructivism, semi-structured, in-depth interviews were conducted with eight patients, five family members and 16 'healthy' participants. Interview data were coded using NVivo and analysed for emerging categories and sub categories using a process of constant comparison of categories.

Results:

Through its fundamental principles of Dharma and Karma, Asian Indian culture had a major influence on health behaviour, beliefs, experiences and knowledge of coronary heart disease among Asian Indians. This study has revealed a strong sense of 'Indian-ness' amongst Asian Indians who consider their culture to be unique. With centrality of the family in Asian Indian culture, family needs outweighed health priorities.

Discussion and conclusion:

An unhealthy lifestyle perceived as the norm in Asian Indian culture was something difficult to change. This has implications for health education programs to provide a culturally sensitive approach in changing health behaviours that aims to reduce coronary heart disease risk among Asian Indians. With centrality of family in Asian Indian culture, family focussed approaches to health promotion are considered more effective in instigating changes in health behaviour. Given the major influence of Asian Indian culture on participants coronary heart disease trajectory, it is important for nurses to provide culturally sensitive care and advice for this group.

8.7.3 Childbirth between two cultures: Behaviour and characteristics comparison between Jewish and Arab delivering woman

Ester Klug, Clinical Nurse Specialist, Nursing Research, Assaf Harofe Medical Center, Beer Yakove, Israel Co authors: Hanita Nathanzon & Michal Rassin

Abstract:

Background:

Labor is a personal and social experience affected by cultural. Caregivers that are unaware of the differences between women from different cultures may create an un-satisfactory delivery experience for the woman. In Israel, Arab and Jewish women attend delivery rooms. Cultural differences between the two groups are realized during pregnancy, and childbirth.

Aim:

The research aimed at comparing Arab and Jewish women characteristics regarding responses to health regime, and behavioral expressions during delivery and childbed.

Methods:

The participants were 126 Jewish and Arab- Muslim women. Participants were located within the first 3 days of childbed, in the delivery room. They answered a 45 items questionnaire, constructed for the current research. Data collection took place between October 2006 and May 2007. Analysis was conducted using descriptive statistics, and comparisons were made using Chi-square and t-tests. Findings show clear distinction between the two groups, concerning pregnancy monitoring and participation in delivery preparation course; these parameters were lower among Arab women. Significant differences ($p < 0.01$) were found upon attending delivery room, related to type and number of accompaniers, and pain expression, which were higher among Arab women. Epidural anesthesia pain relief was highly prevalent among Jewish women, in comparison with the Arab women. After delivery all Arab participants decided on breast feeding, while third of the Jewish decided not to breast feed. No significant differences were found concerning weight gain during pregnancy, reasons for attending delivery room, number of pregnancy weeks prior to delivery and offspring's weight.

Discussion:

The findings show several differences that may affect the delivery experience and its evaluation from the woman and cargiver point of view. Realizing and understanding the cultural-dependent differences may assist caregivers in supplying a culturally sensitive treatment that will focus and suit the delivering woman's needs.

Recommended reading list:

- Callister, L.C., Khalaf, I., Semenic, S., Kartchner, R., Vehvilainen- Julkunen, K. (2003). The pain childbirth: Perceptions of culturally diverse women. Pain Management Nurse, 4, 145-154.
- Chertok, I.R., Shoham-Vardi, I., Hallack, M. (2004). Four-month breastfeeding duration in postcesarean woman of different cultures in the Israeli Negev. Journal of Perinatal and Neonatal Nursing, 18, 145-160.
- Gartrad, A.R., Sheikh, A. (2005). Muslim birth customs. Arch. Dis. Child. Fetal Neonatal, 84,

9.1.1 Finding a home in residential care settings for older people

Adeline Cooney, Lecturer, Nursing and Midwifery, School of Nursing and Midwifery, National University of Ireland, Galway, Galway, Ireland

Abstract:

Background:

This paper will introduce the concept of 'home' and explore its significance to residents' quality of life (QoL). Aim The study aimed to understand residents' experiences of residential care and focused on whether they experienced a sense of home and how this impacted on their QoL.

Methods:

This was a grounded theory study. Semi-structured interviews were carried out with 61 residents living in seven residential care facilities. The settings reflect different types of residential settings.

Results:

It was found that residents attempted to create a home in the residential setting. 'Creating a home' was conceptualised as the core category and comprised of four properties: 'continuity', 'belonging', 'preserving personal identity' and 'being active and working'. It was evident that some participants felt at home in the setting while others did not, also that there was a greater chance of residents feeling at home in some settings than in others.

Discussion:

Participants who felt at home reported that they lived life on their terms. The qualities they associated with feeling at home were: continuity, privacy, self-expression, activity, feeling useful and valued. These qualities were enhanced or constrained by the physical environment of the setting. The social environment was also key and feelings of warmth and ease were associated with homeliness. Feeling part of the group promoted a sense of belonging. Staff attitudes and approach to care delivery were powerful determinants of residents' experience. The individual's expectations, past experience and involvement in the move coloured their experience of living there and determined the ease with which they settled.

Conclusion:

The paper will present the theory of 'creating a home in residential settings. Its implications for practice will be explored. This study contributes to a fuller understanding of residents' experiences of residential care.

9.1.2 Rural family carers' experiences of the nursing home placement of an older relative: A grounded theory approach

Assumpta Ryan, Lecturer in Nursing, Nursing, University of Ulster, Coleraine, Northern Ireland, United Kingdom

Abstract:

Background:

Although the literature abounds with studies on the need and experiences of family carers, there is a dearth of published material on caregiving in rural areas.

Aim:

This qualitative study explored rural family carers' experiences of the nursing home placement of an older relative.

Methods:

The study was undertaken in Northern Ireland using a grounded theory approach, consistent with the work of Strauss and Corbin (1998). Purposive sampling was used to initiate data collection and thereafter theoretical sampling was employed. Between 2003 and 2005, semi structured interviews were conducted with 29 relatives of nursing home residents. The resultant data were recorded, transcribed and analysed using constant comparisons.

Results:

Findings suggested that although family carers had a strong commitment to their caring role, a deterioration in their relatives' condition or their own inability to cope, resulted in the nursing home placement. Decisions about entry to care were also influenced by participants' experiences of acute care, degree of support and the nature of the caregiving relationship. The placement impacted on the older person, the family carer and the extended family.

Discussion:

Family carers had a strong sense of familiarity with the nursing homes in their area and this appeared to permeate all aspects of their experience. This familiarity was influenced by the relatively rural communities in which respondents resided and by an efficient 'grapevine', which seemed to thrive in these small communities. This familiarity, in turn, influenced the choice of nursing home, timing of the placement and responses of family carers.

Conclusion:

The theory that emerged suggests that familiarity was the key factor influencing rural family carers' experiences of the nursing home placement of an older relative. The findings indicate that issues such as rurality and familiarity warrant a more detailed exploration in policy development and research on entry to care.

Recommended reading list:

- Strauss, A. and Corbin, J. (1998) Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (2nd Ed.). Thousand Oaks: London

9.1.3 Spiritual care of nursing home residents: an action research project

Natalie Yates-Bolton, Lecturer in Adult Nursing, School of Nursing, University of Salford, Salford, United Kingdom

Abstract:

Spiritual care should be part of an approach to care provision that enhances meaning and purpose in the lives of individuals, this study examines how the spiritual care needs of nursing home residents can be met. The rationale for choosing action research as the research method for the study is described. The congruence between the nature of spirituality and the philosophical underpinnings of action research is outlined; with definitions of both concepts citing empowerment and personal & social change as key features. (Canda and Furman 1999 and Bradbury and Reason 2001). Particular foci of the discussion are; gaining ethical approval for a study where the participants are considered to be vulnerable adults, the issue of being an 'outside researcher' and the perspectives of the older people who are co-researchers in this action research project. This study contributes knowledge to the growing area of health care of older people at a time where the human rights of older people in health care has been found to be in need of reinforcement to ensure dignity and self-respect which are central to the fulfilment of human rights (JCHR 2007). This action research project involves two nursing homes and includes health care assistants and qualified health care professionals as co-researchers, adding knowledge of the care providers educational development needs with regard to the provision of spiritual care, on which action can be taken. The role of power in research and in the relationship between services providers and service users in the context of the care of older people are illustrated using the initial findings from this action research project.

Recommended reading list:

- Bradbury H and Reason P (2001) Action research. An opportunity for revitalising research purposes and practices. Qualitative Social Work 2 (2) 155-175
- Canda E and Furman L (1999) Spiritual diversity in social work practice, The Free Press, New York
- JCHR -Joint Committee on Human Rights (2007) The human rights of older people in healthcare, Eighteenth report of session 2006-07, volume 1- Report and formal minutes, The Stationary Office, London

9.2.1 Be prepared! Student nurses' views on an effective curriculum

Veronica Wilbourn, School of Human and Health Sciences, University of Huddersfield, Huddersfield, United Kingdom Co authors: Janet Hargreaves & Barbara Wood

Abstract:

Background:

Higher Education Institutions prepare nurses for good practice in today's complex clinical environment but there is limited published work describing student nurses' views on how prepared they feel.

Aim:

The aim of the study was to explore the views of student nurses on the effectiveness of their curriculum to prepare them for practice at the point of registration. The study examined specifically what aspects of the curriculum were significant for student nurses in preparation for practice; which methods of assessment they identified as effective in aiding learning, personal growth and preparation to nurse; and what changes in the curriculum they thought would be helpful.

Method:

Four focus groups were held with nursing students in their final placement prior to qualification, one per branch (Mental Health, Adult, Child, Learning Disability) with a range of four to ten participants. The results were treated confidentially, anonymised, transcribed and analysed. Ethical Approval Ethical approval was gained from the Research Ethics Committee and participants gave their written consent.

Results:

Interestingly, whilst the findings supported the very real significance of practice, and of good mentorship, other themes of relevance to curriculum design and delivery emerged. Assessment tasks could act to enhance or diminish their self confidence as could the structure of the curriculum. Participants were insightful and creative in their suggestions for the development of a more inclusive and practice oriented curriculum.

Limitations:

The participants were self-selected and not wholly representative, for example some negativity about the course was related to anxiety about getting jobs.

Conclusion:

The presentation will discuss key messages and recommendations derived from the data. These include providing consistent organisation, improving placement quality, and making assessments relevant. Follow up, post registration interviews are planned with a selection of participants, initial analysis of this further investigation will also be presented.

Recommended reading list:

- Burns I., Paterson I.M. (2005) Clinical practice and placement support: supporting learning in practice. Nurse Education in Practice 5, 3-9
- Lambert V., Glacken M. (2006) Clinical education facilitators' and post-registration paediatric student nurses' perceptions of the role of the clinical education facilitator Nurse Education Today 26, 358-366
- Gopee N. (2004) Effective clinical learning in primary care settings. Nursing Standard. 18, 37, 33-37

9.2.2 The utility of the 'story' in nursing research

Tom Donovan, Director of Studies, School of Health Sciences, University of Liverpool, Liverpool, United Kingdom

Abstract:

Male breast cancer is an extremely rare and potentially fatal condition that usually affects men in their mid 60's. Psychological reactions to female breast cancer are widely reported but research into the psychosocial impact of male breast cancer is very scarce.

Method:

A small (n=5) purposive sample of participants from the United Kingdom participated in in-depth interviews to identify lived experiences of male breast cancer. A further nine participants from the USA, Canada, Australia and Belgium contributed contextual data via e-mail correspondence. Interviews were audio taped and transcribed. Analysis of the data proceeded following van Manen's (1990) method.

Results:

The findings of the research suggested that participants experienced a profound change within their embodied self where the removal of the male breast constituted a significant alteration to body image and sexuality. Consequently, stigmatisation caused some participants to conceal their illness and initiate behavioural changes to maintain secrecy. Participants also managed the impact of the illness by a strategy of distancing which minimised its potential psychological threat. The participants perceived changes in their existential relationship with life and found new meanings for aspects of their lives that they had previously taken for granted. A paradoxical relationship between gender and breast cancer emerged. This paper will present some of the findings above as a contextual frame, but will also critically explore some methodological questions regarding the value and utility of using personal stories as a medium for inquiry into lived experience. Although this approach is often cited as an effective vehicle for capturing phenomenological data, it is also widely used in historical and narrative approaches. This paper questions nursing researchers utilising specific methodological frameworks, but with broadly similar data gathering techniques, offer distinctive perspectives to their participant's experiences.

Recommended reading list:

- Donovan T & Flynn M (2007) What makes a man, a man? The Lived experience of Male Breast Cancer. Cancer Nursing (In Press)
- van Manen M (1997) Researching Lived Experience. Ontario, Althouse Press.
- Todres L (2005) Clarifying the lifeworld. In Holloway I [Ed] (2005) Qualitative Research in Health Care. Maidenhead OUP

9.2.3 Research using unsolicited published and unpublished illness narratives within nursing and healthcare: methodological considerations

Mary O'Brien, Research Fellow, Evidence-based Practice Research Centre, Faculty of Health, Edge Hill University, Liverpool, United Kingdom

Abstract:

Illness narratives are generally regarded as an instrument to document and relay what an illness experience means to the affected person and their family (Kleinmann, 1988). Using narratives to communicate illness experiences empowers individuals; they choose what is important and use their own words to describe their encounters (Muller 1999). Recent times have seen an increase in nursing and health research utilising illness narratives; studying such material is regarded as a legitimate alternative method for capturing the effects of living with illness over a period of time. Illness narratives can be obtained in a variety of ways, through interviews, from autobiographies and from other print media and more recently from personal web pages posted on the internet. Unsolicited first person narratives from the internet can legitimately be used as research data (Robinson 2001). This paper will address the challenges faced by the researcher when pursuing published (print) and unpublished (electronic) illness narratives. It will discuss the search strategy guided by systematic review methodology which set out to gain an appreciation of the amount and type of written material that was available. The steps taken to organise, access and assess huge volumes of potential material in a focused manner, to arrive at a manageable sample of narratives will be addressed. Practical issues when using internet based material will be considered. The use of unsolicited material, especially that which is located on the internet, raises a number of ethical considerations for nurses, relating to the need for informed consent and anonymity, as well as the need for ethical approval, which will be discussed. An algorithm for decision making regarding the need to seek ethical approval under these circumstances has been developed and will be presented.

Recommended reading list:

- Kleinmann, A. (1988) The Illness Narratives: suffering, healing and the human condition. Basic Books Inc, New York
- Muller, J. (1999) Narrative approaches to qualitative research in primary care. In: Crabtree, B., Miller, W. Eds. Doing Qualitative Research. Sage Publications, CA. 221-38
- Robinson, K.M (2001) Unsolicited Narratives from the Internet: A Rich Source of Qualitative Data. Qualitative Health Research, 11 (5) 706-711

9.3.1 The value of relationships to self-efficacy development and parenting programme provision

Karen Whittaker, Senior Lecturer, Department of Nursing, University of Central Lancashire, preston, United Kingdom Co authors: Sarah Cowley

Abstract:

Background:

Connections between parenting, early life and later behaviour have influenced a growth in parenting programmes provided by health and social care services across the developed world.

Aim:

The study aimed to develop an understanding of how parents experience formal parenting support in order to strengthen delivery of such services.

Methods:

The study was designed using the theory driven Pawson and Tilley (1997) realistic evaluation framework. It drew on Bandurian social learning theory to identify within a UK parenting programme evidence of 'what works for whom in what circumstances'. Qualitative data collection methods (in-depth interviewing and participant observation) were used to study 18 purposively selected individual and collective case studies (mothers (n=38), fathers (n=2) and practitioners (n=21)). Data were thematically analysed to identify evidence of the context, mechanism and outcome combinations pertinent to parents' parenting service experiences.

Results:

Parents' service involvement was marked by five separate phases and central to these were the interpersonal relationships operating in both formal and informal situations. Through these relationships parents were exposed to different sources of self-efficacy, which influenced their service experiences.

Discussion:

The realistic evaluation evidence revealed how interpersonal relationships were key factors in determining whether parents accessed and/or used formal parenting support. This evidence is used to challenge and suggest a modification to Bandura's (1997) existing schema depicting the principle determinants of causation that explain human learning and a development of personal self-efficacy.

Conclusions:

To maximise potential benefits from parenting programmes health visitors (public health nurses) can orchestrate parental exposure to sources of self-efficacy. However, they need to take account of the wider context of community and family life, and invest in the relationships they have with parents.

Recommended reading list:

- Bandura A (1997) Self-Efficacy: The Exercise of Control. New York: W.H. Freeman and Company
- Pawson R, Tilley N (1997) Realistic Evaluation. London: Sage

9.3.2 Practitioner assessments of 'good enough' parenting: Factorial survey

Julie Taylor, Professor of Family Health, School of Nursing and Midwifery, University of Dundee, Scotland, United Kingdom Co authors: Maxine Moy, William Lauder, Joanne Corlett & Irene McTaggart

Abstract:

Aims:

The aim of this study was to measure health visitors' professional judgments on 'good enough' parenting and identify what factors and combinations of these are important when making such judgments and decisions.

Methods:

Vignettes were constructed using previous research on those variables which may influence nurses' judgments, for example family dietary habits, parental discipline, and child dentition. The level of the factors was randomly varied. 2000 vignettes were administered to a sample of 200 health visitors in two Health Boards who then made a judgment about this scenario.

Analysis:

The primary independent variable was judgment on 'good enough' parenting. The data were analysed through multiple regression and one-way analysis of variance. Regression equations on any main and indirect effects were reported.

Results:

The models used are significant predictors of parenting and mothering. Significant predictors are based on health visitor judgments around behavioural boundaries and health behaviours. Although parenting and mothering are often conflated, health visitors appear to separate these aspects when making judgments based on type of housing. Health visitors seem to make judgments about 'good enough' parenting on a simple hierarchy of factors.

Conclusions:

It is difficult to ascertain when parenting is 'good enough' to provide a child with a safe and nurturing psychosocial, environmental and physical milieu. If, as the research suggests, practitioners move their thresholds depending on the circumstances in which the parents live, or according to their own beliefs or experiences, then there is potential for children to fall through a gap in the child health service.

Recommended reading list:

- Sibert J.R., Maguire S.A. & Kemp A.M. (2007): How good is the evidence available in child protection? Archives of Disease in Childhood 92, 107-108
- Shlay A.B., Tran H., Weinrub M. & Harmon M. (2005): Teasing apart the child care conundrum: A factorial survey analysis of perceptions of child care quality, fair marker price and willingness to pay by low-income, African American parents. Early Childhood Research Quarterly 20, 393-416
- Taylor J., Spencer N. & Baldwin N. (2000): Social, economic and political context of parenting. Archives of Disease in Childhood 82, 113-120

9.3.3 A critique of interviewing parents together when exploring their experiences of making decision about illness symptoms in their child

Joanna Smith, Lecturer in Children's Nursing and part-time PhD student, University of Leeds, School of Healthcare, University of Leeds, Leeds, United Kingdom

Abstract:

Background

Interviewing is the most common data collection method in qualitative studies and typically conducted face-to-face with an individual participant (Fontana and Frey 2000). This may not be appropriate when seeking to understand family experiences. The type of research question should guide the researcher in relation to interviewing family members jointly or separately (Hertz 1995). There is a lack of literature or guidance relating to interviewing families together (Hertz 1995).

Aim:

To understand the decision-making processes of parents when seeking help for their child with a long-term condition; shunted hydrocephalus.

Methods:

- Cross-sectional interview based study employing qualitative methods
- Purposive sampling strategy ensured a range of experiences were represented
- Semi-structured interviews were conducted with 15 mothers and 10 fathers
- Data analysis was underpinned by the framework approach. NVivo was used to assist with data management.

Findings:

Parents within the same family described different approaches to managing their child's condition. However, parents appeared to be able to differentiate between symptoms of other childhood illnesses and those that may indicate a shunt problem. Parents' decision making linked the 3 overarching concepts that emerged from the study: becoming an expert, uncertainty and striving for normality.

Discussion:

Joint interviewing is a way of gaining insight about the decision making processes of couples through observing interactions between them during the interview (Racher 2003). Challenges relate to data management and analysis for example whether to analyse the data as one joint interview or two separate interviews. This was resolved by coding interview transcripts separately to aid retrieval in Nvivo but considering as a whole when interpreting the themes and sub-themes, their development and associations.

Conclusion:

By interviewing both parents together the types of decisions and negotiations relating to the meaning of illness symptoms in their child were evident.

Recommended reading list:

- Fontana A, Frey JH (2000) From Structured questions to negotiated text. In Denzin Nk, Lincoln Y ed. Handbook of qualitative research. 2nd edition, Sage USA
- Hertz R (1995) Separate but simultaneous interviewing of husbands and wives: making sense of their stories. Qualitative Inquiry 1 (4): 429 -451

- Racher FE (2003) Using conjoint interviews to research the lived experience of elderly rural couples. Nurse Researcher 10 (3): 60-72

9.4.1 Analysing community nursing case notes for evidence of support for patient self care

Colin Macduff, Lecturer, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, Scotland, United Kingdom Co authors: Judith Sinclair

Abstract:

During the past five years the promotion of self care as a means for improving health has gained considerable momentum in health care policy within many developed countries. This approach has been particularly advocated in the UK for patients with long term conditions (DOH 2005). Recently within Scotland, supporting self care has been identified as one of the seven core elements of a redesigned community nursing model. Nevertheless, little appears to be known about the support for self care that community nurses currently provide for patients with long term conditions in Scotland. As part of an ongoing study of current practice, 47 sets of community nursing case notes were analysed in order to clarify the nature and extent of evidence of support for patient self care. These notes were purposively drawn from three sites where different nursing models were in use (a Roper, Logan and Tierney adaptation; an Orem self care adaptation; and a Family Health Nursing adaptation) and pertained to one or more of six different long term conditions. This paper will report the process and outcomes of this analysis, with a view to providing insights into practice and into the methodological challenges involved in such research. A data collection form was developed for abstracting evidence in relation to the four stages of the nursing process, and the five stages of Glasgow et al's self management model. The most striking and pervasive finding from the analysis was the considerable variability in regard to written evidence of support for self care. This variability was seen to occur both across and within sites where different nursing models were in use, and across different long term conditions. Nevertheless, a number of distinct sub-themes emerged which suggest directions for practice development and further research. These will be presented for discussion and debate.

Recommended reading list:

- Department of Health (2005) Supporting people with long term conditions. London: DOH
- Millard, L et al (2006) Nurse-patient interaction and decision-making in care: patient involvement in community nursing. Journal of Advanced Nursing 55 (2), 142-150
- Friberg, F et al (2006) In search of details of patient teaching in nursing documentation – an analysis of patient records in a medical ward in Sweden

9.4.2 Factors that contribute to healthcare workers non-compliance with hand hygiene guidelines: A multicenter observational study in Ireland

Sile Creedon, College Lecturer, School of Nursing and Midwifery, University College Cork, Cork, Ireland Co authors: Mai Mannix

Abstract:

The primary purpose of this research was to investigate healthcare workers compliance with hand hygiene guidelines in four acute care settings (Centers 1 to 4) and contributory factors to non-compliance. Data (n=1737 observations) were drawn from a random sample of nurses, doctors, physiotherapists and care assistants (n=208 observational subjects). Descriptive analysis revealed compliance rates of 51% upwards for specific guidelines. In order to investigate contributory factors to non-compliance (independent variable) discipline, area (ward type), gender and center were used as dependant variables. A previously validated observational schedule (Creedon, 2005) was used. Inter-rater reliability (two observers) was established at 0.88. Univariate logistic regression analysis revealed trends previously confirmed. Gender, discipline and area had a statistically significant (all $p < .05$) impact on healthcare workers non-compliance. A key finding using multivariate logistic regression analysis revealed that Center 4 had a significantly higher likelihood of non-compliance than all other centers (p=0.003). Therefore, it appears that the single most important contributory factor towards healthcare workers non-compliance with hand hygiene guidelines was the center they worked in. Findings from this study make an important contribution to the body of knowledge underpinning healthcare workers hand hygiene behaviour. The single most important contributory factor towards healthcare workers non-compliance with hand hygiene guidelines was the center they worked in. A possible explanation may be related to organizational behaviour and hospital culture as each center was equitably funded (public) and staffed. No literature exists on the association between organizational behaviour and hospital culture in relation to healthcare workers hand hygiene practices.. In light of findings from this study, healthcare workers perceptions of organizational behaviour and culture should be considered when investigating non-compliance with hand hygiene guidelines and subsequent design of interventional programs.

Reference:

- Creedon, S. (2005). Healthcare workers compliance with hand hygiene guidelines. Journal of Advanced Nursing. 51 (3), 208-216

Recommended reading list:

- Creedon, S. (2007)
- Mannix, M (2007)

9.4.3 The influence of health care professionals' pain experience on patients' pain management

Dimitrios Theofanidis, Staff Nurse, Nursing, TAP-OTE, Thessaloniki, Greece Co authors: Xenofon Fitsioris & Ourania Paediaditaki

Abstract:

Background:

This study was designed to gain insight into the way the personal experience of pain affects the attitude of Health Care Professionals (HCPs) towards the management of pain. The research was undertaken between May and September 2004. It was conducted in a Greek general hospital.

Aims:

To explore the influences of the HCPs' personal experiences of pain upon their professional attitudes towards their patients. This pilot study also attempted to examine potential positive attributes between nurses' personal pain history and the way this affected the management of patients' pain during their routine work.

Methods:

Qualitative methods of enquiry were employed and a phenomenological approach was adopted, based on un-structured interviews. Five HCPs who had had personal experience of pain during hospitalization participated in this study. Data collection took place, in the individuals' natural setting i.e. in the hospital where they worked.

Results:

The content of the interviews were coded into appropriate categories. Four major themes emerged: changing role from being a HCP to being a patient in pain; the HCPs' views of their own pain; the influence that personal experience of pain has on HCPs' relationships with patients; suggestions from the HCPs for improving their pain management skills.

Discussion:

The staff showed insufficient knowledge of pain management. There was agreement that personal experience of pain was a chance for self-criticism. After this experience they were more aware of problems of pain management and the patients' needs while they were experiencing pain.

Conclusions:

Personal experience of pain can make a HCP more astuteley aware of the patients' pain and their needs in relation to that pain. It also gave the HCPs a chance to be self-critical of their own personal standards as HCPs and to adopt new ways of delivering pain relief once they returned to the work force.

Recommended reading list:

- Ryoo E., Park K. (2002) Study of suffering inference by nurses' pain experience. J Korean Acad Adult Nursing, 14(2):174-183
- Hansen, T., Hatling, T., Lidal, E., Ruud, T. (2002). 'Discrepancies between patients and professionals in the assessment of patients need : a quantitative study of Norwegian mental health care'. Journal of Advanced Nursing. 39, (6), p.554-562
- Patiraki-Kourbani E. et al. (2004) Personal and professional pain experiences and pain management knowledge among Greek nurses. Int J Nurs Stud. 41(4):345-355

9.5.1 The voice of community nursing in Scotland - Responses to the review of nursing in the community in Scotland

Julia Quickfall, Nurse Director, Head Office, Queen's Nursing Institute Scotland, Edinburgh, United Kingdom

Abstract:

Following the report, 'Building a Health Service Fit for the Future' (Scottish Executive 2005), a Review of Nursing in the Community was commissioned to consider how community nursing services should be redesigned. Building on the notion of a generic community nursing role, the Review (Scottish Executive, 2006) recommended the introduction of a new discipline of Community Health Nurse (CHN), which will combine the roles of district nursing, health visiting and school nursing. The rationale for this change was the need to address the increasing workload of a diminishing community nursing workforce to provide services for older people suffering an increased incidence of long term conditions and more complex health care needs. People living in the community considered that they preferred a single point of access to community nursing (Scottish Executive, 2006). This presentation will report on an initial series of focus groups carried out in early 2007 to find out the views of educationalists, line managers specialist practitioners (including health visitors and district nurses) and community staff nurses (QNIS 2007), to ascertain their views on the introduction of this new role. Subsequently, further focus groups were held in 2007 with school nurses, family health nurses and practice nurses, as well as with General Practitioners. The participants of the focus groups were drawn from Health Boards throughout Scotland and were representative of their particular discipline. The findings show that the participants were negative concerning the introduction of the CHN role; albeit that they were in agreement with need for change, there were concerns about the breadth of the CHN role, as well as the issues of protection of vulnerable children and adults. The findings have been used to inform the Scottish Executive CHN Implementation Board and the development sites taking forward the CHN initiative.

Recommended reading list:

- Scottish Executive (2006) Visible, accessible and integrated care. Report of the review of nursing in the community in Scotland. Edinburgh: The Stationery Office
- Queen's Nursing Institute Scotland (QNIS) (2007) Responses to 'Visible, accessible and integrated care' - the practitioner's voice. Edinburgh: QNIS
- Scottish Executive (2005) Building a health service fit for the future. Edinburgh: The Stationery Office

9.5.2 Health visitors' workload priorities and postpartum care decisions

Janice Christie, Teaching fellow, School of Nursing and Midwifery, Queen's University, Belfast, Northern Ireland, United Kingdom Co authors: Brenda Poulton & Brendan Bunting

Abstract:

Systematic reviews have produced evidence that antenatal and postpartum home visitation by public health nurses can benefit families (Bull et al., 2004). Traditionally, health visitors and midwives within the UK have offered care to all families with young children. The latest Health for all Children report (Hall & Elliman, 2003) advocated family care based on professional judgement of 'higher risk/need'. Little is known, however, about the basis of health visitors' professional judgements. The aim of this study is to assess health visitors' care priorities and basis of postpartum care decisions. This quantitative research collected survey data from health visitors working in one Health and Social Services Board in Northern Ireland during 2002. All 108 health visitors were invited to take part and 99 returned structured postal questionnaires. Survey questions concerned work priorities and postpartum care, based on a mid-range theory of postpartum care decisions developed during an earlier qualitative study. Data was analysed using descriptive, parametric and non parametric statistics using SPSS version 11. Health visitors gave child protection work highest (mean 9.9), and antenatal care lowest workload rating (mean 2.5). The professionals visited low-risk families on average 4.7 and higher-risk 5.8 times to 8 weeks postpartum. Paired t-test comparison of the mean frequency of postpartum home visitation found higher 'preferred' than 'actual' visitation patterns for low-risk families (except bottle feeding mothers with more than one child, 1.412, p=0.161). Health visitors were found to decide fortnightly or weekly home visits to low-risk families according to personal value placed on specific aspects of health visitor care. The study provides evidence for a proposed mid-range theory of postpartum care decisions and highlights variations within the health visiting workforce regarding workload and care priorities. These variations have the potential to affect service content and outcomes.

Recommended reading list:

- Bull, J., McCormick, G., Swann, C., & Mulvihill, C. (2004). Ante- and post-natal home-visiting programmes: a review of reviews: Health Development Agency
- Hall, D. M. B., & Elliman, D. (2003). Health for all children (4th edition ed.). Oxford: Oxford University Press

9.5.3 An exploration of aspects of territoriality in two groups of specialist nurses caring for patients in the community

Lesley Whyte, Lecturer, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, United Kingdom

Abstract:

This study was undertaken to explore the independent and combined contributions of district nurses (DNs) and clinical nurse specialists (CNSs) to patients living in the community. The concept of human territoriality (Taylor 1988) was used as a framework to understand the relationship between these groups. A review of literature confirmed the extent to which nursing and health care are in a state of constant change. The shift in balance of care from secondary to primary care settings has resulted in the development of different networks of care. Traditional professional boundaries are being challenged by health policy directed at role expansion and new role development. The study used a modified ethnographic approach. Information was elicited from DN and CNS key informants by documentary accounts of practice (n=10) and in-depth interviews (n=12). Interviews were conducted during 2003 and 2004. Thematic analysis of the data, using Roper and Shapira's (2000) framework, illuminated that a range of external factors resulted in both expansion and contraction of the professional territories of these nurses. The DN was seen principally as a care-giver, whilst the CNS had a focus on promoting self-care with patients. In relation to these activities, the nurses used a combination of clinical and contextual (patient focused) knowledge. Both groups expressed a high level of emotional attachment to their patients. Tensions sometimes arose due to differing expectations about each other's contribution to patient care. In some situations, professional self-interest resulted in protection of their territories in a way that could impact negatively on patient care. The negotiation of mutual boundaries of practice was a key strategy in reducing the potential for territorial behaviour. The findings from this study are relevant to health policy directed at the blurring of professional boundaries and the development of more integrated working practices.

Recommended reading list:

- Roper, J. M. and Shapira, J. (2000) Ethnography in Nursing Research. Thousand Oaks: Sage Publications
- Taylor, R. B. (1988) Human Territorial Functioning. Cambridge: Cambridge University Press

9.6.1 Nurse Independent Prescribing and Nurse Supplementary Prescribing Practice: Findings from a National Questionnaire Survey

Nicola Carey, Senior Research Fellow, School of Health and Social care, University of Reading, Reading, United Kingdom Co authors: M Courtenay

Abstract:

Background:

Evidence examining the frequency of prescribing by nurses is conflicting, and it is evident that several factors hamper prescribing practice (Luker & McHugh 2002) . As of May 2006, legislative changes provided appropriately qualified nurses with virtually the same independent prescribing right as doctors. However, there is no evidence available with regards to the prescribing practices of these nurses.

Aim:

To provide an overview of Nurse Independent Prescribing and Nurse Supplementary Prescribing across the UK.

Method:

A random sample of 1992 qualified Nurse Independent/Nurse Supplementary Prescribers registered with the Nursing and Midwifery Council were sent a postal questionnaire. One thousand four hundred (70%) questionnaires were returned, of which 1377 were completed.

Results:

Eight hundred and ninety one (65%) respondents worked in primary care, and 333 (24.3%) worked in secondary care. Most respondents were a Grade H (Band 7). Three quarters of the sample had more than 5 years clinical experience in the area in which they prescribed prior to entering the prescribing programme. One thousand one hundred and seven (87%) participants used Nurse Independent Prescribing and 568 (44.6%) used Nurse Supplementary Prescribing. Restriction of local arrangements, implementation of the Clinical Management Plan, and access to doctors hampered or prevented prescribing.

Discussion:

In contrast to low prescribing rates previously reported Larsen (2004), respondents indicated they independently prescribed a mean number of 17.5 items per week. Additionally, compared to Courtenay et al. (2006) it is evident that nurses are increasingly using supplementary prescribing.

Conclusion:

Nurses in the UK working in a variety of roles, across both primary and secondary care, use independent and supplementary prescribing. The adoption of prescribing by nurses has therefore increased patient choice with regards to access to medicines. A number of factors exist which hamper or prevent prescribing that require further exploration.

Recommended reading list:

- Courtenay, M., Carey, N.,Burke, J. (2006) Independent Extended and Supplementary Nurse Prescribing Practice in the UK: A National Questionnaire Survey, International Journal of Nursing Studies, available online June 5
- Larsen, D. (2004) Issues affecting the growth of independent prescribing, Nursing Standard, 19, (2), 33-39

- Luker, K.,McHugh, G. A. (2002) Nurse prescribing from the community nurse's perspective, International Journal of Pharmacy Practice, (December), 273-280

9.6.2 The impact of nurse supplementary prescribing on safety and mental health service users' health outcomes: an experimental study

Ian Norman, Professor of Nursing & Interdisciplinary Care, Florence Nightingale School of Nursing and Midwifery, King's College London, London, United Kingdom Co authors: Samantha Coster

Abstract:

Background:

The introduction of non-medical prescribing into the British NHS (1) raises unanswered questions about the safety of nurses compared with doctors and the benefits for patients (2, 3). This paper addresses these concerns with reference to findings from a DH commissioned evaluation of the impact of mental health nurse supplementary prescribing (MHNSP).

Aim:

To compare MHNSP with established medical prescribing on service users' safety and health outcomes.

Design & methods:

Using an equivalent post-test control group experimental design, this study compared the health and social care outcomes of 45 randomly selected service users whose medication was managed through MHNSP for at least six months with a matched sample of service users whose medication was managed by doctors. Users' medical records were also audited against relevant National Institute of Clinical Excellence guidelines to determine the appropriateness and safety of prescribing by both nurses and doctors. Structured interviews were utilised to collect data on users' treatment satisfaction, side effects, knowledge of and adherence to medication and health status. Data was collected between August 2006 and February 2007.

Results:

No significant differences were found between services users receiving MHNSP or medical prescribing on measures of: health status, social functioning, treatment satisfaction, reported adherence to medication or satisfaction with medication information. The record audit found no significant difference in the safety of MHNSP and independent medical prescribing, but highlighted issues of poor documentation from both nurses and doctors.

Discussion:

The effects of transferring over to MHNSP for service users' appear negligible and where the therapeutic relationship with the nurse is already good, may increase satisfaction with care. The researchers discuss the implications of these findings and make recommendations for improving the quality of documentation to inform safe prescribing.

Recommended reading list:

- Department of Health. (2000) The NHS Plan - A plan for investment, A plan for reform. London: HMSO
- Gournay K. & Grey R. (2001) Should mental health nurses prescribe? Maudsley Discussion Paper 11: Institute of Psychiatry, London
- Hemingway S. (2003) Nurse prescribing for mental nurses: scripting the issues. Journal of Psychiatric and Mental Health Nursing, 10: 239-245

9.6.3 An evaluation of the new role of nurse prescriber within an acute care NHS Trust

Kathryn Jones, Deputy Director of Nursing/ Director of Clinical Studies, Nursing Directorate, St Marys NHS Trust, London, United Kingdom

Abstract:

Background:

As little is known about nurse prescribing within acute care, one acute hospital Trust was used as a case study to evaluate the implementation of nine new nurse prescriber roles.

Aims:

To identify the background and intended purpose of nurse prescribing roles; to explore the experiences of prescribers and teams; to test the null hypotheses that there were no differences in the roles of medical and nurse prescribers.

Methods:

Single-case embedded design (Yin 2003), three clinical services as units of analysis. Semi-structured staff interviews (n=18), non-participant observation of patient-prescriber consultations (n=52), patient survey (n=122) using validated rating scales. Qualitative analysis (Ritchie and Spencer 1994), differential and inferential statistics.

Results:

Nurse prescribing found to be for patient benefit through service delivery improvements and using staff skills differently. Nurses and colleagues positive about the new roles and service changes and their impact on patient care. No differences were found between the ways in which doctors and nurses performed prescribing roles, but there was a statistically significant difference between the satisfaction ratings of patients who had seen a nurse as compared to those seen by a doctor.

Discussion:

Nurse prescribing was successful because a shared vision directed the operational infrastructures needed for the implementation of the new roles. Also, the 'fit' of the roles into existing team structures helped to embed nurse prescribing. But, overall the nurses were crucial to the success of the implementation through their enthusiasm, drive and desire to succeed.

Conclusion:

Replication studies within other acute hospital settings are now recommended to extend understanding of the influences on the implementation of new roles and to enable comparisons to be made with the more established body of knowledge relating to nurse prescribing in primary care.

Recommended reading list:

- Ritchie J and Spencer L (1994) Qualitative data analysis for applied policy research. In Bryman A and Burgess R (Eds) Analyzing qualitative data. London: Routledge pp173-194
- Yin RK (2003) Case study research design and methods. 3rd edition. (Applied social research methods series volume 5). California USA: Sage Publications Inc

9.7.1 Examining the contributory factors in drug errors and their reporting to introduce a new drug error reporting scheme

Gerry Armitage, Senior Research Fellow, Quality & Safety Research Office, Bradford Institute for Health Research, Bradford, United Kingdom

Abstract:

Background:

Drug errors account for 10-20% of all adverse events (DoH, 2004). The response has ultimately raised the profile of incident (or error) reporting although reporting is not without its imperfections (Armitage & Chapman 2007).

Aim:

To examine the contributory factors in drug errors and their reporting to introduce a new reporting scheme in a British acute hospitals trust.

Methods:

A retrospective, random sample of 991 definitive drug error reports from 1999-2003 were subjected to a quantitative and qualitative analysis, followed by 40 qualitative interviews with a volunteer, multi-disciplinary sample of health professionals. The combined data were used to introduce a new reporting scheme which was piloted in the host trust for 3 months in Summer 2006.

Results:

The randomly selected reports differed in quality, 25% lacking contributory factors. There was sometimes a sole focus on individuals culminating in blame without obvious justification. Doctors submitted far less reports than nurses. Interruptions, high workload and the chaos of practice were predominant contributory factors in interviews. The predominant organisational orientation to error was perceived as individual rather than systems-based. Reporting was portrayed as a thankless treadmill. The new (pilot) scheme employed structured cues and guided free text. Existing reporting rates were maintained, with an increase in some units. Drug error types were recorded in each report and contributory factors in all but one. There was no qualitative evidence of individual blame.

Discussion & conclusion:

Reporting schemes can increase learning and decrease inherited blame if carefully structured and managed. Reporting can be a dynamic part of risk management, indicative of a learning culture which regardless of discipline raises error analysis at the point of reporting. Action taken should be an active, discerning response to human performance in the context of local conditions, and organisational priorities.

Recommended reading list:

- Armitage G. Chapman EJ. (2007). Incident reporting is not an effective tool (as it exists) in improving patient safety. Journal of Integrated Care Pathways 9 1-6
- Armitage G. Newell RJ. Wright J. (2007). "Drug errors and their reporting in a British acute hospital trust. Clinical Governance 12 (2)
- Department of Health (2004). Building a Safer NHS for Patients: Improving medication safety. HMSO: London

9.7.2 Double checking medicines: defence against error or contributory factor?

Gerry Armitage, Senior Research Fellow, Quality & Safety Research Office, Bradford Institute for Health Research, Bradford, United Kingdom

Abstract:

Background:

The double checking of medicines in healthcare is a contestable procedure. It occupies an obvious position in healthcare practice and is understood to be an effective defence against medication error but the process is variable and the outcomes have not been exposed to testing. Using data from part of a larger study on the contributory factors in medication errors and their reporting, as well as the related psycho-social literature, double checking is re-appraised.

Aim:

To critically appraise the double checking process as a defence against drug error, and propose a systematic approach to improve communication between both parties.

Method:

Previous research studies are reviewed. Data are analysed from a review of 991 drug error reports; and a subsequent series of 40 in-depth interviews with volunteer health professionals in an acute hospital in Northern England in Summer 2005. The interview schedule was informed by the preceding report analysis, and the data analysis informed by Spencer et al (2003) to ultimately form coded categories.

Results:

The incident reports showed that errors occurred despite double checking but that action taken did not appear to investigate the checking process. Most interview participants (34) talked extensively about double checking but believed the process to be inconsistent, four key categories were apparent: deference to authority, reduction of responsibility, automatic processing, and lack of time. Participants also offered solutions to the problems which are discussed with several recommendations.

Discussion & conclusion:

Double checking medicines should be a selective, systematic procedure informed by key principles and encompassing certain behaviours (Armitage 2007). Psychological research may be instructive in reducing checking errors, and crew resource management, as practiced by the aviation industry, could increase error wisdom.

Recommended reading list:

- Armitage G. (2007) Double checking medicines: defence against error or contributory factor? Journal of Evaluation in Clinical Practice. On line Early Paper at http://www.blackwell-synergy.com/toc/jep/0/0
- Reason JT. (2004) Beyond the organisational accident: the need for 'error wisdom' on the front line'. Quality and Safety in Health Care 13 (Suppl II ii28-33)
- Spencer L, Ritchie J, O'Conner W. (2003) Analysis: practices, principles and processes. In Ritchie J. Lewis J. Qualitative Research Practice. Sage: London

9.7.3 Suitable patient compartment design of road ambulances

Kerstin Petzäll, Senior Lecturer, Department of Nursing, Department of Nursing, Faculty of Social and Life Sciences, Karlstad University, Karlstad, Sweden Co authors: Ingela Eriksson, Christina Werner & Gun Nordström

Abstract:

Background:

Transportation with road ambulances is increasing depending on a concentration of hospitals to larger units, with different medical specialities, with the highest medical and care quality. The concentration implies planned transportation between hospitals and also longer acute emergency transportation to hospitals. This, in turn makes higher demands on the design of the patient compartment to allow the personnel to work effectively and with a high quality when performing caring tasks. In addition, traffic safety and comfort for both the patient and the personnel must be taken into account.

Aim:

The aim was to determine the ambulance personnel's experiences, opinions and requirements regarding the patient compartment to enable good quality care during transportation and with high traffic safety.

Method:

The study had a qualitative design and data was collected, in spring 2007, by interviews of 18 registered nurses and 6 paramedics from six ambulance stations, in the middle part of Sweden. An interview guide was designed for the study. A content analysis of the data was performed.

Results & discussion:

The personnel expressed a wish to have a larger patient compartment with medical and caring devices placed within easy reach when seated. They felt hindered to perform caring tasks and to reach necessary medical equipment while wearing the safety belt and were often unrestrained during emergency transportation. The personnel expressed that unfixed equipment as needles and heavy devices could hurt themselves, in case of heavy breaking or accident. They also sometimes experienced anxiety when some colleagues were driving the ambulance in emergency situations. The study gives important knowledge to improve care quality and safety during transportation as this is a weak link in the chain of caring events.

Conclusion:

The design of the patient compartment should be improved to allow the personnel to work efficiently and safely during transportation.

Recommended reading list:

- Becker L.R., Zaloshnja E., Levick N., Li G., Miller T.R. Relative risk of injury and death in ambulances and other emergency vehicles. Accident Analysis and Prevention, 2003; 35: 941-948
- Ferreira J., Hignett S. Reviewing ambulance design for clinical efficiency and paramedic safety. Applied Ergonomics, 2005; 36: 95-105
- Granheim U.H., Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today, 2004; 24(2): 105-112

SYMPOSIA

Symposium 1 An exploration of stakeholder views of nurse prescribing

Symposium lead: Molly Courtenay, Professor of Prescribing and Medicines Management, School of Health and Social Care, University of Reading, Reading, United Kingdom

Symposium chair: Dr Richard Whittingdon, Reader in Health Sciencies, Health and Community Care Research Unit (HaCCRU) School of Health Sciences, University of Liverpool, Liverpool, UK

Symposia focus:

Developing and enhancing the roles of healthcare professionals is key to modernising the National Health Service (Department of Health (DoH) 1999, DoH 2000). Nurse prescribing is central to this modernisation. Since the introduction of independent prescribing training in 2002 and supplementary training in 2003, over 10,000 nurses have become qualified as Nurse Independent Prescribers/Nurse Supplementary Prescribers. The independent prescribing powers of nurses will extend further later this year following decisions made on the proposals set out by the Home Office(HO) (HO 2007) with regards to the extension of controlled drug prescribing.

This symposium, Chaired by Dr Richard Whittingdon, comprises of 5 papers:

- The benefits of nurse prescribing to service users (Dr Richard Whittingdon)
- The benefits and challenges of mental health nurse prescribing (Eleanor Bradley)
- A study to explore the treatment management of patients with dermatological conditions by nurse independent/nurse supplementary prescribers (Professor Molly Courtenay)
- An exploration of the views of doctors and clinical leads of nurse prescribing in the care of children and young people (Nicola Carey)
- The benefits of nurse prescribing according to nurses prescribing for patients in pain (Karen Stenner)

Papers encompass the views of nurse prescribers, doctors, managers, and patients about the prescription of medicines by nurses. Findings are presented from both primary and secondary care, adult nursing (including the therapeutic areas of dermatology and pain), children and young people, and mental health.

Reference:

- DoH (1999). Making a Difference. Strengthening the Nursing, Midwifery and Health Visiting Contribution to Healthcare. London: DoH
- DoH (2000). The NHS Plan. A Plan for Investment. A Plan for Reform. London
- DoH. Home Office (2007) Public Consultation – Independent Prescribing of Controlled Drugs by Nurse and Pharmacist Independent Prescribers. London: Home Office – extension of CDs ref

Abstract 1: The benefits of nurse prescribing to service users

Dr Richard Whittingdon, Reader in Health Sciencies, Health and Community Care Research Unit (HaCCRU) School of Health Sciences, University of Liverpool, Liverpool, UK

Background:

Service users have traditionally appreciated the extra time they have to spend with nurses (Venning et al 2000) however as consultation times decrease, it remains to be seen how this will impact on service user satisfaction (Williams & Jones 2006), communication and the role of the nurse prescriber in promoting health.

Aim:

To outline some benefits of non-medical prescribing from the perspectives of service users Method Interviews with 11 service users to discuss their experiences of having medication prescribed by a supplementary nurse prescriber. Participants were randomly sampled from a list of service users provided to the research team by nurse prescribers. Nurses asked to provide the list were all participating in a larger study to evaluate nurse prescribing.

Results:

The importance of the first consultation and the way that choices are offered and made were highlighted. Those identified as good prescribers have time, encourage questions, give advice and education, and support people in making their own decisions about their treatment. Mental health clients are particularly vulnerable when it comes to making decisions about their health and hence it is important to know what they find most helpful.

Discussion:

Service users elicit a number of advantages from being prescribed medication by a nurse prescriber, in particular the time to describe the consequences of taking medication, the integration of medication with other types of intervention and any concerns about medicine-taking. The potential for nurse prescribing to be utilised to encourage self-management and self-monitoring warrants further consideration.

Conclusion:

There are certain factors that contribute to a prescribing relationship being beneficial to both client and prescriber. Choices are presented in a myriad of ways, but nurse prescribers are in a position to spend time discussing options with service users in way that is meaningful and could enhance concordance and satisfaction with care.

References:

- Venning P, Durie A, Roland M, Roberts C, Leese B (2000). Randomised controlled trial comparing cost-effectiveness of general practitioners and nurse practitioners in primary care. BMJ. 320: 1048-1053
- Williams A & Jones M (2006). Patients' assessments of consulting a nurse practitioner: the time factor Journal of Advanced Nursing 53(2): 188-195

Abstract 2: The benefits of nurse prescribing according to nurses prescribing for patients in pain

Karen Stenner, Research Fellow, University of Reading Molly Courtenay, Professor Medicines Management, University of Reading

Background:

Nurse prescribing is a recent addition to the role of the nurse. However, there is little evidence of its impact according to nurses working in specialist areas such as acute and chronic pain. This is important as there is a continual need for research to inform and shape this role as it expands to different areas of nursing practice./p>

Aim:

To explore the views of nurses working with patients in acute and chronic pain, on the adoption of the role of prescribing on their practice.

Method:

A qualitative study involving semi-structured interviews with a purposive sample of 26 specialist pain nurses. Data was collected between November 2006 and April 2007. A thematic analysis was conducted on the interview data.

Results:

Reported benefits included: faster access to treatment, improved quality of care, more appropriate prescribing of medication, improved safety, improved relations and communication with patients, greater efficiency and cost effectiveness. Nurses themselves benefited from increased job satisfaction, credibility with patients and health professionals and also gained knowledge through prescribing.

Discussion:

The benefits of nurse prescribing for patients in pain are comparable to the benefits reported by nurses in other therapeutic areas. However, our findings provide deeper insight into the mechanisms by which some of these benefits arise, and also highlight slight differences in the views of pain nurses compared to the views of nurse prescribers working in other practice areas. Mechanisms include gaining autonomy over prescribing decisions, having expertise and skill in using controlled drugs, and nurses' ability to combine prescribing with existing nursing skills such as advanced consultation skills.

Conclusions:

The benefits of nurse prescribing in pain are in line with those predicted (DoH 1999, DoH 2006). The mechanisms underpinning these benefits warrant examination in other therapeutic areas.

References:

- DoH (1999). Review of Prescribing, Supply and Administration of Medicines (Crown report). London
- DoH (2006). Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England. London

Abstract 3: The benefits and challenges of mental health nurse prescribing

Eleanor Bradley, Reader, Health and Social Care, Staffordshire University

Introduction:

Nurses working in mental healthcare should contribute to prescribing due to their ability to form therapeutic relationships with service users (Hemmingway & Flowers 2000). Nurse prescribing should enable these nurses to provide person-centred care whilst strengthening their therapeutic skills (Nolan & Badger 2002). Although nurse prescribing benefits nurses and service users (Latter et al 2005), few studies have focused on mental health nurses.

Aim:

To outline the benefits and challenges faced by mental health nurse prescribers

Method:

Sixty four mental health nurse prescribers were contacted as part of a project to evaluate nurse prescribing. All nurses registered on the prescribing course at 5 universities were asked to participate between 2003 – 2006. A further 15 mental health nurse prescribers identified as either 'prescribing' or 'non-prescribing' nurses were identified by a prescribing lead in a local Trust and invited to participate a focus group study to audit the progress of prescribing.

Results:

Barriers to mental health nurse prescribing included organizational systems, communication difficulties across primary and secondary care, the movement of qualified prescribers to non-prescribing roles and difficulty implementing the clinical management plans. Facilitative factors included supportive teams that understood non-medical prescribing, good relationships with mentors and a clear prescribing role within the team.

Discussion:

Findings highlight the importance of providing prescribers with ongoing support. Teams must to be prepared, with information about the remit of the role and discussion about re-negotiating roles. Nurse prescribers working across primary and secondary care face particular challenges and could benefit from setting clear boundaries for prescribing practice.

Conclusions:

Prescribers must feel supported by their teams to implement their prescribing qualification. Personal formularies could set the remit for prescribing practice with colleagues and service users. The clinical management plan, although perceived as time-consuming in practice, provides a framework for nurses keen to prescribe independently.

References:

- Hemmingway S, Flowers K. 2000 Nurse prescribing in the field of community mental health nursing Nursing Times, 96 (43),40 - 41
- Nolan P and Badger F. 2002 Promoting Mental Health in Primary Care Nelson Thornes: London.
- Latter S, Maben J, Myall M, Courtenay M, Young A & Dunn N 2004 An Evaluation of Extended Formulary Independent Nurse Prescribing Department of Health: London

Abstract 4: An exploration of the views of doctors and clinical leads of nurse prescribing in the care of children and young people

Nicola Carey, Senior Research Fellow, University of Reading Molly Courtenay, Professor of Prescribing & Medicines Management

Background:

Nurses caring for children have adopted lead roles which frequently involve medicines management (Gibson et al. 2003). Nurse prescribing is emphasised by the National Service Framework for children, young people and maternity services (DoH 2004). Although Inter-professional relationships, team working and support in practice are factors that have been identified as facilitating prescribing practice (Latter et al 2005), little is known about views of the health care team on the adoption of this role by nurses.

Aims:

To explore the views of doctors and clinical leads on the role of nurses prescribing medicines for children and young people within a specialist children's hospital NHS trust.

Methods:

A qualitative study involving semi-structured interviews with a purposive sample of 11 doctors, and 3 clinical leads. Data was collected between October 2006 and July 2007. A thematic analysis was conducted on the interview data.

Results:

Doctors and clinical leads were generally supportive of nurse prescribing and reported a number of benefits. However, the impact of this new role on service delivery was limited by several factors including the structure and organisation of the hospital, the small number of nurse prescribers, a lack of support and knowledge, and reluctance by some doctors to relinquish control.

Discussion:

Preliminary evidence that doctors and clinical leads support nurse prescribing for children in the hospital setting is provided. However, a low level of awareness and understanding of the nurse prescribing role by doctors and clinical leads hindered its development and impact on service delivery.

Conclusion:

A good understanding of nurse prescribing by members of the health care team is essential if this role is to be optimised for children and young people in the hospital setting. Only then can appropriate workforce planning arrangement, structures and support be put in place to support nurses adopting this role.

References:

- DoH (2004) National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People, Department of Health, London
- Gibson, F., Kahir, K.,Pike, S. (2003) Nurse Prescribing: children's nurses' views, Paediatric Nursing, 15, (1), 20-25
- Latter, S., Maben, J., Myall, M., Courtenay, M., Young, A.,Dunn, N. (2005) An evaluation of extended formulary independent nurse prescribing. Final Report, Policy Research Programme Department of Health & University of Southampton

Abstract 5: A study to explore the treatment management of patients with dermatological conditions by nurse independent/nurse supplementary prescribers

Molly Courtenay, Professor of Prescribing & Medicines Management Nicola Carey, Senior Research Fellow, University of Reading

Background:

Most nurse prescribers in primary care prescribe for skin condition (Courtenay et al 2006). Inconsistencies exist with regards to nurses' specialist dermatology knowledge and nurses' lack confidence to prescribe for some skin conditions. Some information about medicines is not routinely given to patients by nurse prescribers (Latter et al 2005)

Aim:

To explore the treatment management of patients with dermatological conditions by Nurse Independent/Nurse Supplementary prescribers.

Design & methods:

The study comprised of a national survey and case studies in which nurses prescribed medicines for skin conditions. Methods used at case study sites (n=10) included interviews with healthcare professionals, video-taped observations, and patient questionnaires. Data presented will be that from patient questionnaires (n=165). Data was analysed using SPSS: included descriptive statistics, Chi-square and non-parametric tests. Data was collected between July 2006 and September 2007.

Results:

Data collected was categorical and in the form of 6 point Likert-type scales. Ease of access, consultation waiting times, and continuity of service were rated as either good or excellent by the majority of participants. Ratings of ten aspects of communication of the nurse/patient consultation were either very good or excellent. Over 50% of patients reported they were more able to cope with their illness and understand their treatment. Nearly 75% of the sample felt more able to apply topical therapies.

Discussion:

Nurse prescribing has a number of potential benefits which include easier access and increased choice in accessing medicines (DoH 2006). Participants (80%) in this study rated access to nurses as good or excellent and reported that nurses explained their treatment and involved them in decision making.

Conclusion:

Nurse prescribing has effectively increased patient choice with regards to accessing medicines for skin conditions. Nurses share decision making about treatment management with the patient and this should result in more effective use of medicines.

References:

- Courtenay, M. & Carey, N (2006). Preparing nurses to prescribe medicines for patients with dermatological conditions. Journal of Advanced Nursing. 55(6) 698-707
- DoH (2006). Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England. London: DoH
- Latter, S., Maben, J., Myall, M., Courtenay, M., Young, A.,Dunn, N. (2005) An evaluation of extended formulary independent nurse prescribing. Final Report, Policy Research Programme Department of Health & University of Southampton

Symposium 2 Methods for investigating decision making in nursing practice

Symposium lead and chair: Lenard Dalgleish, Professor of Decision Making, Department of Nursing & Midwifery, University of Stirling, Stirling, United Kingdom

Symposium focus:

Many methods are used to study judgment and decision making. At the 2007 RCN conference we organised a symposium that focussed on the use of case vignettes as a method. However, this is only one of the many ways to study judgment and decision making in nursing and midwifery. Other methods include think-aloud protocols, observation and patient simulators. This symposium will present three different methods. Each paper will present results from their research and discuss the strengths and limitations of the methods they used. This symposium will help researchers choose an appropriate method for their question about decision making being asked. For example, some methods are better for finding out about the process by which nurses make decisions while others focus on the factors influencing the decisions made.

Abstract 1: 'Think aloud' and observation – two methods of data collection that offer differing benefits in the study of decision making

Professor Leanne Aitken, Professor of Critical Care Nursing, Griffith University & Princess Alexandra Hospital, Brisbane, Australia.

Decision making is a complex function affected by the nature of the task, the decision environment and the characteristics of the decision maker. To effectively study decision making the data collection method must be able to reveal the multiple decisional components that are relevant to the question under investigation.

Two data collection methods that have frequently been used, both independently and jointly, to explore decision making processes and outcomes in healthcare include 'think aloud' and observation. 'Think aloud', also referred to as concurrent verbal protocol, involves the audio-taping of the decision makers' thoughts as they work through a decision scenario. 'Think aloud' provides detailed information regarding both processes and outcomes of the process, allowing identification of the rules that decision makers use as they move through a decision. 'Think aloud' has the potential to alter the decision making process or alternatively miss data if the decision maker ceases verbalising cognitive processes or uses automated intuitive processes. Observation of decision making provides real time, detailed information summarising the types of decisions that nurses make and is beneficial in describing the outcomes of the decision making process. The effectiveness of observation is limited to decision making processes or outcomes that are observable. Further, it is open to bias in that the data collector will only record what they note, may misinterpret actions or may incorrectly link multiple activities together. This paper will examine the challenges and considerations of using either 'think aloud' or observation as a data collection method in the field of decision making. The relationship between each of these data collection methods and the research question will be examined. Example data from studies of sedation in critical care will be used as an illustration.

Use of patient simulators for research on clinical decision making in nursing. Dr Anne Pingenot, HealthQWest post-doctoral research fellow, Department of Nursing and Midwifery, University of Stirling. Simulators have been used for research on pilot decision making for several decades. One of the unique areas of research for which simulators can be used is the study of how people actually react to specific situations. This is particularly valuable when trying to decompose complex decision environments to identify key variables important to specific decisions. It is a small leap from decision making studies of pilots flying simulated aircraft to healthcare personnel attending simulated patients. Patient simulators, although not quite real, can be programmed to respond physiologically to interventions on the part of the provider, giving realistic feedback so that the dynamics of a complex system can be studied. The University of Stirling has been using patient simulators for teaching Nurse Prescriber students for out of hours work in hospitals. Decisions made by students attending a patient simulator at the end of their training are being studied to determine how teaching strategies affect their ability to differentiate key clinical cues to make clinical management decisions.

Abstract 2: The use of auto-ethnography in studying decision-making in intensive care: Strengths and weaknesses

Claire Kydonaki, PhD student in Nursing Studies, University of Edinburgh

Nurses need to be able and confident to make fast and rigorous decisions about the care of their patients, especially in demanding areas, such as critical care. An area of critical care that demands nurses' effective decision-making and requires further investigation is the area of mechanical ventilation and in particular the process of weaning. This paper will show how auto-ethnography and self-reflexivity together with the use of 'think-aloud' method can be used as a research tool to study decision making in the weaning process. The researcher, as a staff nurse in a 10-bedded general ICU in Scotland, used participant observation with the 'think aloud' technique to go deeper into the behaviour and thinking process in relation to the weaning of ventilated patients. She talked through her thoughts and decision activities while she was managing the patient's ventilation by using a microphone, in order to explore her behaviour and input. She recorded and transcribed the verbal data collected from two patient cases that were mechanically ventilated and in the process of weaning. The data extracted have not been analyzed yet, but analysis will be completed in time for presentation at the symposium. The researcher will use thematic analysis to identify major concepts; she will reflect on her behaviour and uncover possible strengths and weaknesses of using the 'think aloud' method for collecting observational data when studying decision

Symposium 3 Chronic illness, experience and context: Methodological diversity in qualitative health research

Symposium lead: Ciara Kierans, Lecturer, Public Health, University of Liverpool, Liverpool, United Kingdom

Symposium chair: Helen Copper, School of Health Sciences, The University of Liverpool, Liverpool, UK

Symposia focus

Medical systems and health care practices are neither discrete nor autonomous; but rather embedded in forms of social and cultural life, such as the economy, the family and community. With a concern for the human, social, and experiential, qualitative approaches combine a wide-range of strategies towards investigating health in context.

Aim:

We wish to demonstrate the capacity of qualitative inquiry to highlight conventions of experience across conditions and social groups and, in so doing, generate knowledge to facilitate socially focused interventions and policies.

Objectives:

Drawing on five qualitative research studies, focusing on the experienced character of chronic conditions, this symposium has two broad, interrelated objectives:

- To examine issues of lived experience relating to epilepsy, diabetes, end stage renal failure, and chronic conditions among the elderly. They will address, in particular, critical concerns pertaining to the management of care and delivery of information within wider socio-cultural contexts
- To demonstrate how advances in qualitative methodologies are facilitating new ways of understanding the social and experiential dimensions of the illness experience

The five papers presented focus on: 'epilepsy, its experience and perceptions'; 'the challenges facing women with epilepsy'; 'adolescent diabetes and its management within the context of the family', 'experience of hospital readmission among the elderly', and 'the cultural experience of end stage renal failure in Ireland'. With the exception of the latter, all of the studies are based in the north-west of England. Though qualitative in character, each of the papers demonstrates how diverse methodological approaches and epistemologies can be used to open up a range of critical concerns in health care today.

This symposium will, therefore, showcase how a range of methodological practices shaped by phenomenology, narrative theory and ethnography, can facilitate the examination of a range of different research questions and contribute to the understanding of chronic conditions.

Abstract 1: The subjective experience of epilepsy: a narrative analysis

Darlene A Snape (RGN)*,Ann Jacoby, Gus Baker *Research Associate, Div. of Public Health, University of Liverpool, Liverpool, UK

It is argued that epilepsy is not just a medical condition but a social label; successful clinical treatment therefore is only one aspect of epilepsy management. However, knowledge of the exact way in which features of an individual's background and condition influences the impact that epilepsy has on them is not yet fully understood. One contribution to this lack of understanding arises from the attention within the epilepsy literature on the stigma of the illness, its typologies and measurement and on the management of stigma (i.e., stigma avoidance); leaving broad areas of the illness experience virtually unexplored. This qualitative study, embedded in the post-modern perspective that knowledge construction relies upon the socially crafted tool of

language which facilitates a broader range of perspectives and promotes greater subjectivity, draws upon research on illness narratives to explore how epilepsy impacts directly or indirectly on daily living and life trajectories, and to re-present the heterogeneity of the meaning of having epilepsy. Based on theoretical sampling, a series of in-depth interviews were conducted with 14 participants attending epilepsy clinics to elicit their self/illness narratives. Interview transcripts were subjected to paradigmatic and narrative analysis (Polkinghorne, 1995). In discussing the findings; how participants come to interpret what having epilepsy means, how they see themselves as a consequence of this interpretation, and what impact this interpretation has on the way they interact with others, this paper draws on the relationship between language, meaning and power to highlight the ways in which this chronic condition is known, experienced and interpreted by an individual at different phases of their life, both independently and socially. The implications of these interpretations for theories of stigma, healthcare intervention and policy making are considered.

Reference:

- Polkinghorne, D. E. (1995) Narrative configuration in qualitative analysis. J.A. Hatch, R. Wisniewski. (Eds). Life History and Narrative. London: The Falmer Press. (p5-23)

Acknowledgement:

Abstract 2 The experience of being a woman with epilepsy: An interpretive account

Janine Winterbottom*, Ann Jacoby & Gus Baker. * Epilepsy Nurse Specialist & part-time Postgraduate Research student, The Walton Centre for Neurology & Neurosurgery NHS Trust, Lower Lane, Fazakerley, Liverpool, UK & The University of Liverpool, UK

Women with epilepsy face unique challenges throughout their reproductive lives, requiring the timely delivery of information enabling them to navigate complex management decisions. Information offered to WWE whilst preparing for, or, on discovery of pregnancy has a risk component, either relating to the health of the woman or that of their unborn child. The impact of information framing and the context in which women interpret, use or disregard this information has been neglected. This paper challenges the traditional medical paradigm which places responsibility on the woman to recognise her desire for pregnancy ahead of conception, focusing on a post-modernist phenomenology that shifts attention to the experience of being a woman with epilepsy; and the lived and social context of her construction of knowledge, behaviour and decision-making. Utilizing interpretive phenomenology to structure data collection and analysis (Benner, 1994), the study aims to provide an in-depth exploration of perceptions of risk and probability of adverse pregnancy outcomes for women with epilepsy, in the context of their involvement in shared decision-making. Women with epilepsy of child-bearing age (16-45yrs) were purposively recruited from epilepsy clinics across the North West of England, and invited to take part in focus groups to develop an understanding of shared experience. The results of interim analysis of the seven focus groups held between February 2007 and October 2007 will be presented to demonstrate the unique insights and 'essence' of how women with epilepsy experience their reproductive years: with rich descriptions emerging through the complex experience of risk, information and pregnancy planning. This study has the potential to extend our understanding of the needs of women with epilepsy during their reproductive years; drawing on the shared experiences of a group of women reveals future directions of enquiry, and shapes clinical practice to recognise the unique needs of this group.

Reference:

- Benner, P (1994) The Tradition and Skill of Interpretive Phenomenology in Studying Health, Illness, and Caring Practices. In Benner (Ed.) Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness. Thousand Oaks: Sage Publications

Acknowledgements:

Abstract 3: Type 1 Diabetes and Adolescence: An exploration of lived experiences

Joy Spencer*, Dr. Helen Cooper, Dr. Beth Milton *PhD Student, School of Health Sciences, University of Liverpool, LIverpool, UK

Adolescence can be a turbulent and stressful time for young people and their families, as adolescents strive to develop an autonomous identity and increased independence. Living with Type 1 diabetes (T1D) provides an added pressure to this complex picture. Only 15% of under-fifteens are reaching the recommended blood-glucose levels of 7.5%, leaving them at risk of severe medical complications in later life((NICE, 2004). It is therefore important to interpret the lived experiences of young people living with the condition and their families, in order to better understand the factors affecting blood glucose control in this age group. Diabetes management is situated within the perspective of Complexity Science, which moves away from the traditional bio-medical view that 'treatment + diet + exercise = control', and allows recognition and integration of the many interacting psycho-social factors in a young person's life that can affect diabetes self-management, including puberty, peer and family relationships, school, personal models of illness. The study takes an interpretive phenomenological approach to data collection and analysis. Interviews have been conducted with 24 adolescents and their parents/ guardians, along with the health professionals providing their care. The adolescents have also piloted a specifically-designed computer diary tool to monitor and assist with self-management. Ongoing data analysis focuses on 24 individual family units and their approaches to managing diabetes within the family. How adolescents see the meaning of their diabetes, and how diabetes impacts on their parents lives is to be interpreted and discussed. This study has the potential to improve our understanding of the problems adolescents and their families identify for self-managing diabetes. Findings from the study will be used to guide the development of appropriate educational and supportive interventions for young people and their families, and provide recommendations for future research. References National Institute of Clinical Excellence (2004). Type 1 Diabetes: Diagnosis and Management of Type 1 Diabetes in Children, Young People and Adults, NICE Clinical Guideline No. 15. Available from URL: www.nice.org.uk.

Older people with chronic conditions and carer perspectives on hospital readmissions in merseyside: a phenomenological approach. Roseline Henry-Nweye*,Paula Hodgson, Andrew Sixsmith and Andrea Litva *RGN; Department of Primary Care, University of Liverpool, L69 3GB, UK. Emergency readmission to hospital is one of the greatest pressures on the National Health Service (NHS). Along with other EU countries, the UK has an ageing population, with almost two thirds of acute hospital beds being occupied by people over the age of 65 years (DoH, 2000). The proportion of older people suffering from chronic disabling and co morbid disease(s) with poly-pharmacy, increases with age and is reflected in the rapid rise in recent decades in the number of multiple emergency readmissions. This 'revolving door culture' within the NHS places accident and emergency departments under tremendous clinical pressure resulting to psychological and physical disruption in individuals. However, previous research indicates that over forty percent of early readmissions and up to fifty-nine percent of all readmissions of people aged 65 years and over were thought to be avoidable. This paper will argue the need for a descriptive phenomenological approach to exploring the lived experiences of older people and their carers, aiming to reflect its complexities (Husserl 1931). The use of phenomenology is aimed to develop a rigorous study of subjective experience, of things as they appear, independent of and prior to any reflective interpretation. The objects of study in Primary Health Care are human beings that interact with the world. This paper presents the result of interim findings of indepth interviews conducted with 20 older adults and their carers to explore their perceived understanding for readmission. This is becoming increasingly important as patients' and carers' involvement in the context of health care management is widely recognised. Findings from the research have the potential to underpin primary care policies and health care interventions/supports for older people in community setting and minimise their readmissions to hospital.

References:

- Department of Health (2000). The NHS Plan. London: HMSO MSO Husserl, Edmund (1931) Ideas: General Introduction to Pure Phenomenology. W. R. Boyce Gibson, trans. New York: Humanities Press

Abstract 4: Understanding Issues of Moral Experience and Embodiment for Patients Suffering Renal Disease in Ireland

Dr. Ciara Kierans, Lecturer in Qualitative Health Research, Div. of Public Health, The Whelan Building, The University of Liverpool, Liverpool, UK

This paper will draw from ethnographic research exploring the lived experience and altered embodiment of end stage renal patients in Ireland. Writ large, it reflects a growing preoccupation and challenge among many social scientists of health and medicine to understand the capacities of new medical technologies to alter the margins of our embodiment and shape the experience of health, sickness and healing among individuals and within communities. Detailing the contributions of a phenomenological approach to chronic illness and the body, this paper will document the 'moral experience' (Kleinman 1999) of renal failure, a condition so heavily invested by biotechnology and shaped by the moral weight of altruism and donation. It will highlight two key characteristics which have emerged prominently as organizational properties of renal experience and the renal body: the issue of time as it is re-configured in illness trajectories, and sensation as the phenomenological starting point of chronic illness, that which grounds and shapes our experiences of a sick body. Both of these elements, I argue, have a key role to play in enabling us to truly engage in the moral experience of kidney failure: to understand what is at stake in a condition more defined by its biotechnical aspects and to move towards a more situated ethics of medical care. They, in turn, allow us to focus on the ways in which renal experiences are both shaped and obscured by the epistemological assumptions that guide biomedical narratives of kidney failure and the significance, then, of patients' accounts in contradicting the idea of transplantation as a 'therapeutic outcome'; an 'endgame'; a 'gift of life'. For health care provider, this paper facilitates a fuller understanding of the different ways in which suffering with kidney failure is constituted.

References:

- Kleinman, A (1999) Experience and its Moral Modes. In The Tanner Lectures of Human Values. Grethe Peterson, ed., pp. 357-420. Salt Lake City: University of Utah Press

Symposium 4 Partnership working to promote healthy, active ageing

Symposium lead: Susan Lambert, Head of Centre for Health Economics and Policy Studies, School of Health Science, Swansea University, Swansea, Wales, United Kingdom

Symposium chair: Professor Joy Merrell, Professor of Public Health Nursing, School of Health Science, Swansea University, Wales, United Kingdom

Symposia focus:

This symposium will explore the challenges facing project coordinators who are pivotal to the success of three initiatives supporting the health and well being of older people in different care sectors: intermediate care, a hospital discharge scheme and a national programme of community projects developed to improve physical and emotional health. All three papers used mixed methods. Each paper takes an issue that explores the complexity of the coordinator's role in achieving effective partnerships with the statutory, voluntary and private sectors. Partnership working with these stakeholders, as well as people from local communities, is central to the delivery of support for older people. Whilst there is much literature which broadly explores the benefits and challenges of partnership working, there has been less focus on the processes and hidden work involved in promoting effective partnerships in practice. Policy initiatives in England and Wales have been developed to promote active ageing and enhanced quality of life of older people. National Services Frameworks for Older People anticipate increased access to responsive, person-centred mainstream and voluntary sector provision (DoH 2001, 2006, WAG 2006). Intermediate care, timely hospital discharge services and healthy ageing initiatives are central to promoting independent living for older people. The skills required to develop effective service delivery in these core areas of health and health care will be identified and the solutions to challenges and barriers to success will be explored. The symposium will contribute to the development of knowledge and policy and practice in health and health care by exploring:

- The processes and hidden work in achieve partnership working in practice.
- The challenges and benefits of working collaboratively with volunteers and statutory partners, as part of a menu of interventions in the care of older people. Word Count: 295

Abstract 1: Ambiguity and Complexity in Partnership Working: The Case of Age Concern's Bridging the Gap Programme

Joy Merrell, Professor of Public Health Nursing. Gaynor Mabbett, Head of Centre for Public Health and Primary Care. Melanie Jones, Tutor in Sociology. School of Health Science Swansea University, Wales, UK

Background

Partnership working is viewed as a means to solve complex problems which can not be solved by one agency alone (WAG 2002), and especially for vulnerable groups including older people recently discharged from hospital. Intermediate care services are seen as preventing avoidable hospital admissions (WAG 2003). Through the provision of multi-agency support, the "Bridging the Gap" project seeks to facilitate sustainable discharge from hospital for older people who have low level needs.

Aim To:

- Provide a detailed account of the relationships between volunteer and paid workers
- Identify the benefits and challenges of partnership working.

Methods

A case study, stakeholder evaluation was conducted involving focus groups with a purposive sample of volunteer and paid workers (n=17), interviews with managers, partners and referrers (n=11) and secondary

analysis of client satisfaction questionnaires (n=84). Data were collected between Nov 2005- March 2006. Data were analysed using SPSS and thematic analysis.

Results

Findings indicated that avoidable hospital readmissions were reduced. The co-ordinator's role was pivotal in facilitating partnership working. Ambiguity surrounding roles and boundaries, the pace of change and lack of support for the co-ordinator posed threats to partnership working. Volunteers and paid workers (including district nurses) reported benefits in terms of learning new skills, knowledge and ways of working. Volunteers also reported benefits from widening their social networks.

Discussion

There are a number of threats to effective partnership working between paid workers from different disciplines; volunteer and paid workers; and statutory and voluntary services. Drawing on theories of ambiguity (e.g. Billis 1989) understanding of these threats will be enhanced. Resources to facilitate partnership working will be explored and strategies for overcoming the threats presented.

Conclusion

Evidence from this project contributes to knowledge on partnership working at the micro-level to inform future planning and provision of intermediate care services for older people.

References

- Billis D. (1989) A theory of the voluntary sector; implications for policy and practice. Centre for Voluntary organisations Working paper No. 5., London: London School of Economics.
- Welsh Assembly Government (2002) Building Strong Bridges. Strengthening partnership working between the Voluntary Sector and the NHS in Wales. Cardiff: Welsh Assembly Government.
- Welsh Assembly Government (2003) The Review of Health and Social Care in Wales. The Report of the Project Team advised by Derek Wanless. Cardiff: Welsh Assembly Government

Abstract 2: Providing person centred care through partnership working in intermediate care

Valerie Thomas, Tutor in Health Policy, School of Health Science, Swansea University, Swansea, Wales, United Kingdom

Background

Intermediate care (IC) is a concept which is familiar to many people working in health and social care in the UK but the term is used to describe services as diverse as social services reablement teams, residential rehabilitation units and hospital based nursing units. All services should focus on maximising independence and cross professional working. Aim The aim is to explore the perceptions of staff working in and referring to community based IC teams.

Methods

The paper draws on results from a Doctoral study (data collection from mid 2006 to mid 2007).

Methods included 2 focus groups (n=6,n=10)and observations with IC teams (n=6), face to face interviews with referrers (n=17)and an evaluation of the outcome measures. Data were coded and analysed within and across data sets to identify themes.

Results

Promoting partnership working has resulted in a level of understanding, trust and reflexivity between team members which translates into a person-centred approach, putting the person at the centre of every activity (McAllin and Bamford 2007). The service manager/coordinator has facilitated the development of a model of working which transcends disciplinary boundaries, provides a sense of a central purpose and a clear idea of the focus of the work.

Discussion

This paper explores the challenges of inter professional working when measuring the effectiveness of services.

Challenges facing managers / coordinators include: the heterogeneity of services that are labelled IC and the complexity of the objectives that IC seeks to achieve.

Conclusion

Managers need to understand the systems and structures within which they are required to manage (Jasper 2002). This paper explores the hidden work that takes place to facilitate partnership working within this complex model of care.

References

- Jasper M. (2002) Nursing roles and nursing leadership in the New NHS-changing hats, same heads Journal of Nursing Management 10(2):63-64
- McAllin A. & Bamford A. (2007) Interdisciplinary teamwork: is the influence of emotional intelligence fully appreciated? Journal of Nursing Management 15(4):386-391

Abstract 3: Promoting healthy ageing: coordinating the work of volunteer health mentors and meeting the requirements of statutory partners

Susan Lambert, Head of Centre for Health Economics and Policy Studies, Janice Lewis, Tutor in Public Health, Joy Merrell, Professor of Public Health Nursing, Cathy Taylor, Tutor in Primary Care, School of Health Science, Swansea University. Gillian Granville, Independent Health Consultant, London, United Kingdom

Background

The lay health promotion model is a cornerstone of public health policy (Department of Health, 2004, 2006). The Ageing Well programme offers health-related activities led by and for people aged 50 years or more, to encourage good health and reduce illness and disability in ways that challenge traditional service provision by professionals. The lay health model underpins the recruitment of health mentors or health trainers who work in communities to support behavioural change.

Aim

To evaluate Age Concern's Ageing Well programme in England and Wales Methods The paper explores how coordinators in Ageing Well cope with the challenges of working with volunteers and statutory sector partners to deliver the active ageing agenda.

Methods included focus groups with project coordinators (n=31), telephone interviews with volunteer mentors (n=102), individual interviews with clients (n=31) and a documentary review. Data were analysed using thematic analysis.

Results

Coordinators were pivotal to the success of projects. Challenges to be overcome included: gaining recognition from statutory health partners of the contribution of the lay health model to active ageing and prevention work;

achieving sustainability of projects when funders wanted to support new work and, thirdly, the recruitment and retention of volunteers.

Discussion

The complexities of working in a multisectoral environment are identified. Lack of large scale studies, particularly in the UK, made it difficult to convince commissioners of the success of projects. The key contribution of volunteer mentors is in interpreting health information in a way that understands the values and beliefs of the older person, which supports behavioural change.

Conclusions

There is scope for the programme to work more closely with local health partners and volunteers to increase the number of projects. The study shows that involving lay people from their communities to reach their peers with health messages can be successful.

References

- Department of Health (2004) Choosing Health: Making healthy choices easier, London: Department of Health.
- Department of Health (2006) Our health, our care, our say: a new direction for community health services. London: Department of Health.

Symposium 5 User and carer engagement in research: Potential, intentions and opportunities

Symposium lead and chair: Sue Read, Senior Lecturer, School of Nursing and MIdwifery, Keele University, School of Nursing and Midwifery, Keele University, Stoke on Trent, United Kingdom

Symposia focus:

The research governance framework (Department of Health, 2001) recommends that service user views should be included in the design, conduct, analysis and reporting of health and social research. Frameworks, policies and researchers alike recognise and continue to drive the need for, and promote the importance of, the involvement of users and carers in health and social research. However, the practical and philosophical realities of doing so can be compounded by a variety of obvious and erroneous factors, particularly if the consumers involved are dis-empowered, marginalized, stereotyped groups who become vulnerable as a result of the duality of their health status.

The aim of this symposium is to explore the experiences of researchers who are currently working with users and carers as part of their particular research focus / expertise in health and social care. It will bring together five colleagues from within the School of Nursing & Midwifery, Keele University (Sue Ashby, Mike Gibbs, Sian Maslin-Prothero, Sue Read, Judy Thorley), Patsy Corcoran (an advocacy project worker from REACH, North Staffordshire) and two users of services (a person with an intellectual disability and an older person). Four papers of the symposia will introduce the potential and intentions for the inclusion of user and carer involvement from a variety of perspectives including older people; carers of people with intellectual disability; student nurses; and adults with intellectual disability.

Finally, Professor Sian Maslin-Prothero will present a positional paper highlighting the overall challenges of engaging with users and carers within the research process and look to the future potential for future research and genuine involvement. Sue Read will chair the symposium, and present a joint paper with an advocate, and a person with an intellectual disability.

Abstract 1: 'I'll tell you what I want, what I really, really want'

Sue Ashby, Lecturer, Keele University, & one of the older people from the research project

Background:

This paper unites the key learning following older people involvement as active members of a research steering group evaluating and developing interprofessional working among health and social care staff working in intermediate care (DoH 2006; Maslin-Prothero et al 2007).

Aim:

The aim of involving older people at this level was to ensure the research study was directed, guided and informed by their experiences, needs and choices as service users. Methods This included a virtual meeting environment, supported by additional meetings, to enable full participation by all (Ashby et al 2007). The early stages of the study identified that learning was a two way process. As the service users developed their knowledge of intermediate care and the stages of the research, academics and practitioners gained valuable insight to these alternative perspectives.

Results:

The data includes health and social care staff evaluation of training and experiences in team working and communication from a professional and interprofessional perspective, and provides a picture of how intermediate care is being delivered across the United Kingdom. On completion of the research the older people on the steering group acknowledged the importance of preparation, support and training - in particular expert facilitation, in order that their involvement is full and meaningful. The older people say the key to effective interprofessional working is communication; and this paper focuses on what they mean by this. The involvement of service users, as steering group members for the research emphasised the significance of how health and social care professionals can work together to provide a person centred approach when delivering intermediate care. Their contribution demonstrated the importance of ensuring service user perspective is sought, fostered and maintained throughout the research process including evaluation and dissemination of findings.

References:

- Ashby, S., Maslin-Prothero, S., Rout, A. (2007) Involving clients and their carers as equal partners on a project using electronic communication. (In press), Annals of the New York Academy of Sciences
- Department of Health. (2006) A New Ambition for Old Age.- Next Steps in Implementing the National Service Framework for Older People. London: Department of Health
- Maslin-Prothero S, Ashby S, Rout A (2007) Using an action learning research approach to evaluate and develop interprofessional working among health and social care staff, particularly in relation to the care of older people.Final Reprot. Keele: Keele University

Abstract 2: Caring for an adult with intellectual disabilities and mental health needs: the parent's perspective and their involvement in research activity

Mike Gibbs, Lecturer in Nursing, University of Keele, Keele, UK

Background:

Maes et al (2003) state that for the moment, little is known about the family situation and that parents consider the psychiatric problems of their charge to be an extra burden. Therefore, this paper introduces a research pilot study that examines the lived experiences of carers who are caring for an adult at home both with learning disabilities and a diagnosed mental health condition. The paper will discuss the rationale for the study and explore how interpretative phenomenological analysis can be used to discover how these carers express their emotions and respond to their responsibilities of care. The process and difficulties experienced when identifying and selecting participants and results to date will be discussed. The paper will also identify the challenges of accessing such a small population, the role of the researcher when working with consumers and the consumer's role with in the research process and the service user in-put in developing the data collection method. Finally the paper will discuss ways in which carers can offer a valuable contribution to the research process without creating more demands on their lifestyle.

Objectives:

To report on preliminary findings of interviews Recognition of the impact of mental health in learning disabilities on the carers well being. Discuss the constructive role of consumers/service users in the research process Identify initial thoughts on future involvement of service users in data collection methods.

Methods:

Interpretative Phenomenological Analysis (Smith, et al 1999)

References:

- Maes B, Broekman TG, Došen A et al 2003 Caregiving burden of families looking after persons with intellectual disability and behavioural or psychiatric problems. Journal of Intellectual Disability Research. 47(6) 447-455

- Smith JA, Jarman M, Osborn M 1999 Doing interpretive phenomenological analysis. In: Murry M, Chamberlain K (eds) Qualitative health psychology: Theories and Methods (P.218-241) London. Sage

Abstract 3: 'The future: expectations, opportunities and hope'

Sian Maslin-Prothero, Professor of Nursing, Keele University, Keele, UK

Introduction:

These diverse papers have illustrated how key health care policy documents regarding service user and carer involvement from the last 15 years have been interpreted and embedded in education, practice and research. The individual papers illustrate the different approaches taken to include people who access services – wherever these services are located (such as the community, health facilities, education). Learning To ensure full engagement there needs to be: true partnership, collaboration, representation, investment, evaluation, learning (on all sides) and dissemination. The key to moving forward is preparation of individuals and groups, through meaningful engagement, support and training for all concerned such as service users, carers, staff and students. All the papers have demonstrated the importance of expert facilitation in order that people are fully prepared, involved and engaged. We must not be afraid of peoples voices and what they say about us and our services; it may include a critique, which can be used for shared learning – Stockhausen (2007) refers to this as an experience broker. The future In order that we truly engage we must be: strategic, involve service users from the beginning (not an add on), be collegial, and not be afraid to acknowledge challenges and barriers and work together to address any issues or concerns. We have to acknowledge and pay people for their contribution, ensuring that they are treated the same as other contributors (eg lecturers, researchers etc); in the United Kingdom this is still a huge and unresolved issue.

Conclusion:

We genuinely believe that it is important to involve clients and carers in the planning & delivery of education, research and practice because they can guide and make sure we include their vision and perspective when delivering services, whatever these are. We acknowledge that there is not one model of involving the public, but many.

References:

- Stockhausen L (2007) 'The patient as experience broker' The Nurse Education Tomorrow (NET) 2007 Conference. 4-6 September 2007, Fitzwilliam College, University of Cambridge

Abstract 4: Focus groups with people with intellectual disabilities: Preparation and communication for involving people

Sue Read, Senior Lecturer, Keele University, Patsy Corcoran, REACH, & Carl West

Background:

People with intellectual disabilities (ID) are increasingly being involved in research, but sometimes professionals fail to address the inherent needs of this population. As part of a research study to explore what adults with intellectual disabilities understand about loss, death and dying, a series of focus groups (N=12) were established within North Staffordshire and Cardiff, U.K. The researcher worked closely with a REACH, self-advocacy project worker in North Staffordshire. to ensure that the focus groups were conducted in a way that was meaningful to the participants.

Aim:

To encourage researchers to consider the needs of the population under study when conducting research with potentially vulnerable groups.

Methods:

Specifically this paper will introduce the rationale for the study, identify methods used; explore issues surrounding the planning, preparation and conduction of the focus groups; identify communication tools to aid this process; and finally hear personal reflections on the experiences using a video diary and hearing from a participant with an intellectual disability.

Discussion:

Conducting research involving individuals who have varied and complex needs can be fraught with difficulties. Working collaboratively with others may help the researcher to identify and anticipate potential challenges. A by-product of conducting the primary research was the importance of collaborative working to enhance and promote participant engagement and ensure that the focus groups were conducted in a meaningful way. Such collaborative working is crucial if people with ID are to be actively involved in research that will support the development of knowledge in health and social care policy and practice, the ultimate outcome being to make a difference to the lives and lifestyles of people with intellectual disabilities.

Abstract 5: Students as consumers: learning from people with intellectual disabilities.

Judy Thorley, Lecturer in Nursing, Keele University

Background:

There is an increasing focus on the involvement of service users in the development and delivery of nurse education. Driven by government initiatives (DoH 2000) nurse educationalists are creating opportunities for active involvement of service users in all aspects of healthcare delivery: listening to, and hearing, what people with intellectual disabilities say in order to provide the experience and theory necessary to produce nurses who live up to expectations. One learning disability teaching team in the UK have been considering new ways and opportunities to involve service users and students in the delivery and management of the curriculum. The teaching staff used Kolbs (1984) cycle of reflection to explore the students learning experience.

Aims:

To provide a detailed account of the inherent process; to explore the students experiences; to identify the reflections of students and future directions for students, service users and service providers; and to provide recommendations for future initiatives for both student learning alongside service user involvement in nurse education.

Methods:

Kolbs (1984) cycle of reflection was used as a qualitative tool to explore the students learning experience.

Results:

Felce et (1994) highlight that for change to happen all key stakeholders, and in particular people with intellectual disability, need to work in partnership and the students nurses recognised the value of this. Themes emerging from the students perspective were team building skills; different styles of communication; organisational skills; project management; networking; evidence based practice; interpretation of research; and the value of involving and working alongside service users who have an intellectual disability. Clearly this triadic learning experience enabled students to support and learn from people with intellectual disability and in turn help educationalists to learn from their experiences to support a developing curriculum in a positive way. Ultimately to make a difference to future care delivery.

References:

- Department of Health 2000 The NHS Plan. HMSO, London
- Felce D Grant G Todd S, Et al 1998 Towards a full life: Researching policy innovation for people with learning disabilities. Butterworth- Heinemann, Oxford.
- Kolb D A 1984 Experiential Learning: experience as the source of learning and development New Jersey: Prentice-Hall

Symposium 6 Use of innovative qualitative methods to explore doctoral supervision

Symposium lead and chair: Fiona Irvine, Professor of Nursing, School of Nursing and Primary Care Practice, Liverpool John Moores University, Liverpool, United Kingdom

Symposia focus:

In this symposium we will focus on different research methods that we have used to explore the complex process of doctoral supervision. In the presentations we will move through a continuum of analysis, from a reflexive and individual perspective, using Peshkin's Is to a dual account of the tensions of doctoral supervision in a study employing autoethnography, through to a discourse analysis of collective perspectives of the supervisory process by the analysis of email correspondence. A tripartite exploration of the journey through the PhD is offered in this symposium, weaving the perspectives of the PhD candidate, the PhD graduate and the PhD supervisor through the accounts. In addition to sharing our actual experiences of doctoral supervision, we also introduce what might be considered three innovative ways of researching these experiences. The doctoral studies were undertaken in the UK but the issues addressed in this symposium are of international relevance since they explore the complexities of the development of relationships between PhD students and supervisors; and they examine the journey that both candidate and supervisors make through the life of the candidature, issues that are common globally. They also raise awareness of some of the problems and tensions in attempting to conduct and write nursing research from more subjective and authentic perspectives. We argue that the use of multiple methods to collect and interpret data about the phenomenon produces a more authentic representation of the reality of doctoral supervision, providing insight both for candidates and supervisors, which will ultimately lead to an enhancement of the supervisory process. We hope that the symposium will stimulate discussion of delegates' experiences of doctoral supervision.

Abstract 1: Exploring research supervision in nursing through Peshkin's I's: The yellow brick road

Caroline Bradbury-Jones, Lecturer in Adult Nursing & PhD Candidate: University of Wales, Bangor

This presentation develops my recent interpretation of how his ideas can be used within nursing and healthcare to enhance rigour in research (Bradbury-Jones 2007). Peshkin (1988) was an anthropologist, who became aware of how his own subjectivity had potential to influence his research. He articulated the need for researchers to systematically identify their subjectivity throughout their research. The means by which he achieved this in his research was to search for different aspects of his subjectivity by keeping a journal and noting when his feelings were aroused and thus when his subjectivity was evoked.

This paper demonstrates how this systematic approach to exploring subjectivity as a research student can enhance the quality of the research experience. I explain how I used a reflexive, research journal as an integral part of my doctoral studies. I use the analogy of the 'Yellow Brick Road' to represent my experience of being a doctoral student and draw comparisons between my subjectivity and characters in the story. I demonstrate how my subjectivity had potential for influence throughout the entirety of my experience and argue that cognisance of my subjective I's improved the quality of my research endeavour. This innovative approach is new to nursing and I plan to promote its use with other delegates, who like me, are currently undertaking research at post-graduate level.

The presentation should also appeal to research supervisors and other stakeholders in doctoral education in nursing. This approach can be undertaken in any language and should appeal to the international conference audience. Overall I aim to generate discussion and debate in terms of how keeping a reflexive journal and the associated search for subjectivity can improve the doctoral experience in nursing and healthcare.

References:

- Bradbury-Jones (2007) Enhancing rigour in qualitative health research: exploring researcher subjectivity through Peshkin's I's. Journal of Advanced Nursing, 59(3), 290-298

- Peshkin A. (1988) In search of subjectivity – one's own. Educational Researcher, 17(7)

Abstract 2: Supervising doctoral research employing autoethnography: Is an autoethnographic thesis an oxymoron?

Dr Clair Hannah Roberts & Professor Sally Sambrook Presenting Author: Professor Sally Sambrook Director Postgraduate Studies (Business & Management) Deputy Head of School: University of Wales Bangor

The traditional PhD thesis is presented as reconstructed logic (Sambrook, 1998) suggesting the process is neat and linear. We present the experiences of a doctoral student and her supervisor, highlighting that the reality experienced was very different. The study explored corporate entrepreneurship within two Welsh NHS Trusts and identified how nurses engaged in entrepreneurial activities, either enforced or empowered, to develop nursing practice. As student, Clair searched the methodology literature for an approach for the thesis that reflected her logic-in-use (Kaplan, 1964). Clair sought to communicate the complex, dynamic nature of the process whilst critiquing the organisational culture studied, both of which are inextricably intertwined and important. As supervisor, Sally suggested autoethnography and this provided Clair with an authentic way of presenting her experiences of the doctoral journey. During the viva voce examination, however, a tension emerged between Clair's desire to provide an authentically generated account of her 'self' and 'culture'; and the production of a polished (linear) report of the study.

This paper explores this seeming oxymoron from a critical perspective, acknowledging the political issues associated with judging the quality of research writing. We suggest autoethnography fits with a holistic and humanistic philosophy of nursing. As nurses pursue more empowering ways of conducting and presenting their doctoral studies, autoethnography represents a genuine way of connecting the researcher with the researched. However, we demonstrate that the dominant logic of presenting doctoral research may constrain autoethnographers, who seek to present their authentic story. This issue of 'writing' the research also extends into publication (Holt 2002). We argue that understanding these issues within doctoral supervision alerts both supervisor and student to the problematic nature of adopting autoethnography within the constraints of an academic culture which privileges writing and defending a traditional thesis.

References:

- Holt NL (2003) 'Representation, Legitimation, and Autoethnography: An Autoethnographic Writing Story' International Journal of Qualitative Methods, 2 (1), Winter, Article 2, Retrieved from http://www.ualberta.ca/~iiqm/backissues/2_1final/html/holt.html Kaplan A (1964) 'Power in Perspective' in RL Kahn & E Boulding (Eds) Power and Conflict in Organizations, London
- Tavistock, 11-32 Sambrook S (1998) Models and Concepts of Human Resource Development; Academic and Practitioner Perspectives: an ethnographic case study in the British NHS, unpublished doctoral thesis, Nottingham Business School, UK

Abstract 3: A Discourse analysis of doctoral supervision using E-mail correspondence as data

Authors: Caroline Bradbury Jones, Lecturer and PhD Candidate, University of Wales Bangor; Fiona Irvine, Professor of Nursing, Liverpool John Moores University; Professor Sally Sambrook, Director Postgraduate Studies (Business & Management), University of Wales Bangor

Background:

Although research supervision has been discussed by some scholars, empirical research on the subject is limited. There is no evidence in the literature of attempts to explore doctoral supervision through the analysis of email communication.

Aim:

The study was undertaken to enhance our understanding of the dynamics of doctoral supervision in order to share the insight gained and extend the existing knowledge base.

Method:

A post-structural approach underpinned the study, drawing on the work of Michel Foucault. Data in the innovative form of e-mail communication between one doctoral student and two supervisors, collected between 2004 and 2007 were analysed using discourse analysis.

Findings:

The dominant discourses of unity and detachment appeared to operate throughout the course of the study. A continuum exists between the concepts with relationships being established through power, negotiation and collaboration.

Discussion:

The discourses compete and often conflict, yet both have the capacity to be productive. The dominant discourse within the literature on doctoral supervision is one of progression of a research student from a position of dependence, to independent scholar. Our findings suggest however, that although the successful outcome of supervision is marked by independence and detachment of the student, simultaneously, it is also marked by unity; a close attachment to research supervisors.

Conclusion:

The competing discourses of unity and detachment operate throughout the course of a doctoral relationship. Research students may be no less detached from their supervisors on completion of their studies than at the beginning of their relationship. We argue that understanding the discourse of doctoral supervision sheds new light on the subject of the supervisory process which could augment the quality and successful outcome of the supervisory experience.

Symposium 7 Developing professional judgement skills in nurses using simulation training: Applying the expert performance approach

Symposium lead: Deborah Mazhindu, Head of Research Development & Pedagogy, School of Nursing & Primary Care Practice, Faculty of Health & Applied Social Sciences, Liverpool John Moores University,UK, Faculty of Health & Applied Social Sciences, Liverpool John Moores University, Liverpool, United Kingdom

Symposium chair: Williams, A.M., Professor of Motor Behaviour, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University, UK

Symposia focus:

Aims:

- To explore how empirical researches in simulation have conceptualised definitions of expert performance and professional judgement in nursing
- To examine how simulation training can be used to improve professional judgement skills in nurses working in a range of critical/acute care settings
- To present a systematic framework for evaluating the benefits of simulation training. Simulation is used extensively to train professional judgement skills in nurses and other medical practitioners in many countries, notably in the United Kingdom (UK), the United States of America (USA) Australia and parts of Europe

Simulation training is linked to patient safety by improving the ability of health care staff to rapidly implement key interventions (Kyrkjebø et al 2006). The significant growth in simulation training is precipitated by the shrinking pool of suitable learning placements in actual health care settings (Nunn 2004). The use of simulators in health care is well established and the benefits described as "clear" and "beneficial" (Hegarty & Bloch 2002), but there is scant empirical evidence to support the effectiveness of this form of training.

We present 5 papers, 2 of which are empirical research papers on the expert performance approach as a conceptual and systematic framework for evaluating and improving professional judgement skills in health care settings using simulated task environments.

- Paper 1- explores the conceptual definitions of expert performance and professional judgement.
- Paper 2 - demonstrates the effect of simulation based training in improving judgement skills by describing the results of empirical research using the expert performance approach. To demonstrate the expert performance approach in action to symposia participants,
- Paper 3 - presents further empirical research analysing performance differences between highly experienced and novice critical care nurses in a simulated task environment.
- Paper 4- highlights some key methodological issues when applying the expert performance approach.
- Paper 5- discusses implications for future research and training using simulated task environments.

References:

- Hagarty, M.K. and Bloch, M.B. (2002) The use of simulators in intensive care training. Current Anaesthesia & Critical Care. Vol:13, Issue 4, August:194-200
- Kyrkjebø, J.M., Brattebø, G, and Smith-Strøm, H. (2006) Improving patient safety by using inter-professional simulation training in health professional education. Journal Of Interprofessional Care, October, 20(5): 507-516
- Nunn, A. (2004) "Almost the real Thing" Nursing Management, 11 (7):14-18

Abstract 1: Expert performance and professional judgement: What is it and how do we know it?

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Aims:

- To introduce symposium delegates to recent theoretical developments
- To discuss a conceptual analysis of expert performance, professional judgement, critical thinking, knowledge development and clinical judgment in nursing
- To describe how expertise and professional judgement has been modelled, measured and taught

Background:

Defining expertise and the need for highly skilled nursing is essential to patient safety, a vital component of professional performance and crucial in preventing iatrogenic injury to patients. The need to reduce errors related to the administration of health care in hospitals is paramount (Kohn et al., 1999). Preventable hospital mistakes have been estimated to kill 44,000 to 98,000 Americans every year, and cause temporary or permanent injury to many more, while similar error rates have been discovered in the UK and in Australia (Warburton 2003). Hospitalised patients suffering adverse events, (injury or morbidity induced by medical management, operative, drug related procedure, diagnostic/therapeutic mishap), are a leading cause of impairment, death and disability in the USA and UK (Naylor 2002). Drug related adverse events (iatrogenesis) are the single most common adverse effect of which 50% are preventable (Naylor 2002). Educators of health care professionals, workers, patients, politicians and society need to be informed by research into clinical decision making and the development of professional judgement as a way of reducing errors related to the administration of healthcare (Naylor 2002) and to justify the costs involved with simulation training (Alinier et al 2006).

Outcomes:

- Demonstrate why research using the expert performance approach is useful in offering a richer conceptual definition of expert performance and professional judgment
- How the expert performance approach has been adopted to identify individual differences in nursing practice in critical care settings
- Improve expert practitioner performance and professional judgement through a simulation-based training.

References:

- Kohn, L.T., Corrigan, J.M., & Donaldson, M. (1999). To err is humanBuilding a safer health system. Washington, DC: Institute of Medicine
- Naylor, R, (2002) Medication error: lessons for education and health care. Radcliffe Publishing, Oxford.
- Alinier, G., Hunt, B., Gordon, R., & Harwood, C. (2006) Effectiveness of intermediate-fidelity simulation training technology in undergradyate nursing education. Issues aand innovations in Nursing Education. Journal of Advanced Nursing 54 (3) pp:359-369

Abstract 2: What is the effect of simulation based training on the development of expert performance and professional judgement in practitioners of health care?

Mazhindu, D.M.,Head of Research Development & Pedagogy, School of Nursing & Primary Care Practice, Faculty of Health & Applied Social Sciences, Liverpool John Moores University,UK, Williams, A.M., Professor of Motor Behaviour, Research Institute for Sport & Exercise Sciences, Liverpool John Moores University, UK, Raw, D.,Consultant in Anaesthesia, University Hospitals Aintree NHS Foundation Trust, Medical Faculty, Cheshire and Merseyside Simulation Centre,UK, Jones, N., Manager of The Cheshire & Merseyside Simulation Centre, University Hospitals Aintree NHS Foundation Trust, UK & President of The National Association of Medical Simulators, North, J. Post-graduate Research Assistant, Research Institute for Sport & Exercise Sciences, Liverpool John Moores University, UK & McRobert, A. Post-graduate Research Assistant, Research Institute for

Sport & Exercise Sciences, Liverpool John Moores University, UK (2007) AIMS: Liverpool John Moores University, (LJMU) and the Cheshire & Merseyside Simulation Centre (C&MSC) UK,

Two-phase programme of research which aims to develop a systematic framework for performance evaluation and enhancement of professional judgment skills for nursing by evaluating the effect of simulation based training provided to NHS staff. Phase One, the Pilot project is presented, describing the methodology: The expert performance approach (Ericsson & Smith, 1991, Williams & Ericsson, 2005); a 3 step systematic framework for examining issues related to patient safety, based on analysis of reproducibly superior performances, tracing the acquired mechanisms responsible for the development of high-level skill. Phase One, the expert performance approach was applied to a voluntary, purposively sampled cohort of critical care nurses (N=10) to identify the mechanisms responsible for effective decision-making and the implementation of successful interventions in time-critical, emergency care situations.

Sample:

Two groups of 10 nurses, one experienced one novice, participated in a range of simulated emergency situations within a systematic framework for performance evaluation and enhancement of professional judgment.

Methods:

A combination of laboratory-based clinical simulations for performance assessment, together with questionnaire and interview data relating to the nurses' engagement in professional development activities were used and simulation-based training designed to improve the ability to make accurate and effective decisions in the practice setting. A METI high fidelity Human Patient Simulator was used to help simulate care scenarios in Theatre, Intensive Care and A&E settings.

Data analysis:

The antecedents of, and cognitive mechanisms responsible for, superior performance were analyzed via the use of experimental manipulations and process tracing measures, such as verbal reports and eye movement recording, during task performance under representative or simulated conditions (Ericsson & Simon, 1993; Williams & Ericsson, 2005).

Outcomes:

Cognitive mechanisms related to expert performance and professional judgement were acquired, the activities deliberately designed to improve performance are identified and discussed.

Reference:

- Ericsson, K.A., & Smith, J. (1991). Prospects and limits of the empirical study of expertise: An introduction. In K.A. Ericsson and J. Smith (Eds.), Toward a general theory of expertise: Prospects and limits (pp.1-38). New York: Cambridge University Press
- Ericsson, K. A., & Simon, H. A (1993). Protocol analysis: Verbal reports as data (Rev. Ed.). Cambridge, MA: MIT Press
- Williams, A. M. & Ericsson, K. A. (2005). Some considerations when applying the expert performance approach in sport. Human Movement Science, 24, 283-307

Abstract 3: Analyzing performance differences in highly experienced and novice critical care nurses in a simulated task environment.

Whyte J, ND, ARNP, Assistant Professor, The Florida State University, College of Nursing,United States of America (USA) Ward, P, PhD, Assistant Professor, The Florida State University, Learning Systems Institute and Department of Psychology, Tallahassee Florida, USA.

Aims:

To determine performance differences between differentially experienced practicing critical care nurses performing within a simulated task environment.

Methodology:

The guidelines of the Expert Performance Approach (EPA) (Ericsson & Smith, 1991) were used as a theoretical framework and to guide the experimental research approach. The hypothesis was consistent with key aspects of the EPA that dictate that experience alone would not differentiate performance in the novice and expert groups. Instead, we predicted that a multi-factorial definition of performance would be required to characterize levels of deliberate practice.

Methods:

The experiment first observed individual differences in performance in the real world. Then, after recreating the performance context under simulated and controlled conditions, measuring superior performance during challenging and representative tasks, and concurrently recording the behaviors and thoughts that were responsible for performance superiority. The experiment was based upon 10 clinical scenarios, that although diverse in their presentation of events, were based primarily on cardiovascular, respiratory and mixed cardiovascular-respiratory events, three minutes in length, during which the nurse would either 'rescue' or 'fail to rescue' the patient. Patient outcome in physiologic terms, including Oxygen Saturations (SaO2) and Mean Arterial Blood Pressure (MABP), and the participants' actions that brought about these outcomes were used as the dependent variables SAMPLE: (N=12) experienced and (N=10) novice nurses.

Data Analysis:

Initial analysis was performed to differentiate performance based solely upon initial group's classification as either experienced or novice and yielded no statistically significant differences. Additional analysis were then performed by classifying participants into high and low performing groups based upon their ability to achieve control of scenarios in which reliable differences were identified.

Conclusion:

A new definition for performance in the context of nursing which disputes current systems that rely primarily on level of experience and peer nomination as a means of identifying 'experts'. The implications for future nursing practice, education and research are discussed.

Reference:

- Choudhrey, N. K., Fletcher, R. H., & Soumerai, S. B. (2005). Systematic review: the relationship between clinical experience and quality of health care. Annals of Internal Medicine, 142, 260-73
- Ericsson, K. A., & Smith, J. (1991). Prospects and limits in the empirical study of expertise: An introduction. In K. A. Ericsson and J. Smith (Eds.), Toward a general theory of expertise: Prospects and limits (pp. 1-38). Cambridge: Cambridge University Press
- Ericsson, K.A., Whyte, J., & Ward, P. (2007). Expert performance in nursing: Reviewing research on expertise in nursing within the framework of the expert-performance, Advances in Nursing Science, 30(1), 58-71

Abstract 4: The methodological issues raised in researching the art and science of expert performance and professional judgement

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Merseyside Simulation Centre, UK, Jones, N., Manager of The Cheshire and Merseyside Simulation Centre, University Hospitals Aintree NHS Foundation Trust, UK & President of The National Association of Medical Simulators,& McRobert, A. Post-graduate Research Assistant, Research Institute for Sport & Exercise Sciences, Liverpool John Moores University, UK (2007)

Background:

This paper details how the expert performance approach as a methodology is unique. Expert performance and professional judgement lends itself to being examined typically using more subjective and qualitative methods (Ericsson et al., 2006). Expert professional judgement in clinical practice does not exist in a vacuum, but is both contextual and unique requiring a combination of approaches to capture and represent comprehensively.

Aims:

First, to describe how the expert performance approach focuses on individual differences in performance as measured in a series of high-fidelity simulation scenarios, using traditional quantitative methods that can be analysed statistically. Clinical simulation offers the opportunity to modify behaviour in a completely safe environment. Although mistakes occur in simulated environments impacting on performance as they would in a 'real-world' environment, the individual research participant is presented with an opportunity to modify and improve on behaviours without the risk inherent in the hospital setting. Second, the observed performance in the simulated scenarios relates to the participants' experiences, skill, knowledge, practice backgrounds, and records of past engagement in related practice activities, thereby providing an opportunity to identify qualitatively important precursors of skilled behaviour and other qualitative issues, requiring critical and analytical approaches to capture. Authors such as Goffman (1959), and Glaser and Strauss (1966) were influential in redefining how participants could be defined as actors, playing a part in the drama of life and constructing their worlds according to what they perceived as the story line and main actors in the drama.

Outcomes:

Symposium participants are invited to extend debate regarding methodological issues raised from using a unique combined methodological approach and a critical and analytical approach to data analysis. How the participants (the actors) use their own stories and descriptions of how they constructed (and we interpret) their working worlds to compliment the data derived and analysed through traditional scientific observational approaches is explored.

References:

- Ericsson, K.A., Whyte, J., & Ward, P. (2007). Expert performance in nursing: Reviewing research on expertise in nursing within the framework of the expert-performance, Advances in Nursing Science, 30(1), 58-71
- Glaser, B.G. and Strauss, A.L (1967) The discovery of Grounded theory: Strategies for qualitative research. Aldine De Gruyter, New York Goffman, I. (1959) The Presentation of Self in Everyday Life. Penguin Books, England

Abstract 5: "It's life Jim, but not as we know it!" enterprise and future directions for simulation based training

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Aims:

- To invite participants to discuss future simulation research
- To establish if using simulation enchances the ability of nurses to make effective decisions in 'life-or-death' situations
- To discuss research evidence that simulation training is effective and needed to support educational policy

Background:

The expert performance approach proposes that learning, and improvement of performance, is not a passive accumulation of professional experience, but is mediated by engagement in goal-directed and self-regulated learning (termed 'deliberate practice') in a way that is quantitatively and qualitatively different from the mere accumulation of experience (Ericsson 2004, Ericsson & Lehmann 1996).

Research using simulation aims to evaluate objectively the performance of expert nurses in simulated critical-case scenarios without endangering the lives or safety of actual patients and is being considered as a viable alternative to "live" patient learning placements for student nurses by the NMC (UK). The expert performance approach was originally conceived in light of growing evidence that some experienced and knowledgeable individuals do not outperform more naïve individuals within their domain of expertise. For instance, in a review of the expertise literature by Ericsson and Lehmann (1996) revealed that highly experienced financial, medical and psychology professionals failed to make superior forecasts or implement interventions that led to enhanced treatment outcomes than less-qualified and less-experienced professionals. A number of authors in medicine and other domains have demonstrated that the length of professional experience is often unrelated, and sometimes negatively related, to quality of performance and objective treatment outcomes (Choudhrey et al., 2005; Ericsson, 2004).

Outcomes:

- Why a paradigm change is needed to research expertness and professional judgements
- Identify and capture reliable and objective, measurable performances in simulation to ensure patient saftey and inform student learning
- Identify the role of using simulation for mandatory clinical updating

References:

- Choudhrey N. K., Fletcher, R. H., & Soumerai, S. B. (2005). Systematic review: the relationship between clinical experience and quality of health care. Annals of Internal Medicine, 142, 260-73
- Ericsson, K. A. (2004). Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. Academic Medicine, 10, S1-S12
- Ericsson, K. A., & Lehmann, A. C. (1996). Expert and exceptional performance: Evidence of maximal adaptations to task constraints. Annual Review of Psychology, 47. 273-305

Symposium 8 Anyone can make a mistake, to mess up completely requires an expert

Symposium lead and chair: Carol Haigh, Senior Lecturer in Research, School of Nursing, Allerton Building, University of Salford, Salford, United Kingdom

Symposia focus:

There is no doubt that nursing research has evolved at a tremendous rate in the last 50 years. Nurses today are more aware of the benefits of a research approach to their care and are open to the idea of critical enquiry. However it must be noted that one of the weaknesses inherent in any research aware discipline is that only 'successful' research reaches the public domain. This is partly due to the well documented publication bias which means that journals are only interested in publishing research which has a significant point or generates new concepts or knowledge. Thus, making it unlikely that research that runs into problems or which does not necessarily add in a significant way to the body of knowledge will ever be lodged in the public domain. However it is equally rare for experienced researchers to willingly share their research disasters in the wider public domain. This suggests that the research community knowingly or otherwise has a mystique to it that can confuse and deter novice researchers from pursuing a project of their own especially since such dilemmas are rarely, if ever, explored in formal research text books. This symposium is aimed at novice researchers, post graduate and doctoral students and those who are new to nursing research. The objective, via a series of case studies, is to create a supportive and facilitative environment in which to share the experiences of practised researchers. Problems, the pitfalls and the outright research disasters will be examined and retrieval strategies that were implemented will be shared and complemented by the anecdotes of the more experienced researchers in the audience. The symposium will cover three aspects of nursing research, quantitative methods, qualitative methods and practitioner lead, clinically based studies with each element of the symposium informing the following one.

Case study 1 and 2:

Quantitative methods

Carol Haigh, Senior Lecturer in Research. University of Salford, UK

There are a number of pitfalls that can beset the novice quantitative researcher. Some of these can be attributed to the researchers themselves, such as a failure to pilot data collection tools, some can be due to associate support such as poor data entry or inaccurate coding. This problems and issues discussed within this element of the symposium will be drawn from two quantitative studies, one which focused upon the leisure activity of the resident population of a UK sea side town and the other which examined the values and attitudes of student nurses across three UK universities. A number of problems emerged during the life of these studies, particularly around issues such as questionnaire design and piloting and data entry. The reactions and responses of the researcher involved will be shared and the lessons learned will be discussed.

Case Study 3 and 4

Qualitative methods.

Fiona Duncan, Acute Pain Nurse, Victoria Hospital, Blackpool UK Carol Haigh, Senior Lectuer in Research. University of Salford, UK

Case study 3 concerns a study undertaken in an NHS Trust focussing upon the organisation and delivery of acute nursing care. Using Soft Systems Methodology, a substantial part of the study was based upon the outcome of patient and staff focus groups. Case Study 4 outlines the ethical and practical difficulties faced by a researcher who was a practitioner and who was undertaking a clinically focused randomised controlled trial in an NHS Hospital with which she had strong links. Although primarily a randomised controlled trial there was a qualitative element which involved follow up telephone interviews with patients after discharge, the issues that arise with using interviewers who are novices are discussed here and supportive strategies outlined.

Case Study 5

Practitioner/clinical research

Michelle Howarth, Lecturer in Nursing, University of Salford, UK Fiona Duncan, Acute Pain Nurse, Victoria Hospital, Blackpool UK

Although the research active practitioner can experience all of the problems previously outlined in the symposium there are also a number of pitfalls which are unexpected, not often emphasised in the literature and which can catch out the unwary. Moving from a methodological to a practical focus, this part of the symposium continues with the consideration of case study 4 and the unexpected challenges faced by clinical researchers are discussed. In the instance of Case study 4 these included 'mavericks' in the clinical area who had a sabotaging agenda and unforeseen difficulties with the Information Technology department. Case study 5 explores the difficulties that are attendant upon the negotiation of access to an area and highlights how crucial the interaction between gatekeepers and researchers can be. This case study highlights that obtaining ethical and governance approval does not necessarily ensure the co-operation of the health care professionals who are on the periphery of the research but still in a position of some power.

Conclusions:

The aim of this enitre symposium is two fold. Firstly to reassure novice researchers that, despite the evidence in the public domain even the best planned research can suffer from the unexpected. The second is to share responses and strategies that can only be gained from meeting these set backs and overcoming them.

Symposium 9: Facilitated action research: is it an effective methodology for improving clinical practice?

Symposium lead: Antonia Beringer, Research fellow, Faculty of Health and Social Care, University of the West of England, Bristol, Bristol, United Kingdom

Symposium chair: Dr. Margaret Fletcher, Reader in Children's Nursing, The University of the West of England, Bristol

Symposia focus

In this symposium we will present the findings of a year long action research study funded by an acute National Health Service trust. As well as describing the study and its outcomes, we will share with you what we have learned from the experience of being engaged in this process. The study took place in a children's hospital in the West of England but as the papers presented here focus on the process being involved in action research we hope they will be of interest and use to those working in other clinical settings.

The objectives of the symposium are to:

- Describe how action research has been used to improve practice in a range of children's inpatient settings.
- Critically examine this application of an action research methodology.
- Identify factors that influence the effectiveness of the approach.
- Recommend ways of supporting action research in an organisational context, based on our empirical and experiential findings.

Aim

The overall aim of the study was to improve the coordination of care for child patients and their families and was developed from findings of a doctoral research study carried out at the hospital.

The first three papers of the symposium are presented by clinical staff who were directly involved in the study. Each describes their own project to improve a specific aspect of care coordination in their clinical area. The final paper, presented by the researcher who facilitated the study, draws together what these projects can tell us about using a facilitated action research methodology and how this approach can be sustained in an organisational context.

Abstract 1: Improving communication around the discharge of child cancer patients

Kate Pye, Ward Manager, Oncology Ward, Bristol Royal Children's Hospital. Charlotte Higby, Senior Staff Nurse, Oncology Ward, Bristol Royal Children's Hospital

Background

This paper presents the experience of a multi-disciplinary team in a regional paediatric oncology service in a facilitated action research project. The focus of the project was prompted by concern about gaps in the process of discharging children to the local community.

Aim

To improve communication around the discharge of child cancer patients.

Method

The action research cycle began by identifying issues of concern. These included inconsistencies in the provision of information to families and staff in other centres, delays in producing discharge summaries, the absence of a key worker system and poorly utilised discharge documentation. A plan for addressing these issues was agreed upon. This included the establishment of a multi-disciplinary group to work on the project, the mapping of current discharge processes, the clarification and agreement of roles in that process and the production of new discharge documents to support the newly agreed process. Data on the time taken to complete discharge summaries and the accurate completion of documents were collected as outcome indicators.

Results

Achievements thus far have included the production of a mapped discharge process with associated role allocation and the implementation of an agreed discharge summary standard. The documents will be disseminated throughout the South West via the Paediatric Oncology Nurses Group. A newly established monthly audit of time taken to complete discharge summaries has already established that there has been an increase in the percentage of summaries completed before the child leaves the ward.

Discussion and conclusions

The development of agreed processes, supported by new documentation have begun to have measurable effects on improving communication around the complex process of discharge. However, the most valuable outcome for us has been the establishment of the multi-disciplinary group which is working, evolving and meeting on a regular basis to continue the dialogue.

Abstract 2: Addressing the issue of nursing time spent off the ward accompanying children to x-ray

Heather Julier, Senior Staff Nurse (Clinical Practice Development), Medical Ward, Bristol Royal Children's Hospital.

Background

As a group of staff on a busy medical ward we were concerned about the length of time spent off the ward accompanying children to x-ray and for other radiological investigations. When this project began we chose this as the aspect of care we would most like to improve.

Aim

To reduce the amount of time spent off the ward by nursing staff when accompanying children to x-ray.

Method

An audit was carried out which measured time spent off the ward by nurses accompanying children for investigations during one month. We also mapped the process of a child going to x-ray to identify where there were gaps and delays. Ways of improving our clinical interaction with the x-ray department were discussed and planned.

Results

The audit allowed us to quantify the amount of time nurses were spending off the ward accompanying children to x-ray. We were able to use this data to demonstrate that it was an issue to other colleagues. Our plan to engage the x-ray department in direct dialogue proved to be challenging to implement. We therefore found ways of increasing our contact with the department in other ways. For example, by establishing a link nurse and including the x-ray department in our orientation plan for new staff. A repeat of the audit to measure time spent off the ward will be carried out in October 2007 to see if there has been a change.

Discussion and conclusions

We have found that it can be difficult to effect change in clinical processes when this involves more than one department. By scrutinising our own practice we were able to identify changes that could be made 'unilaterally' that we hope will be shown to have been effective when repeat the audit.

Abstract 3: Reducing delays for children with orthopaedic trauma

Liz Hagan, Ward Manager, Surgical Ward, Bristol Royal Children's Hospital Hannah Goodman, Senior Staff Nurse, Surgical Ward, Bristol Royal Children's Hospital

Background

Our project began with a care co-ordination forum for ward managers at the children's hospital. The forum promoted discussion about care coordination issues we were facing on our wards and presented an opportunity to make a difference to patient care using an action research approach. I selected orthopaedic trauma patients as the focus; a group which had historically been affected by delays and extended length of stay.

Aim

To reduce delays experienced by a group of child trauma patients through examining and understanding the factors which impact on their process of care. Method: A range of qualitative and quantitative baseline data were collected. These included mapping the current care process, collating patient activity spreadsheets, drawing on complaints and incident forms, keeping a log of orthopaedic patient admissions and identifying case studies. Progress against each measure was monitored during regular meetings with the facilitator. Other ward based staff were included from the outset to share the learning about the role of data collection and how this could be used to bring about change.

Results

Through systematically gathering information about the experience of this group of patients we were able to demonstrate actual delays over a period of three months, to compare this with our perception of delays and to identify changes in practice that had an impact on these patients.

Discussion and conclusions

By being involved in an action research study we gained practical skills in analysing spreadsheets, keeping logs of activity, mapping care processes. These were new skills for the staff, which we have since applied to other areas of our practice. Although successfully balancing the clinical needs of the patient and the project has been challenging in terms of time management, it has been a positive experience which has supported the professional development of those involved.

Abstract 4: What are the important factors to consider when using an action research approach to improve clinical practice in a hospital setting?

Antonia Beringer, Research Fellow, Centre for Child & Adolescent Health, University of the West of England, Bristol.

Background

This paper draws together what has been learned, through the projects presented by the previous three speakers, about how a facilitated action research approach can best be used to provide a sustainable means of supporting improvement in clinical practice.

Aim

To explore factors that influence the application of action research to improve clinical practice in an organisational context.

Method

Workshops were held to introduce the approach to ward managers. Six groups of staff from different clinical areas were recruited (three of which are represented above). Groups met individually with the facilitator over one year (ending Oct 2007). The action research cycle was used as a basis on which to improve their chosen aspect of care. A range of qualitative and quantitative data were collected by each project group. An activity log and field notes were recorded by the facilitator after each session.

Results

The action research projects were found to be influenced by a complex interplay of factors relating to the ward, the organisation and the process of facilitation. An important feature of the projects presented here was that the staff developed a range of skills during the process of being involved in their particular project. These skills ranged from collecting and analysing data to running away days for their teams.

Discussion and conclusions

Our experience from this study suggests that it is this learning aspect of the approach that makes it valuable because this supports its' sustainability – an important consideration when external facilitation is time-limited. We conclude that facilitated action research is an effective way of building the competence and confidence of front line clinical staff so they feel equipped and ready to take on the task of improving clinical practice in the complex organisational context in which they operate.

Recommended reading

- Coghlan D. & Casey M. (2001) Action research from the inside: issues and challenges in doing action research in your own hospital. Journal of Advanced Nursing, 35(5), 674-682.
- Koch T. & Kralik D. (2007) Participatory Action Research in Health Care. Blackwell, Oxford.
- Williamson G.R., Webb C. & Abelson-Mitchell N. (2004) Developing Lecturer Practitioner roles using action research. Journal of Advanced Nursing, 47(2), 153-164.

Symposium 10: 'Home and Away': Implementation of Joanna Briggs Institute tools and resources into NHS Scotland

Symposium lead: Jill French, NHS QIS JBI Project Manager, NHS QIS, Glasgow, Scotland, United Kingdom

Symposium chair: Penny Bond, Professional Development Officer, Practice Development Unit, NHS QIS, Edinburgh, Scotland, United Kingdom

Symposia focus

In May 2007, NHS Quality Improvement Scotland (NHSQIS) set out to implement JBI tools and resources into NHSScotland. In doing so it was seeking to support its aims of promoting and facilitating knowledge transfer, translating evidence into practice, responding to healthcare priorities and ensuring best practice is recognised and shared across the country. A national three year project was developed to implement and evaluate the impact of introducing JBI to Scottish clinicians and managers.

Objectives

- Access, utilise and contribute to a professional international evidence base.
- Strengthen existing national and international links.
- Create opportunities to share experience and expertise at all levels.
- Contribute to the practice development agenda.
- Explore evidence utilisation and or synthesis groups across Scotland.
- Develop a Scottish specific version of the resource, which remains evidence based but accommodates local and national requirements.

This symposium will describe the development, implementation and evaluation process and discuss factors that impact on implementation at this national level and the challenges to measuring outcomes from such a project, using a modified awareness to adherence model.

The presentations will draw on the following model:

- The awareness level (the extent to which practitioners and others are aware of the available tools and resources).
- The acceptance/action level (the extent to which practitioners use such tools and resources).
- The adherence level (the extent to which such tools and resources become embedded and the outcomes for patients and patient care).

There will be four papers that cover the project:

- Raising awareness of evidence-based tools and resources through national implementation.
- The availability and acceptability of JBI tools and resources.
- Facilitating use and adherence of JBI tools and resources.
- Evaluating the project.

Abstract 1: Raising awareness of evidence-based tools and resources through national implementation

Penny Bond, Professional Practice Development Officer, NHS Quality Improvement Scotland

This first paper will set the scene in respect of how evidence based practice is developed, both from a national perspective and within local contexts. It will describe the implementation project and the factors considered important to implementation of JBI tools and resources for enhancing evidence based practice in Scotland. Models of evidence based practice will be highlighted and the extent to which this project draws on such models discussed for example the continuum of impacts model (Nutley et al 2007), the PARIHS (Promoting Action on

Research Implementation in Health Services) (Kitson et al 1998) and Awareness to Adherence models (Glasziou 2005).

The project objectives will be examined in the light of such models and the extent to which the national direction envisioned in the project can be transferred to local organisations and practitioners to enhance patient care.

References

- Kitson A, Harvey G and McCormack B (1998) Enabling the implementation of evidence based practice: a conceptual framework. Quality in Health Care. 7: 149-158.
- Nutley S, Walter I and Davies H (2007) Using Evidence: how research can inform public services Bristol: Policy Press Glasziou P (2005) The paths from research to improved health outcomes. Editorial. ACPJournal Club 142(2);A8-A10

Abstract 2: The availability and acceptability of JBI tools and resources

Tiffany Conroy, Evidence Utilisation/Clinical Tutor, The Joanna Briggs Institute (JBI), Margaret Graham Building, Royal Adelaide Hospital, Adelaide, Australia

One of the key aspects of getting evidence into practice are the availability and acceptability of the resources that are available to practitioners and others. Those available through the Joanna Briggs institute will be described and discussed in relation to other tools and resources.

The approach to evidence based practice from JBI will form the basis for the presentation (Pearson et al 2005), that is:

- Evidence translation – reviewing available international evidence.
- Evidence transfer – putting evidence into appropriate and relevant forms for practitioners and others to use.
- Evidence utilisation – evaluating the impact of evidence on health care practice The nature and form of the on-line JBI tools and resources will be discussed in respect to achieving the objectives of the project and the extent to which such tools and resources are applicable globally.

Acceptance of these tools and resources is an important step in the process towards use and impact on patient care. The presentation will draw on evaluations from local health services in Scotland and also from other usage in Australia and other parts of the world. References Pearson A, Wiechula R, Court A and Lockwood C (2005) The JBI Model of evidence-based health care. International Journal of Evidence based Healthcare. 3(8) 207-215.

Abstract 3: Facilitating use of JBI tools and resources

Peter Wimpenny, Associate Director, Joanna Briggs Collaborating Centre for Multiprofessional Practice, The Robert Gordon University

This third paper in the symposium will move to the implementation of evidence and the factors which impact on using evidence in practice and the extent to which impact of evidence can be measured and fed back, to enhance care. Getting evidence into practice has been identified as a significant factor in achieving evidence based practice (Palmer and Fenner 2000). Whilst the available evidence based resources may be of high quality (for example in the form of national guidelines) this does not necessarily signal use by organisations and practitioners (Grimshaw et al 2004). Facilitation is identified as a key strategy, nationally and at a local level and was viewed as imperative if the project was to achieve its objectives. The facilitation process will be outlined and the feedback from local facilitators (due to commence October 2007) will be incorporated and presented.

References:

- Grimshaw JM. Thomas RE. MacLennan G. Fraser C. Ramsay CR. Vale L. Whitty P. Eccles MP. Matowe L. Shirran L. Wensing M. Dijkstra R. Donaldson C. (2004) Effectiveness and efficiency of guideline dissemination and implementation strategies. Health Technology Assessment. 2004; 8(6); i-xi, 1-72.
- Palmer C and Fenner J (2000) Getting the message across. Review of research and theory about disseminating information within the NHS. Gaskell, London.

Abstract 4: Evaluating the project

Sylvia Wilcock, Director, Joanna Briggs Collaborating Centre for Multiprofessional Practice, The Robert Gordon University

There is an acceptance that practice based on the best available evidence is preferable to patients and their carers. However, measuring the extent to which this is achieved in practice is not without some challenges. JBI provides a range of evidence based materials that will provide additional support for practitioners, as they are based on international evidence and available in on-line format. Furthermore, the suite of tools available to translate (review and appraise), transfer (best practice information) and utilise evidence can assist practitioners in NHSScotland to not only access available translated and transferred evidence but also to use tools to evaluate compliance.

It has been proposed that implementation of JBI tools and resources will:

- Increase practitioners' access to and use of evidence, particularly that related to practice and procedural based care.
- Increase practitioners' utilisation of evidence and evaluation of its impact on practice through, for example on-line audits and patient outcome data.
- Increase practitioners' translation and transfer of evidence for use locally, nationally and internationally.
- Contribute to enhancement and improvement of the patient's experience through evidence use and evaluation.

The extent to which this can be measured and will be achieved in the first year of the project will be presented for discussion. The challenges of creating an appropriate evaluation approach will include the extent to which data can be gathered and is meaningful to outcomes, for example hit/download rates might be a measure of awareness but will not assist in understanding acceptance or adherence, which will require more contextual data from local facilitators and others in respect of on-the-ground usage. The extent to which national evaluation benchmarks are useful or even possible will be outlined and discussed.

Symposium 11: Building a programme of genetics research to inform practice

Symposium lead: Alison Metcalfe, Senior Research Fellow, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom

Symposium chair: Professor Collette Clifford, University of Birmingham, Birmingam, United Kingdom

Symposia focus

The symposium will present projects from a programme of research which will have the following objectives:

- Highlight ongoing research activity in genetics in relation to nursing.
- Explore the implications this has for mainstream clinical practice and education.
- Demonstrate the value of developing programmes of nursing research activity.

The programme of research described in this symposium was initiated as a result of rapid advances in genetic sciences which have major implications for the care all nurses provide for patients at each stage of their lifespan and for a range of genetic conditions from multi-factorial disease to rarer single gene conditions.

The symposium will use four interlinking projects from the programme of research, to demonstrate the psychosocial impact of integrating developments in genetics into mainstream health care, and highlight the implications this has for nursing practice and education.

The projects have been chosen because they show the implications of genetic based healthcare for nursing care across the lifespan from childhood to end of life, and vary in their size and level of support. This balance of different types of project around a core theme has the additional benefit of providing a good example of a developing research programme, which has to be the next step for nursing based research if it is to succeed (Luker, 2007). Following a short summarising of the main points after all the presentations, the audience will be asked for their views about the implications of supporting mainstream nursing's integration of genetics in developing practice and education based on the evidence presented.

Participating delegates will gain:

- Awareness of the implications genetics has for nursing practice, education and future research.
- Insight into how a research programme can be developed, through identifying a universal topic with exploration of specific components in relation to nursing.

Reference

- Luker K (2007) Assessing the quality of research: A challenge for nursing. Nursing Inquiry 14(1):1-1

Abstract 1: Identifying patient information and education needs about a genetic predisposition to cancer

Alison Metcalfe

For many people whose families are affected by cancer, there is often concern that the cancer is due to an inherited predisposition to the condition. This was a two part study in the West Midlands region in which the first phase involved interviewing patients concerned about the inherited genetic risk of developing cancer. Each participant was interviewed twice pre and post their personalised genetic risk assessment for familial cancer.

The findings raised a number of issues relevant to nursing care provision in oncology and primary care about patient information and support needs which are discussed in the symposium. However a number of other concerns were raised, which had relevance for other family members at different stages of the lifespan and led to the development of further work in this area.

Abstract 2: Communicating genetic risk information to children

Jane Coad

Despite the important psychosocial outcomes for individuals and families, to date there are a limited number of studies that include children and young people in terms of their understanding, experience of and views about genetic conditions affecting their families. The presentation will share findings from a national study which uses participatory techniques to explore communication with children about genetic conditions and how its affects them. This includes how children make sense of genetic risk information and how it impacts on their lives. The implications for nurses caring for children and families affected by genetic conditions will be discussed.

Abstract 3: Young people coping with a potentially fatal genetic condition

Susan Royse

It is estimated that there are 100,000 sudden cardiac deaths (SCDs) each year in the UK, the majority of these deaths are caused by pre-existing coronary artery disease, however approximately 400 of these SCDs are unexplained and believed to be genetic in nature (Department of Health, 2005). When sudden cardiac death occurs in young adults, there is a growing body of evidence that shows it is often indicative of an inherited cardiac condition, which has predisposed an individual to SCD. Nurses need to equip themselves to support patients understanding of their risk, and make decisions about genetic testing and prophylactic treatments; in addition to developing the knowledge and skills to care for families coping with the knowledge that they or a close family member are at risk from serious illness or sudden death.

Abstract 4: End of life care required by patients and families affected by an inherited genetic cancer

Kate Lillie

Care of the family is an integral part of palliative care. This paper will discuss the new challenges that are arising for palliative care nurses as people in Britain become increasingly aware that it is possible for adult onset multi-factorial diseases like cancer to be associated with an inherited predisposition to disease. The paper will focus on three patient vignettes that demonstrate the challenges and difficulties that can arise when a family history of cancer becomes a salient issue at the end of life. These will show how patients with a family history of disease can become worried about what their illness might imply for their children's future susceptibility to cancer. It will discuss the nursing skills and knowledge base required by palliative care nurses to assess the risk of future disease and support families with a family history of cancer. It will draw attention to some of the reasons why the care needs of patients who potentially have an inherited predisposition to cancer are being overlooked within palliative care and document how this is affecting patients and their families.

Symposium 12: The doctoral journey and transition to post doctoral working: is it managed effectively and do post doctoral nurses have a career structure?

Symposium lead: Helen Allan, Senior Research Fellow, Centre for Research in Nursing and Midwifery Education, Faculty of Health and Medical Sciences, University of Surrey, Guildford, United Kingdom

Symposium chair: Dr Lorraine Ellis, University of Sheffield, Sheffield, England, UK

Symposia focus

This symposium will address the current position of clinical academic careers in nursing and the preparation of faculty who are both clinically and academically active. We will do this through the exploration of two empirical studies investigating two points in the preparation of Faculty: the doctoral journey and the transition to post doctoral work as well as a reflection by a doctoral student who is undergoing both the doctoral journey and the transition to post doctoral working. How the papers link together: The doctoral journey and transitions, such as the one from doctoral student to post doctoral employment can be a troubling and difficult time (Ellis 2005, Meyer & Land, 2003).

During the transitional period, existing certainties are challenged as previously acquired skills have to be integrated with the demands of the new position (Clouder, 2005). In making the transition from doctoral student to employment, individuals often have to develop new skills and apply the knowledge gained from their doctoral studies to new markets. The intention of the symposium is to present these two empirical studies followed by facilitated discussion to explore the audience's experiences of similar doctoral transitions, thoughts on future research directions and the feasibility of clinical academic careers in nursing. The papers in this symposium will explore the doctoral journey from three perspectives: empirical work undertaken by Allan et al at the University of Surrey and Ellis at the University of Sheffield; Ellis' work presents the doctoral journey longitudinally over time while Allan et al's paper explores the transition between doctoral study and post doctoral working in nursing and other health care disciplines. In the last paper, a student will explore her experience of both the doctoral journey and career planning for post doctoral work.

Abstract 1:

Dr Lorraine Ellis, Senior Lecturer School of Health and Related Research (SCHARR), The University of Sheffield

This research reports the findings of a longitudinal study designed to capture students' perceptions experiences and outcomes of doctoral education over time. This research builds on an earlier study that mapped the number and range of professional doctorates for the health professions in the UK (Ellis 2005). In 2005 twenty three centres in the UK offered professional doctorates for the health care disciplines. Professional doctorates may be conceptualised along a continuum of provision, from the highly prescriptive to the least prescriptive not unlike the traditional PhD. In terms of the present study eight centres were purposively selected from along this continuum and each programme studied in depth longitudinally over time. Using a modified form of illuminative case study methodology doctoral students (n=102) were interviewed at each stage of their doctoral journey; as they embarked on their doctorate; during the taught phase; the transition to research; the research phase; and, on completion. Students' sponsor and/or line managers' were interviewed and the educators to the programme also. Students enrolled on a PhD were also interviewed and their attitudes towards the professional doctorate relative to the PhD captured. The curriculum (n=8) and associated documents were also content analysed. Students reported a range of outcomes resulting from their doctorate. This paper presents the key issues to emerge at each stage of the doctoral journey over time including those factors contributing to a positive and negative experience, challenges and concerns. This paper concludes with recommendations for practice, education and research.

This paper will be of interest to commissioners and sponsors of professional education, policy makers, educators, supervisors and those at the cross roads of whether to pursue a programme of doctoral education.

Reference

- Ellis L.B (2005) Professional doctorates for nurses in the United Kingdom: mapping and perceptions. Journal of Advanced Nursing.50 (4), pp.440-448

Abstract two:

Authors: Helen T Allan, Senior Research Fellow, Centre for Research in Nursing and Midwifery Education, Faculty of Health and Medical Sciences, University of Surrey. Janet Anderson, Lecturer Faculty of Health and Medical Sciences, University of Surrey. Khim Horton Lecturer, Faculty of Health and Medical Sciences, University of Surrey

Supporting the transition from doctorate to post doctoral employment This study sought to identify the learning needs during the transition from doctoral student to post doctoral employment by reviewing processes and systems within one university in the South East of England. Using focus groups, the following groups were interviewed; newly appointed academics; PhD students and programme directors from three disciplines within the university.

The findings suggest that doctoral students have diverse backgrounds that strongly influence their transition from doctoral study to post doctoral working. Some progress to PhD study after completing a bachelor's degree while others return to study following a successful career in business (what sort of business? Others choose to study a taught or clinical doctorate while continuing in employment. Post doctorate, some individuals will pursue an academic career while others will continue as practitioners albeit in research active roles. Therefore, because of this diversity, it is essential that the transition is based both on individual learning needs and discipline relevant outcomes. Our data suggest that there are two broad pathways to a post doctoral career associated with the age of the doctoral student, the nature of the profession and its maturity as an academic discipline. We have identified two main routes to post doctoral careers. In this paper we will discuss both routes and those factors that facilitate or hinder the development of successful post doctoral careers.

References

- Clouder, L. (2005). Caring as a 'threshold concept': transforming students in higher education into healthcare professionals. Teaching in higher education, 10, 505-517.
- Meyer, J.H.F. & Land, R. (2003). Threshold concepts and troublesome knowledge (1)-linkages to ways of thinking and practicing. In C. Rust (Ed.). Improving student learning-ten years on. Oxford: OCSLD.

Abstract three:

Author: Isabel D. White, CRUK PhD studentship at Faculty of Health and Medical Sciences, University of Surrey

Between a rock and a hard place: the lived experience of 'becoming post-doc!' The transition to a post-doctoral clinical academic career is neither transparent nor equitable. Fired with the desire to conduct research relevant to their field of practice, the aspiring clinical academic in nursing finds themselves engaged in a funding game where the focus of their work may clash with dominant biomedical research agendas. Students are caught between two competing professional paradigms: one that fails to value nursing research as an essential component of advanced clinical practice and the other which appears to value the size and prestige of the research grant more than the clinical relevance of the proposal. This journey is "smoothed" by 'personal champions' of the student's work in both clinical and academic settings, without which no transition can take place. The student's task is to collaborate with individuals and organisations prepared to demonstrate creativity and flexibility in achieving their research and service development agendas.

Symposium 13: Within and beyond the walls: life and nursing in Ravensbruck concentration camp

Symposium lead and chair: Jane Georges, Associate Professor, Hahn School of Nursing and Health Science, University of San Diego, San Diego, USA

Symposia focus:

All papers are concerned with the previously unexplored roles of nurses in the Ravensbruck women's camp in Nazi Germany and the implications for contemporary nursing. The first paper by Alison O'Donnell will act a backcloth to explore the Ravensbruck camp and the lives of the nurses and prisoners there. This context will then lead into a description of nursing in Ravensbruck, which Linda Shields will offer. Susan Benedict will then explore the trials of the Ravensbruck medical personnel following World War II. Lastly, Jane Georges will consider the ethical questions raised by nursing involvement at Ravensbruck, with a focus on the implications for contemporary nursing practice.

Abstract 1: 'Within the walls: living in Ravensbrück concentration camp'

Ms Alison O'Donnell Lecturer in Nursing University of Dundee, Dundee, UK

"A high thick wall surrounds the camp. On it is stretched barbed wire. We later learn that this wire was electrically charged, day and night, in order to make escape impossible. In the distance, above the wall, one could see treetops." Antoina Brucha, cited in Morrison (2000). In May 1939, Ravensbrück Concentration Camp near Fürstenberg, Germany received its first transport of women prisoners. The citation above is taken from Antoina Brucha who arrived in the camp in autumn 1939. During the National Socialist era in Germany, the position of women was deliberately targeted; women's organisations were co-ordinated into a single State agency, NS Frauenschaft or the NSF from September 1939. Women were then excluded from certain professions like academic appointments and from all political positions (Stephenson 2003). Some women who did not confirm to the ethos of the National Socialist era were marginalized and in some cases imprisoned at locations such as Ravensbruck, where they became the subjects of unethical-and unthinkable- experiments. Others were used as slave labourers. That nurses had roles in these camps is a previously under-explored area of nursing history. This historical research seeks to provide an initial description and analysis of this chapter in the newly emergent area of study of nursing during the Nazi regime. This initial presentation describes the socio-political context in which Ravensbruck was created and maintained, and the everyday life of the women who were imprisoned within its walls. This context will provide a backcloth for the following three papers that will address the specific roles of nurses in the camp, the eventual trials of several nurses, and implications for contemporary nursing.

References

- Brucha, A., 2000. Ich war keine Heldin. In Morrison, J., ed. Ravensbrück : everyday life in a women's concentration camp 1939-45. Princeton: Markus Weiner Publishers, p. 32.
- Stephenson, J., 2003. Women in Nazi Germany. Basingstoke: Palgrave.

Abstract 2: 'Nursing in Ravensbruck'

Professor Linda Shields Faculty of Health and Social Care University of Hull

In Ravensbruck, there were both prisoner-nurses as well as nurses employed by the SS. In both circumstances, nurses became swept up into the crimes against humanity that characterized the camps. This paper will describe the roles and actions of three of these nurses, two of whom were prisoners, and the effects of their actions and inactions on the inmate population. Many of these actions, or selective inactions, resulted in extreme suffering and even death of prisoners.

References

- File WO 309/692/81961, Public Record Office, London. Morris, J.G.,2000. Ravensbruck. Princeton: Markus Wiener Publishers.

Abstract 3: 'Answering for Their crimes: The trials of Ravensbruck medical and nursing personnel'

Professor Susan Benedict Professor of Nursing Medical University of South Carolina College of Nursing, USA

In addition to the well-known Nuremberg trials, other trials for war criminals were ongoing. One such set of trials was held before a British Tribunal and involved nurses and physicians from Ravensbruck concentration camp. This paper will describe the accusations and defences of these nurses as well as the eventual verdicts and punishments. Included will be the nurse-defendants' explanations for their actions.

References

- File WO 309/692/81961, Public Record Office, London. Stiftung Brandenburgische Gedenksteten, Mahn- und Gedenkstette Ravensbruck Rile: vol 19, area 165. Tillion, G., 1975. Ravensbruck. Garden City, NY: Anchor Books.

Abstract 4: 'Beyond the walls: implications of nurses' actions at Ravensbruck'

Professor Jane Georges, University of San Diego School of Nursing, USA

Using the perspectives of Agamben (1999; 2005), the concepts of "bio-power" and "state of exception" will be the focus of an ethical analysis of nurses' involvement at Ravensbruck. An exploration of the bio-political spaces in which nursing existed in the Third Reich and continues to exist in contemporary Western culture will be undertaken. The role of gender, ethnicity and class in creating bio-political spaces in which nurses both uphold and violate the fundamental ethical principle of "do no harm" will be described using a critical-feminist analysis. In a self-critical fashion, implications for contemporary nursing will be explored, including the possibility that such atrocities are not some artifact of a past history of nursing that were unique to a certain time and place, but are a very real element of the contemporary bio-political world.

References

- Agamben, G., 1999. Remnants of Auschwitz: The Witness and the Archive. (D. Heller-Roazen, trans.) New York: Zone Books. Agamben, G., 2005. State of Exception. (K. Attell, trans.) Chicago: University of Chicago Press.

Symposium 14: Evaluating protocol-based care: a mixed method approach

Symposium lead: Irene Ilott, Research Associate, Institute of Work Psychology, University of Sheffield, Sheffield, United Kingdom

Symposium chair: Dr Sue Read, RCN Fellow

Symposia focus

Protocol-based care is an umbrella term for a raft of practices, such as protocols, algorithms, clinical guidelines and care pathways that influence the way clinical care is delivered throughout the world. Current National Health Service (NHS) policy emphasises the need for services to be driven by evidence of clinical and cost effectiveness, patient safety and consistency of care. In this context, protocol-based care has emerged as a key tool for meeting these objectives. The symposium will provide the first report of the findings from a three-year, mixed method study assessing the impact of protocol-based care in nursing, midwifery and health visiting.

Aims

The aims of the study were to:

- Identify the settings into which different models of protocol-based care have been introduced.
- Examine the extent to which midwives, nurses and health visitors contribute to the development, implementation and audit of protocol-based care.
- Identify the impact of their contribution on organisational, patient, staff outcomes, and on costs, quality and effectiveness of care.
- Assess the overall impact of the introduction of protocol-based care upon the working lives of nurses, midwives and health visitors, their sense of professional identity and capacity.

Results

The key findings and recommendations arising from three different methods – the systematic literature review, a national survey and the midwifery case study - will be presented. The systematic literature will focus upon the lessons learnt about developing and introducing protocol-based care into practice. The quantitative findings from the survey will examine the impact of protocol-based care on important staff outcomes, such as well-being and job satisfaction. In the final presentation, discourse analysis is used to understand protocol-based care in the context of professional ideologies in midwifery. There will also be an opportunity for delegates to discuss the relevance of the recommendations for their practice.

Abstract 1: What do we know about the development, implementation and impact of protocol-based care? A systematic literature review

Irene Ilott, Jo Rick, Andrew Booth, Malcolm Patterson & Rose O'Neill Institute of Work Psychology and School of Health and Related Research, University of Sheffield, UK

Background and aims

The systematic literature review investigated the process and outcome of protocol-based care drawing upon the international literature to evaluate what is already known from the perspective of nurses, midwives and health visitors.

Review methods and findings

Initial searches based on 20 databases using the search term 'protocol-based care' (PBC) produced only 56 papers, half of which related to decision support software, confirming that PBC as a term was not yet established in the research literature. A second strategy using expanded search terms (protocols and guidelines

or pathways) on a restricted set of data bases (n=5) yielded 6,744 papers. Titles and abstracts were sifted for relevance and resulting in the identification of 276 papers about development and implementation (including 120 on UK populations) and 95 papers about impact. The development/implementation and impact papers were reviewed separately and in different ways. A quarter of the 120 UK papers about development/implementation were analysed inductively using the Qualitative Assessment and Review Instrument (QARI) and by comparing the descriptive accounts with the official 12-step guide to developing protocols (MA/NICE 2002). Both methods revealed that development/implementation is seldom a linear process, rarely costed and with little patient engagement. It also became apparent that protocol-based care is instigated for multiple reasons and that adherence is challenging. A standard critical appraisal and synthesis approach was used for the impact papers. A number of positive and negative impacts of this way of working on staff outcomes such as expanded nursing roles and increased skills and knowledge, were identified.

Discussion

The findings confirm that protocol-based care is a contested, complex concept. We will discuss how practitioners and policy makers need to be clear about the purpose and implications of this way of working of professional identity.

References

- Pettigrew. M. & Roberts, H. (2006). Systematic Reviews in the Social Sciences: A Practical Guide. Oxford: Blackwell NHS Modernisation Agency & National Institute for Clinical Excellence. (2002). A Step-by-step Guide to Developing Protocols. Available at: http://www.nodelaysachiever.nhs.uk/ServiceImprovement/Tools/IT070_protocol_based_care.htm (accessed on 19 September 2007)

Abstract 2: An investigation into the impact of protocol-based care on nurses' experience of work

Malcolm Patterson, Chrysanthi Lekka, Irene Ilott, Jo Rick Institute of Work Psychology, University of Sheffield, Sheffield, England, UK

Background and aims

Protocol-based care is underpinning much of the workforce re-design and role flexibilities in the health service in England. The National Health Service Plan (2000) stated that by 2004 the majority of staff 'will work under agreed protocols'. However, research has shown that health professionals often circumvent them and very little is known about the factors that may affect 'resistance' to protocols and their impact on staff's experience of work. Further, the majority of such previous research has relied on small sample sizes, non-validated questionnaire measures, often providing anecdotal evidence only.

In 2007 we conducted a national survey that aimed to:

- Identify factors that may affect adherence to protocols; these may be individual (propensity to follow procedures) or organisational/contextual (procedures perceived as 'supportive' or 'coercive').
- Investigate the impact of protocol-based care on nurses' experience of work including their satisfaction and well-being.

Method

Survey data collected via both a postal and a web-based questionnaire, from a random sample of 4,000 registered nurses in England will be obtained between September and November 2007. This large-scale survey using validated scales, asks for nurses' opinions on various issues pertaining to protocol-based care, their job role and organisation. Questionnaire development was driven by a review of the literature and a thematic analysis of interviews with 35 opinion leaders.

Results

Analysis of survey data will be conducted within a multiple regression framework to explore relationships between protocol-based care and key study outcomes. This analysis will be undertaken between November and December 2007.

Discussion and conclusions

We will discuss the implications of the findings, particularly the impact on nurses' well-being and satisfaction at work and will provide recommendations about the factors that need to be considered in enhancing the experience of work for health professionals using protocol-based care.

References

- Carryer, J., Gardner. G., Dunn, S., and Gardner, A. (2007). The capability of nurse practitioners may be diminished by controlling protocols. Australian Health Review, 31 (1), 108-115
- Lawton, R. and Parker, D. (1999). Procedures and the professional: the case of the British NHS. Social Science and Medicine, 48, 353-361. Parker, D., Claridge, T., and Cook, G. (2005). Attitudes towards integrated care pathways in the UK NHS: a pilot study in one UK NHS trust. Journal of Integrated Care Pathways, 9.

Abstract 3: Competing ideologies in maternity care: A discourse analysis

Rose O'Neill, Malcolm Patterson, Jo Rick Institute of Work Psychology, University of Sheffield, Sheffield, UK

Background

Powerful, emotionally charged ideologies, at the core of organisational cultures, serve to shape and legitimise organisational and individual behaviours, such as compliance with protocol-based care. Differing professions typically espouse differing, incompatible ideologies which individuals, in an effort to be recognised as authentic members of their profession, generally adopt and adhere to. This ideological incongruence is prominent in the midwifery profession, with midwifery and medical models of maternity care underpinned by competing 'with woman' and 'with institution' ideologies, respectively.

Aim

This presentation will describe the findings of a study exploring how the discourse of one particular group of midwives functions to construct their reality of these competing 'with woman' and 'with institution' ideologies. Approach Semi-structured interviews were conducted with a purposive sample of 8 midwives working within a large, teaching hospital comprising a midwifery-led care unit ('with woman' ideology) and a consultant-led care unit ('with institution' ideology).

Findings

Discourse analysis, drawing on the techniques of 'interpretative repertoires' was used to analyse the findings. Interpretative repertoires (discourses) concerning, for example, natural midwifery opposed to medical intervention, autonomy opposed to control, and guidelines opposed to protocols, were variously employed by the midwives, dependent upon their personal ideological preference, to construct the conflicting 'with woman' and 'with institution' ideologies.

Discussion

The implications of the findings will be discussed, particularly in relation to current calls for the reconfiguration of two kinds of midwifery practitioner and the importance of recognising the influence of ideological preference on midwives' perceptions regarding the stringency of protocols and care guidelines.

References

- Hunter, B. (2004). Conflicting ideologies as a source of emotion work in midwifery. Midwifery, 20, 261-272.

Symposium 15 Context, culture and contradictions: The contribution of ethnography to understanding practice

Symposium lead and chair: Joy Merrell, Professor of Public Health Nursing, University of Wales Swansea, School of Health Science, Swansea, United Kingdom

Symposia focus

The aim of this symposium is to highlight the contribution which ethnography can make to aiding understanding of the reality of nursing practice. Whilst for sometime ethnography has been used and applied by nurse researchers (e.g Williams 1989, Johnson 1993) to explore how patients' and practitioners' interpret their experiences of care, there is a perception from a preliminary search of the UK nursing journals that the use of ethnography by nurse researchers over the last decade has been less prominent than the use of other qualitative approaches.

Ethnography involves the use of multiple methods but principally participant observation which enables researchers to more readily expose theory/ practice gaps, identify cultural influences and constraints on practice. Whilst there are challenges to practicing ethnography it is argued that this approach enables nursing practice to be understood as it is experienced in the dynamic, often resource constrained and multidisciplinary context of contemporary healthcare services. The relevance of ethnography for practice and practitioners as well as for the research community (Hammersley 1992) will be demonstrated throughout the papers presented. Three papers are presented from recently completed doctoral studies.

All the studies involved participant observation for periods of over twelve months, individual interviews and a review of documentary evidence. The papers all focus on the contribution ethnography makes to understanding the context, culture and contradictions in practice in a range of clinical setting including an intensive care unit, an Acute Medical Admissions Unit , Early Pregnancy Unit and two gynaecological wards. Each paper explores one of these issues in more detail

References

- Hammersley M (1992) What's Wrong with Ethnography? Routledge: London
- Johnson M (1993) Unpopular Patient Reconsidered; An Interpretive Ethnography of the Process of Social Judgement in a Hospital Ward
- Unpublished PhD Thesis, University of Manchester, Manchester Williams A (1989) Interpreting an Ethnography of Nursing: Exploring Boundaries of Self, Work and Knowledge
- Unpublished PhD Thesis, University of Manchester, Manchester

Abstract 1: Nursing patients in transition: understanding the context of practice

Dr Pauline Griffiths, Senior Lecturer, School of Health Science, Swansea University

This paper, drawing on a reflexive ethnography which explores the nurse's role in an Acute Medical Admissions Unit, presents the developed understanding of the reality of the nurse's role in an acute setting. The ethnography entailed participant observation over a twelve month period, interviews with a purposive sample (n=19) of doctors, nurses, paramedics and patients and an examination of documentary evidence.

In giving a voice to the contemporary practice of nursing, the construct of the theory-practice gap is exposed as inadequate. The findings indicate that the nurses were engaged in a socially constructed practice, displaying skills of emotional and instrumental care giving in a time short environment. By prolonged engagement in the field I was able to appreciate the locally negotiated resources and ways of being that were adaptations to the real world demands the nurses faced. My role in the field changed as I came to know the culture of the nurses' community of practice (Wenger, 1998), from a watcher of care to a person who understood the construction of nursing I was privileged to study. Responding to managerial and professional drivers the nurses responded to their disempowered position by creating a novel and effective approach to managing the clinical space. An

ethnographic approach with data collected by participant observation, semi-structured interviews, and scrutiny of documents and artefacts enabled the culture of this nursing space to be described.

I argue that nursing ethnographies can develop nursing scholarship by witnessing care delivery rather than just hearing what informants say they do. Further, participant observation is the signature of ethnography (Brink and Edgecombe, 2003) and its use can help us understand nursing reality rather than outdated rhetoric.

References

- Brink, P. J. and Edgecombe, N. (2003) What is becoming of ethnography? Qualitative Health Research, 13 (7), 1028-1030
- Wenger, E. (1998) Communities of Practice. Learning, Meaning, and Identity, Cambridge University Press: Cambridge

Abstract 2: Rationality and ritual in nursing work: uncovering their meanings through ethnography

Dr Sue Philpin, Senior Lecturer, School of Health Science, Swansea University

This paper also illustrates the ways in which ethnography uncovers the reality of nursing practice, exemplified in this case by an exploration of nursing culture in an Intensive Therapy Unit (ITU). The ethnography was accomplished through participant observation in an ITU over a twelve-month period followed by interviews with fifteen members of the nursing staff; it also included the examination of documentary material present in the field. I sought to understand the culture of this area in terms of what it meant to the people involved, drawing on Weber's (1968) conception of verstehen, referring to understanding the act from the point of view of the actor. An ethnographic approach facilitated the identification and interpretation of specific aspects of culture – the notions of ritual and symbolism – in order to understand the meanings underpinning nursing actions in this setting. The findings indicate that whilst nursing work in this ITU was undoubtedly grounded in the much vaunted rhetoric of rationality of evidence-based practice, elements of symbolism and ritual were also an integral part of the nurses' work and of their working environment. That is to argue that these two, seemingly contradictory aspects of nursing work, coexisted in this unit. Hence a core component and important theme arising from the findings is that many nursing actions have a dual purpose, one, essentially practical and grounded in science, whilst the second purpose entails responding to various other needs stemming from the nature of nursing work. The paper will demonstrate that using ethnography, it is possible to unravel the 'webs of significance' (Geertz, 1993) which constitute a culture, teasing out and make explicit the values inherent in nursing work.

References

- Geertz, C. (1993) The Interpretation of Cultures London
- Hutchinson Weber, M. (1968) Economy and Society Ed. G.Roth & C. Wittich New York: Bedminster Press

Abstract 3: Contradictions and discrepancies: using ethnography to examine practice in context

Dr Fiona Murphy, Senior Lecturer, School of Health Science, Swansea University

Aim

This paper will discuss the potential of ethnography to examine nursing care in context which more accurately reflects the realities of practice. It will draw on the findings of an ethnographic study, which aimed to explore the management and care of women having an early miscarriage within a hospital setting.

Methods

The methods included 20 months participant observation in a United Kingdom hospital gynaecological unit and in-depth interviews with a purposive sample of eight women experiencing early miscarriage and 16 health professionals (10 nurses, 3 doctors and 3 ultrasonographers).

Results

The observations from the fieldwork, compared with the interview data from the nurses revealed an important discrepancy. This was between what nurses espoused as appropriate care, what is recommended in the literature in caring for these women and what was observed in practice. The perspective from the literature is that early miscarriage is a significant, traumatic, bereavement event in women's lives (Moulder 1998). Similarly, the nursing response from the interview data was located within a theoretical framework of care and caring in which patient's emotional needs are considered paramount. However, it was noted that there was a clear discrepancy between this and what was practised in the ward settings. There was clearly not the time to afford women with early miscarriage a high priority and attend to their emotional needs. Additionally, the backstage activity and behaviours of some of the nurses provided clear examples of the discrepancy between the caring values advocated in the literature and that observed in practice. Using ethnography, in particular a prolonged period of participant observation facilitated the identification of this gap between espoused theories and the theories in action that some nurses use (Argyris and Schön 1974).

References

- Argyris C, Schön DA (1974) Theory in practice: increasing professional effectiveness. Jossey-Bass: London
- Moulder C (1998) Understanding pregnancy loss. perspectives and issues in care. Macmillan: Basingstoke

Symposium 16: Realist synthesis – methodology and application

Symposium lead and chair: Dr Bridie Kent, Associate Professor/ Director of Clinical Nursing Research, Nursing, The University of Auckland, Auckland, New Zealand

Symposia focus

The four presentations within this symposium explore different aspects of Realist Synthesis, which is a methodology that has been developed by Pawson and colleagues (1997, 2002, 2005) to reflect the emerging 'realist' approach to evaluative research.

The symposium content arises from the experiences of an international team of researchers, from six countries across three continents, who are involved with knowledge utilisation for nursing practice. It will be chaired by one of the team, Associate Professor Bridie Kent.

The four papers in this symposium will explore:

- an overview of the methodology
- the application of Realist Synthesis to evidence implementation strategies
- searching and retrieval of evidence by an international team
- other process issues to assist others utilising this methodology.

Abstract 1: What is realist synthesis?

Dr Gill Harvey, Senior Lecturer in Health care and Public Sector Management, Manchester Business School, University of Manchester & Professor Brendan McCormack, Professor of Nursing Research, School of Nursing, University of Ulster

Realist synthesis is a method for studying complex interventions using diverse bodies of data and is underpinned by realist/theory-led evaluation methodologies; realism positions itself between the positivist and constructivist approaches. It provides a complementary, approach to traditional effectiveness reviews and is particularly suited to reviews of more complex social interventions. This methodology encourages wider inclusion criteria, enabling data from qualitative studies, case studies and other research designs including RCTs to be included in the analysis. The focus of a realist synthesis is a review of complex social interventions e.g. policy, management, service delivery. The review takes place at the level of theories that underpin complex interventions with an explanatory focus; seeking answers to the question 'What works, for whom, in what circumstances, in what respects and why?'

The characteristics of complex social interventions are:

- consists of theories
- involves actions of people
- consists of a chain of steps or processes that interact
- constituent steps and processes that are rarely linear
- embedded in social systems
- prone to modification
- open systems that change through learning (Pawson et al, 2005).

This approach has flexibility coupled with rigour. It also has the capacity for providing detailed and practical recommendations. This first paper in the symposium will explore in more detail this new approach, how it has been used to date to synthesise research, its strengths and its limitations.

References

- Pawson R. 2002. Evidence-based policy: the promise of realist synthesis. Evaluation, 8 (3): 340-358

- Pawson R, Greenhalgh T, Harvey G, Walshe K. 2005. Realist review – a new method of systematic review designed for complex policy interventions. Journal of Health Services Research and Policy, Supplement 1: 21-34
- Pawson R, Tilley N. 1997. Realistic Evaluation. Sage Publications: London

Abstract 2: Using realist synthesis in practice

Dr Bridie Kent, Associate Professor/Director of Clinical Nursing Research, School of Nursing, University of Auckland & Dr Jo Rycroft-Malone, Reader, School of Healthcare Sciences, Bangor University

This paper builds on the first by exploring the application of realist synthesis to review the evidence associated with implementation strategies for Knowledge Utilisation (KU). This project has arisen from the work undertaken by twelve leading scholars and practitioners in the field of knowledge utilisation in health care. It is an international collaboration involving universities in NZ, Australia, USA, Canada, Sweden and the UK.

The aim of the project was, and still is, to synthesis the research related to strategies and interventions used in the field of evidence based healthcare using realistic synthesis, rather than a traditional systematic review methodology.

There is existing systematic review evidence (Foxcroft & Cole 2003, Grimshaw et al 2004, Thompson et al 2007) that provides some indications for successful implementation strategies such as facilitative approaches, feedback, and education. However, there are some limitations that include equivocal findings that do not necessarily relate to the professional practice of all practitioners; the use of behaviour change as an outcome measure; and a lack of acknowledgement about complexity and context. Therefore the team decided to use a different lens to increase understanding about what is working and what is not working in different contexts (& levels) and with different stakeholders. The review was intended to address meaningful questions and be theoretically driven. The question driving the review was 'What are the interventions and strategies that are effective in enabling evidence informed health care?' Details of how realist synthesis methodology was applied to address this question will be discussed, together with some preliminary findings.

References

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- Grimshaw JM, Thomas RE, MacLennan G, Fraser C, Ramsay CR, Vale L, Whitty P, Eccles MP, Matowe L, Shirran L, Wensing M, Dijkstra R, Donaldson C. Effectiveness and efficiency of guideline dissemination and implementation strategies. Health Technolology Assessment. 2004 Feb;8(6):iii-iv, 1-72
- Thompson DS, Estabrooks CA, Scott-Findlay S, Moore K, Wallin L. 2007. Interventions aimed at increasing research use in nursing: a systematic review. Implementation Science, 11;2:15

Abstract 3: Searching and retrieval of evidence by an international team

Dr Bridie Kent, Associate Professor/Director of Clinical Nursing Research, School of Nursing, University of Auckland

This paper focuses on the collection of the evidence in realist synthesis, particularly that which has been undertaken by the international team to answer the question: 'What are the interventions and strategies that are effective in enabling evidence informed health care?' Realist synthesis adopts a generative approach to causation to uncover the underlying reasons, or theories offered by interventions that generate practice or behaviour change (Pawson 2002). Therefore the scope of the evidence search is, by necessity, wider than with traditional effectiveness reviews. The international nature of the team posed significant challenges for the successful completion of the search and retrieval process. Searching was undertaken in stages to that allowed the team to firstly get a 'feel' for the literature and from there, identify key programme theories (and refine inclusion criteria). These were then discussed in the team to facilitate limited testing followed by further refinement. The literature was searched across policy domains using a broad, not discipline-specific approach, corresponding to healthcare in general. Approximately 39 lines of search text were used with Boolean operators

exploring six online databases (1997-2007): (Medline, CINAHL, Embase, PsycInfo, Sociological Abstracts, Web of Science) as well consulting with Health Sciences Librarians (Dalhousie University, McMaster University). The search strategies were run March 5, 2007 in OVID. A final search for additional studies will be undertaken when the review is nearing completion. The search results were subsequently shared among the international team in order to facilitate retrieval, followed by data extraction and review. In a large geographically dispersed team, this presented some interesting challenges which will be discussed along with the strategies used to ensure that this part of the realist synthesis review was successful.

References

- Pawson R. 2002. Evidence-based policy: the promise of realist synthesis. Evaluation 8 (3): 340-358

Abstract 4: Other process issues to assist others undertaking this systematic review approach

Professor Brendan McCormack, Professor of Nursing Research, School of Nursing, University of Ulster & Dr Jo Rycroft-Malone, Reader, School of Health care Sciences, Bangor University

The application of realist synthesis to address a complex social intervention in healthcare posed a number of challenges to the team of international researchers that needed to be overcome. These will be discussed in this last part of the symposium to assist others who might be contemplating using this methodology. Despite its emerging status, realist synthesis has been used to explore complex issues in health care ranging from the examination of how delays in breast cancer diagnosis and treatment currently are conceptualised (Angus et al 2006), to evidence associated with practice development (McCormack et al 2007) and healthcare education (Attree 2006). Some of the issues raised in this final part of the symposium reflect the challenges of team-working at a distance while others will be more general in nature. They include methodology questions such as asking the right question to get the literature, search terms, the volume of literature found, decisions around the refinement process, the specifics of inclusion or exclusion criteria for realist synthesis and the process of analysis given that few of the team could work together in person due to distance. The successes will be discussed, along with the strategies used to overcome these challenges.

References

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- Research and review McCormack B, Wright J, Dewar B, Harvey G, Ballantine K. 2007. A realist synthesis of evidence relating to practice development: methodology and methods. Practice development in Health Care, 6(1):5-24.

Symposia 17 Be my guest! Challenges and practical solutions of undertaking interviews in the home with children and young people (11)

Symposium lead: Jane Coad, Senior Research Fellow. Centre for Child and Adolescent Health, Bristol, Faculty of Health & Social Care, The University of West of England and University of Birmingham, Bristol, United Kingdom

Symposium chair: Dr Alison Twycross Principal Lecturer in Children's Nursing, Kingston University and St George's University of London.

Symposia focus:

Undertaking interviews with children and young people can provide unique opportunities for professionals to gain in-depth understanding of their unique perspectives. One challenge in seeking their views relates to where the research interview takes place. Whilst there is a plethora of guidelines and studies that use interviews there is less critical debate in the literature about interviewing children and young people in their home (Mayall, 2000). However, there are numerous ethical and methodological issues such as establishing a rapport, time, conduct, consent, confidentiality and safety which need to considered, from entering to leaving the child's home.

This symposium will allow delegates to share work and debate around the specific focus of undertaking interviews with children and young people in the home setting. It will bring together a number of child health researchers who will draw on their work, explore challenges they have encountered, and discuss how they overcame them.

By the end delegates will:

- Understand some contextual issues pertaining to undertaking interviews within the home of children and young people
- Have explored common challenges and practical solutions when planning and conducting interviews with children and young people in their own homes
- Have had an opportunity to debate common ethical and methodological issues that arise when interviewing children and young people in their own homes.

Presenters will undertake thematic presentations relating to planning, conducting and exit strategy for interviews with children and young people in the home setting. Following this a debate will take place, which will discuss the ethical and methodological challenges that researchers face when undertaking such field-work. The symposia will have much to offer researchers who undertake children and young people's research but will also be of interest to any researcher planning or conducting interviews with participants in their own homes.

Reference:

- Mayall B (2000) Conversations with children: working with generational issues. In: Christensen P & James A (Eds.) Research with children: perspectives and practices, pp. 120-136. Falmer. London

Abstract 1: Planning the interviews

Linda Milnes Research Fellow. Department of Health Fellow, School of Nursing, Midwifery and Social Work, University of Manchester Duncan Randall Lecturer. School of Health Sciences, University of Birmingham

This paper will draw upon ethical and methodological experiences when planning to interview children and young people in their home. It will firstly draw on field work to explore how researchers can ensure that recruitment is maximised while providing children and young people the opportunity to be interviewed in the home setting.

Methods will be shared that have been used including:

- Consulting children and young people in the design of the project using contemporary communication methods
- Written, web based social networking sites and text messaging to communicate project information to potential participants
- Pre-interview home visits.

This paper will also address the potential effects of gender of both the researcher and the child or young person being researched in relation to planning for the interview.

Several issues will be considered that have arisen from field-work of the presenters such as:

- Exploration of how gender issues and the interviewing of children at home could affect recruitment of children and young people to research studies;
- Ethical issues of safeguarding children and young people during home interviews
- Overcoming issues pertaining to the gender of both the researcher and the child or young person.

The interactive and iterative processes that occur between the interviewer and child participant in the family are always pivotal and in the child's home this could not more so. This emphasises the need for planning thoroughly before entering the field. Consequently, the first paper in the symposia will aim to explore some challenges and share some practical solutions to assist this important early stage in the process (Christensen and James, 2000).

References:

- Christensen, P. and James, A. (Eds.). (2000). Research with Children: Perspectives and Practices. London: Falmer. 120-135

Abstract 2: Conducting the interviews

Dr Faith Gibson Senior Lecturer in Children's Cancer Nursing Research. Institute of Child Health & Great Ormond Street Hospital for Children NHS Trust, Centre for Nursing and Allied Health Professions Research Maire Horstman Principal Lecturer. Department of Children's Nursing, Faculty of Health and Social Care, London South Bank University Dr Veronica Swallow Senior Lecturer in Children's Nursing. University of Manchester.

Challenges arising from two studies performed by the presenters will be discussed in terms of confidentiality issues and building rapport when conducting interviews in the child or young person's home. The first study investigated family learning in the management of chronic kidney disease. A particular challenge was that of negotiating a situation whereby parents were happy to withdraw from the interview so that their child could talk to the researcher in confidence.

Different strategies will be explored such as:

- Introducing a research interview contract, the terms of which are regularly restated and renegotiated
- Maintaining researcher neutrality; A second study, which enabled children, aged 4-18 years, with a diagnosis of cancer to give their views in the home setting about hospital care they had received will be also used in this paper.

The study sought specifically to facilitate participation and involvement with children through conducting interviews at home (Gibson et al. 2005). In conducting the interviews, it was important that the child perceived there was plenty of time, and activities could move forward at their own pace in an effort to reduce stress and pressure.

A range of strategies will be explored such as:

- The importance of building a rapport with children
- Developing an appropriate interview structure

- Establishing a setting for the interview that facilitates a child's participation, on their terms.

Interviewing children and young people in their home may produce dilemmas, such as providing confidentiality and privacy for the child, while satisfying the social conventions of being a guest in someone else's home. The aim of the second paper will be to unpick some of these issues and provide practical examples from the field-work of the presenters.

Reference:

- Gibson F, Richardson A, Hey S, Horstman M, O'Leary C. 2005. Listening to Children and Young People with Cancer. Final report submitted to Macmillan Cancer Support. Available from authors.

Abstract 3: Exiting the home

Professor Bernie Carter Professor of Children's Nursing Children. Families and Life Transition Research Group. Department of Nursing University of Central Lancashire Dr. Jane Coad Senior Research Fellow. Centre for Child and Adolescent Health. University of the West of England, Bristol.

Extensive field-work will be drawn upon from both presenters who will highlight that the final exit from the home is not an event but rather a process which should be considered as important as the other stages (Coad and Houston, 2007).

The presentation will include:

- The sort of power relationships and/or other relationships that influence the way(s) in which researchers choose to exit the home
- The 'knowing' of when to leave including not outstaying your welcome and being clear about the length and purpose of the interview with the child/young person
- The sensitivity and process issues related to saying thank you and offering rewards
- De-briefing and dealing with feelings of 'loss' associated with being a guest in the family's home.

Overall, the focus of this final formal presentation in the symposia will highlight a number of key issues that relate to exiting the child or young person's home following an interview. It will thus provide practical solutions drawn from both researchers field-work in order to provide delegates with a useful tool bag of ideas. However, the paper will also emphasise that such issues need full consideration from the early outset of any project.

Reference:

- Coad, J; Houston, R (2007) Involving children and young people in the decision-making processes of healthcare services. Action for Sick Children. London.

Abstract 4: Be my Guest

Discussion:

Following the formal presentations there will be an opportunity for delegates to critically debate the issues raised. This will provide an opportunity to discuss ethical and methodological challenges of interviewing children and young people at home in order to generate some practical solutions about how these might be overcome. The papers and debate will be of interest to researchers who undertake children and young people's research but the symposia focus of undertaking interviews in participants own homes will also be of interest to any researcher planning or conducting similar methods.

Symposium 18 The road less travelled: Preparing research supervisors in an interprofessional context

Symposium lead: Mary Brown, Senior Lecturer, Nursing and Applied Clinical Studies, Canterbury Christ Church University, Canterbury, United Kingdom

Symposium chair: Dr Loretta Bellman, Senior Nurse Research & Development, Corporate Nursing Department, University College London Hospitals NHS Foundation Trust, London, UK

Abstract 1: The road less travelled: preparing research supervisors in an Interprofessional context

Dr Tim Clark

Recent changes in research governance (DH, 2005) have resulted in many Universities changing the nature of dissertations for undergraduate degrees due to practical pressures such as completing the ethical processes needed. Many universities have opted for more literature based studies and whilst this has provided some useful new understandings, those progressing to Master level work now do so from a different starting point than former students. Whilst the traditional approach to Masters Level dissertations was by completion of an empirical research project, this is challenging for those who have not completed any research before. This is compounded by a consequent reduction in experienced staff with a range of research experience who can act as research supervisors. New approaches to dissertations have included development of systematic reviews, although there are difficulties in this approach at Masters Level which include the quality of supervision and the focus of the study. An alternative approach for Masters Dissertations is to critically examine and evaluate an aspect of professional practice. Whilst the latter two approaches provide a useful range of possibilities for dissertation work, the need for a new and different type of supervisor is identified. At Canterbury Christ Church University students in the Interprofessional Masters' degree framework can now choose any of these three approaches for their dissertations. This symposium will be chaired by an external examiner to the Masters Programme and considers four aspects; the context in which these changes have occurred, the development of supervisors, the nature of systematic reviews and the plans for a new approach for critical evaluation of an aspect of professional practice.

Intended learning outcomes:

At the end of the presentation, participants will:

- Identify key issues influencing the context of master level supervision
- Be aware of the key features of supporting M level students undertaking systematic reviews
- Discuss the development of supervisors for empirical studies
- Gain an appreciation of a new approach to dissertation work for professional practice

References:

- Department of Health (2005) Research Governance Framework for Health and Social Care (Second Edition) London, Department of Health 300

Abstract 2: Research Supervision: Empowering others to take the Research Road.

Mary E Brown

In 1984 Scott Peck said in his first book The Road Less Travelled "Life was Difficult"– in his later book Further along the Road less Travelled he said "Life was Complex".

For many students in today's Higher Education Institutions (HEI's) this is how they view their Dissertation; difficult and complex. The complexity may be one factor why so many students fail to complete their post graduate programme.

A report by the Higher Education Funding Council for England (Hefce, 2005), revealed that almost a third of full-time and two-thirds of part-time doctoral students had not completed their degree within seven years. These figures make uncomfortable reading, especially from the point of view of the non-completers which can bring disappointment. The Hefce report goes onto to suggest that mature, part-time students, who self-fund, often have lower rates of successful completion.

In 2005, I took over as Programme Director for the MSc Interprofessional Health and Social Care programme and I found that 25% (50) students registered on this programme had opted to interrupt from the programme with no qualification and another 25% (50) nearing completion had not considered the research element. One of the main factors that emerged following telephone interviews with these students (n=100) was the availability of supervisors at the research proposal stage of the process.

As a result of this survey I implemented a series of Research Supervisor workshops:

- For lecturers considering undertaking the role of supervisor and
- To offer support to existing supervisors within the Faculty of Health and Social Care.

This presentation will discuss the outcome of these workshops and the impact on current supervision. It will also address the Quality Assurance Agency for Higher Education Code of Practice (QAA, 2004) which emphasises a move away from the single supervisor system towards the notion of a "supervisory team".

References:

Higher Education Funding Council for England (Hefce 2005) PhD Research Degrees Ref 2005/02 Quality Assurance Agency (2004) Code of practice for the assurance of academic quality and standards in higher education: Post Graduate Research Programmes: 2nd Edition QAA London. 300

Abstract 3: Old route, new travellers: The new development needs of supervisors of empirical studies

Dr Tim Clark

Background:

This presentation considers the development needs of supervisors regarding the research proposal module for empirical studies. Recent changes in research governance (DH, 2005) have influenced the potential for undergraduate research and this in turn has changed the skill profile of those accessing the master's programme. With literature based studies predominating at undergraduate level, Masters students appear to have limited knowledge of research methods and this has impacted on the nature of the research supervision required.

Methods:

An audit of the research interests of supervisors was completed to develop a 'live register' of completed research, areas of specific professional interest and preferred methodologies. Student and staff evaluation data from the research proposal and orientation modules were scrutinised for emergent themes. In a staff development day staff perceptions of their research and scholarship needs were sought and all the data combined to help identify areas for further consideration.

Results:

The audit indicated many supervisors had skills focused in mainly one research paradigm. Whilst some staff had limited experience of literature based studies few identified they felt confident in supervising systematic review dissertations. Whilst many staff preferred to supervise student research in areas of mutual professional interest, students valued more those supervisors who had a good working knowledge of the specific methodology being used. The development day identified supervisors felt the need to develop the breadth of their understanding of different methodologies.

Discussion:

Supervisors are likely to prefer one methodology; this has impact on the choice that students make regarding the nature of their own studies. Students currently lack sufficient knowledge and skills to select an appropriate methodology and therefore rely on their supervisor resulting in a potential lack of fit between the question and the chosen research perspective. This may be one reason for the apparent fall out of students during the dissertation period.

References:

- Department of Health (2005) Research Governance Framework for Health and Social Care (Second Edition) London, Department of Health 300

Abstract 4: Building a new map: issues in research supervision of systematic reviews

Dr Doug MacInnes

The traditional Master dissertation work has been an empirical study; however, difficulties in undertaking these studies has led to an increase in literature based studies that have been used as an alternative approach. However, for an analysis of the literature to take place there needs to be some empirical research to analyse. The main emphasis for systematic reviews has been on quantitative research, although more qualitative reviews are taking place. Effectively, systematic reviews provide a detailed map that co-ordinates and provides detail to something that was previously known in part. According to Sackett et al (1996) a systematic review is a "scientific tool which can be used to summarise, appraise, and communicate the results and implications of otherwise unmanageable quantities of research". It is therefore of particular value in bringing together a number of separately conducted studies and synthesising their results to evaluate either existing or new technologies or practices. It does this by analysing the evidence, and objectively: searching the literature, applying predetermined inclusion and exclusion criteria, critically appraising the literature, and the extraction and synthesis of data to formulate findings.

There are three main approaches to systematic reviews:

- Narrative review is a literature review to collate relevant studies and to draw conclusions from them, but which do not make explicit their methods or decision-making rules
- Systematic review to systematically identify all relevant primary studies, which they have then systematically appraised and summarised according to an explicit and reproducible methodology
- Meta-analysis is a statistical method of combining and summarising the results of studies in a systematic review that meet minimum quality criteria.

This presentation identifies the key aspects of systematic reviews and explores difficulties for the supervisors such as phrasing of the systematic review question, data extraction, analysis of the literature and the assessment of quality.

References:

- Sackett, D.L. et al. (1996) Evidence based medicine: what it is and what it isn't. BMJ 312 (7023), 13 January, 71-72). 300

Abstract 5:

Dr Esther Coren

With the increasing workplace pressures on students, allied to the difficulties in identifying a manageable project, an increasing number of students fail to successfully complete their dissertations. Nationally this picture is especially marked in health and social care students. Lack of confidence in research skills and sometimes limited availability of robust evidence for meta analysis has left some with limited options beyond these traditional approaches. A third option provides a new route that captures the need to critically evaluate a wider range of evidence has been developed.

Master level work related to clinical practice demands three key outcomes:

- Systematic understanding of knowledge and critical awareness of current problems in practice
- Critical evaluation of current research and practice evidence and where appropriate propose new approaches to inform practice
- Ability to make informed judgements with regard to a focused aspect of practice.

These key outcomes can be explored through consideration of policies, an understanding of specific organisational issues, practitioner and service user perspectives and relevant research evidence. This new dissertation approach shares a rigorous initial approach to examining literature, however some of the 'softer' evidence drawn from policies, protocols, and perceptions of issues from practitioners and service users are included that would not normally be in a systematic review. Data drawn from local audit can therefore be utilised to supplement the themes explored in the literature. Critical exploration of the context is a tenet of this approach and this therefore increases the relevance of findings at both an organisational and service user level. This presentation explores the issues arising from the development of this approach and the challenges this brings to those acting as new supervisors.

Symposium 19 Nursing research in the Emergency Department

Symposium lead and chair: Cara Bailey, PhD Postgraduate Student and Phillip Miller, School of Nursing, University of Nottingham, Nottingham, United Kingdom

Symposia focus:

Research in the Emergency Department (ED) is limited and consequently very little attention has been paid to the methodological and professional challenges that researchers face when conducting research in an acute, fast paced and task orientated area of the healthcare system. Despite the drive for evidence based practice in research, there is a significant lack of research experience amongst ED nurses. Ferns et al (2005) believes that this is partly due to a research hierarchy that exists within the research world and as the symposium illustrates nurses are frequently forced to adopt methodologies from other disciplines in the social sciences that are open to criticisms of credibility, trustworthiness and reliability. Restrictions on access and processes of informed consent are often seen as impracticable in an area of unpredictability and unexpected emergency presentations. Whilst, the Mental Capacity Act (Department of Health, 2005) sets out the provisions of informed consent for practitioners, it leaves much more to be consolidated for the researcher conducting research within the ED.

The symposium presents four papers associated with conducting research in the ED. It discusses the role of the researcher in a familiar clinical area, looks at the processes of recruitment, consent and the problems associated with patients presenting to the department unable to make informed decisions. It tackles the ethical and moral dilemmas of researching those who are colleagues and explores the problems of including patients presenting with a life threatening condition or at a time of trauma.

Despite the difficulties involved in planning, implementing and assessing research in the ED, research in the emergency care setting is crucial to the development of healthcare strategies and improvement of patient services. The symposium offers evidence from research in a large ED tackling problems of role, recruitment and consent and presents strategies to protect both the researcher and potential researched.

References:

- Department of Health. (2005) Mental Health Capacity. Department of Health, UK. Ferns, T. (2006) Violence and aggression in the emergency department: Factors impinging on nursing research. Accident and Emergency Nursing.14(1): 49-55

Abstract 1: Conducting End of Life Care Research in the Emergency Department.

Cara Bailey Postgraduate Student, The University of Nottingham.

Introduction:

Despite recent strategies to improve end of life care across all areas of healthcare, very little attention has been paid to the Emergency environment. Conducting research in an Emergency Department (ED) is complex and consequently it is limited. From a qualitative study exploring end of life care in the ED, the paper draws on the dilemmas associated with conducting such research and offers a defined role in which to observe and explore sensitive issues in a fast paced, unpredictable environment.

Methods:

Informed observation was used to explore the daily practices of caring for the dying and the bereaved. Interviews with staff, patients and the bereaved accompany the observational data and provide an in depth insight into care when end of life becomes an emergency. Preliminary sensitising is crucial in order to overcome problems previously associated with observational healthcare research.

Findings:

Preliminary sensitising identified problems with education, societal barriers to end of life and avoidance of the bereaved, a disparity between the technological opportunities to save life and reality of imminence and an ambiguity over resuscitation efforts and prognosis. Through informed observation, the researcher was then able to explore these issues more deeply with the staff involved on a daily basis at the time of the emergency occurring.

Conclusion:

The paper draws on the experiences of conducting research in the Emergency Department and identifies problems of access, recruitment and the role of the researcher with the researched. The paper presents the role of the Informed Observer where the researcher is able to use previous knowledge and understanding of the emergency environment to gain an in depth understanding of end of life care in the emergency department. The role resolves previous dilemmas associated with practitioner research in an acute clinical setting.

Abstract 2: Postal Questionnaire Data Collection After Discharge From the Emergency

Phillip Miller RGN, Research Nurse Emergency Department. PhD Postgraduate Student, The University of Nottingham.

Introduction:

Unscheduled and emergency care present specific difficulties for researchers. Though emergency departments (ED) allow for complete capture of cases in injury research, making contact and recruiting patients in this setting poses practical challenges. Follow-up rates have been low in published studies. The following presentation reports the methods used to collect data from ED attendees including tactics designed to boost response rates.

Methods:

A postal questionnaire study was conducted in a large urban ED (148 000 new patient attendances). Cyclists involved in accidents and brought in for assessment and treatment received questionnaires sent out 2 weeks after discharge. A personalised covering letter from a consultant acted as the 'first approach' by clinical staff rather than a researcher as required by ethical guidelines. Consent was taken as implied by questionnaire completion. A reminder letter was triggered if no response was received within one month. A further questionnaire was sent at 6 months. Participants could request a results summary by tick box.

Results:

During the study period 138 baseline and 37 follow-up questionnaires were posted along with 90 reminders. Respectively 51% (n=71) and 49% (n=18) were returned with 5% (n=7) opting out. The mean age of respondents was significantly higher than non-responders although gender split and disposal were similar. Responders were representative of injury severity in other similar studies.

Discussion:

Reminder letters and personalised letters have both been shown to increase response rates. The response rate reported here is broadly equivalent to other more resource-intensive methods from the literature. Response rates should always be fully reported. Bias introduced by voluntary participation can be evaluated by comparison with non-responders and other cohorts to assess validity.

Conclusion:

Follow-up rates in ED research are often low with a potential for bias. This should be reported and evaluated. There may be an acceptable trade-off when resource considerations are important.

Abstract 3: On The Scene' Crash Study Loughborough University's Vehicle Safety Research Centre and The Emergency Department QMC, Nottingham

Introduction:

Injuries to 'vulnerable road users' (VRU; Cyclists, Motorcyclists and Pedestrians) in road accidents are a significant problem in the UK (DFT, 2005). The 'On The Scene' crash study run by Loughborough University's Vehicle Safety Research Centre (VSRC) conducts detailed investigations of crashes in Nottinghamshire. In 2005 the study was extended to collect data on VRUs with the help of staff in the emergency department (ED) at the Queens Medical Centre in Nottingham.

Methods:

The VSRC crash team, alerted by Nottinghamshire Constabulary are conveyed to the scenes of accidents under blue lights, attending before much volatile data are disturbed. They collect video, eye witness and environmental data regarding the incident and for VRUs it is necessary to collect body measurements, details of clothing and external injury details to establish body/vehicle and body/environment impact points to reconstruct accident progression. This information can often only be collected once the casualty has been assessed and stabilised in the ED. Hospital staff are sent a pack of study documentation to complete when research staff are not available.

Discussion:

Data has been successfully collected by a research nurse in the department, trained to gain consent and collect the required data once alerted by pager. Despite considerable effort in communicating the study aims to other medical and nursing staff little usable data has been collected by them. Problems have stemmed from the intermittent nature of presentations leading to unfamiliarity with procedures, the requirement to gain written consent and difficulty in undertaking research activity in between clinical responsibilities.

Conclusion:

Dedicated research staff are vital to ensure that research activity can be conducted in emergency settings. Clinical staff are rarely able to undertake such non-clinical activities and despite training the quality of data collected may be poor. DFT (2005) Road Casualties in Great Britain 2004: Annual Report. Department of Transport, London.

Abstract 4: The UK Burden of Injury Project (BOI)

Introduction:

The UK Burden of Injury Project (BOI) is a multi-centre study investigating the longer term effects of accidental injury on a cohort of over a thousand people attending emergency departments (ED). The study uses questionnaires completed over a follow-up period of one year. Participants are identified and recruited in emergency departments using a quota system to ensure adequate sampling of different injury locations and age groups.

Methods & results:

Under guidance for Good Clinical Practice for research projects NHS patients should not be approached to participate in research by research staff directly. A member of staff with responsibility for care should identify eligible patients and check with the patient that they are willing to discuss participation with a researcher; the 'first approach'. For the BOI, research assistants worked in shifts in relevant areas of the hospital. They built a rapport with staff explaining the study aims and in particular the quota system so that potential participants were accurately identified. Despite this many potential patients were 'missed' as staff failed to identify them or make an approach. Because of low recruitment a request to allow invitation letters to be sent out to eligible

patients after discharge was submitted to the Main Research Ethics Committee who had reviewed the study. Permission was refused. The MREC was concerned that confidentiality could be compromised if another member of the patient's household discovered that the patient had attended the ED. Some quotas for injury categories and age groups were not filled potentially reducing the validity of the sample.

Discussion:

Recruitment of ED patients is vital to injury research. Ethical protection of potential participants is important. Requirements for a 'first approach' only by clinical staff and a restrictive interpretation of ethical principles may threaten research studies despite honourable intentions.

Symposium 20 Patients' Experiences of Cancer Symptoms (PECS study)

Symposium lead: John Costello, Lecturer in Nursing, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Symposium chair: Alex Molassiotis: Chair & Professor of Cancer & Supportive Care, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, UK

Symposia focus:

Although symptoms are a frequent topic in oncology and quality of life literature, the concept of symptom experience has only recently been clarified by the delineation of its two sub components, occurrence and distress (Dodd M et al, 2001; Rhodes et al 2000). Furthermore, our understanding of cancer patients' experiences is limited and the existing information is insufficient to guide the development of policies or interventions to meet their needs (Ashbury et al 1998). In addition, some studies have looked at the symptom experience from the carers' perspective and it is clear that the carers experience higher distress levels than the patients (Lobtchuk & Degner 2002; Davies et al, 1996), but again little work has been directed to the carers.

The symposium will bring together recent empirical longitudinal qualitative and quantitative data of a large cohort of cancer patients, it will examine the symptom experience from both the patient and carer perspective, will demonstrate the changing nature of the symptom burden at different points of the illness trajectory, and will highlight differences and similarities between qualitative and quantitative data sets. Hence the symposium will provide opportunities to better understand the meaning of symptom experience from both patient and carer perspectives, how that experience affects their lives, how patients and carers utilise self management techniques to overcome such experience, and how health professionals enhance with this information the management of symptoms.

Learning outcomes:

At the end of the symposium participants will be able to:

- Better understand the concept of cancer symptom experience from the parspectives of both patients and carers
- Discuss how symptoms over different phases of the illness trajectory affect patients and their carers
- Discuss implications for the development of symptom management strategies

References:

- Ashbury FD, Findlay H, Reynolds B, McKerracher K (1998). A Canadian survey of cancer patients' experiences: are their needs being met? Journal of Pain & Symptom Management, 16: 298-306
- Davies E, Clarke C, Hopkins A (1996). Malignant cerebral glioma-II: Perspectives of patients and relatives on the value of radiotherapy. British Medical Journal, 313: 1512-1516. Dodd M, Janson S, Facione N, Faucett J, Froelicher ES, et al. (2001). Advancing the science of symptom management. Journal of Advanced Nursing, 33: 668-676
- Lobchuk MM, Degner LF (2002). Symptom experiences: perceptual accuracy between advanced-stage cancer patients and family caregivers in the home care setting. Journal of Clinical Oncology, 16: 3495-3507
- Rhodes VA, McDaniel RW, Homan SS, Johnson M, Madsen R. (2000). An instrument to measure symptom experience: symptom occurrence and symptom distress. Cancer Nursing, 23: 49-54

Abstract 1: Symptom experience in cancer patients through longitudinal qualitative interviews

Wilson B. Research associate, School of Nursing, Midwifery and Social Work, University of Manchester UK

Using longitudinal interview data gathered at four time points in the year following a cancer diagnosis, this study explores how a large cohort of cancer patients describe and subjectively perceive the utility of employed coping styles. Possible changes in such styles over time are described and responses to perceived failing strategies explored. Patients evaluate and respond to symptoms based on their ascribed meaning. Patients evaluate meaning based on the cause, severity, treatability and effect on life, and consequently utilize a range of emotion and problem – focused coping strategies in response. While health professionals may consider the use of certain strategies as indicative of maladaptive coping, and seek to intervene to promote a more adaptive response to speed physical and psychological recovery, patients themselves may evaluate their strategy(ies) positively and adaptively in light of the meaning they attached to symptoms. Intervention in such instances may prove an inappropriate use of scarce resources and counter productive to patient well-being. Given the dynamic nature of the symptom experience within a patients' cancer trajectory however, previously perceived beneficial strategies may prove inadequate over time, and, without modification, give rise to distress. Recognising indicators suggesting the inadequacy of such strategies is important in developing timely interventions.

Abstract 2: Transitions of symptom experience and symptom clustering: lessons for symptom management

Molassiotis A.Professor of Cancer & Supportive Care School of Nursing, Midwifery and Social Work, University of Manchester

In this study, 98 patients from eight diagnostic groups and their caregivers completed the Memorial Symptom Assessment Scale (MSAS). This scale evaluates 32 physical and psychological symptoms and these comprise 3 subscales, including the psychological symptom subscale, the high prevalence physical symptom subscale and the low prevalence physical symptom subscale. The scale was completed shortly after diagnosis, 3 months, 6 months and 12 months post-diagnosis.

The data shows that the hierarchy of symptoms differs along the illness trajectory, with physical symptoms being more burdensome in the early assessments, while later on psychological symptoms become more prominent. A large number of symptoms were present concurrently, and were strongly linked with certain other symptoms, forming symptom clusters (ie. fatigue, sleep and depressed mood). Such symptom clusters should be the priority of symptom management interventions, moving away from treating single symptoms only.

Abstract 3: Caregivers experience of the patients symptoms

Costello J. Lecturer, School of Nursing, Midwifery and Social Work, University of Manchester UK

This study supplements the primary research by exploring the caregiver's perspective. The aim was to explore caregiver perceptions of the patient's cancer symptoms experienced during different phases of their illness. A cross sectional purposive sample of 57 adult carers from Breast, Gynaecological, Prostate, Brain, Lung, Lymphoma, Head and Neck and Gastrointestinal disease sub groups were used. The study strengthens the quantitative study by enabling the caregiver to provide information about their perceptions of the patient's symptoms. In depth interviewing was the primary data collection method using face to face interviews over a one year period at approximately 4, 11, 25 and 50 weeks post diagnosis. The transcribed interview data was analyzed using N'vivo. Carers often experience distress as a result of feeling disengaged from the communication processes initiated by Health Care Professionals (HCPs).

As a result many carers express feelings of isolation and distress. Carer distress also results from their perceptions of the patients symptoms, some of which for example alopecia and fatigue have an adverse, although these symptoms may not be significant to the patient. The discrepancy between overt symptoms observed by the carer and the covert concerns of the patient can lead to inappropriate interventions by HCPs. Patients experience a wide range of physical and psychological symptoms during their illness. There is evidence of patients 'masking' the impact of their symptoms as a protective strategy to help carers cope more effectively. Patient management of symptoms are attenuated by a desire to reduce carer distress. This symbiosis changes according to the extent to which carers respond to the patients symptoms.

Abstract 4: Methodological conflicts in the assessment of symptoms: qualitative versus quantitative data

Molassiotis A.Chair & Professor of Cancer & Supportive Care, School of Nursing, Midwifery and Social Work, University of Manchester UK

Quantitative and qualitative assessments of symptoms carried out in the sample of a heterogeneous group of cancer patients were shown to differ between each other. While patients reported a large number of symptoms (quantitative data), they focused during the in-depth interviews in a small range of symptoms which affected their lives the most or triggered other difficult situations. The understanding of meaning of symptoms was important in shaping the patients' response and coping with the symptoms. Furthermore, this paper will discuss the difficulties of utilising longitudinal interview techniques over prolonged periods of time, and ways of handling such data sets. The role of both qualitative and quantitative data in symptom assessment will be highlighted.

Symposium 21 Management of infection-related outbreaks: Innovations in Health Protection

Symposium lead and chair: Bernice West, Director of Doctoral Studies, School of Nursing and Midwifery, The Robert Gordon University Aberdeen, Scotland, United Kingdom

Symposia focus:

This symposium comprises a set of four research papers each of which is concerned with the management of infection-related outbreaks. The chair of the symposium is involved in the academic supervision of all other presenters.Each paper builds knowledge pertaining to roles, responsibilities, interprofessional working, education and policy development with respect to the management of infection related outbreaks, public health consequences and health protection practices. International and interprofessioanl perspectives are offered to illustrate commonalities of approach. A variety of methodolgies are deployed across the four papers and the authors will make available at the symposium copies of public output.

Abstract 1: Exploring pharmacists' views and perceptions of pharmacist antimicrobial prescribing in secondary care

Tonna A.(PhD Student), Stewart D., West B., McCaig D. School of Pharmacy, School of Nursing and Midwifery The Robert Gordon University, Aberdeen

Introduction:

Up to 9% of patients in hospitals may have a health-care associated infection (HCAI) at any one time. (Department of Health, 2005) Micro-organisms associated with HCAI include meticillin-resistant Staphylococcus aureus and multi-drug resistant Clostridium difficile. Optimisation of antimicrobial use is a key to managing and reducing the incidence of further development of resistance. The introduction of non-medical prescribing in the UK is likely to provide opportunities and challenges for pharmacists to help optimise antimicrobial use. (Weller, JMA and Jamieson CE, 2004)

Objective:

To explore the views and perceptions of practising pharmacists relating to pharmacist antimicrobial prescribing in secondary care.

Method:

A qualitative, exploratory approach was adopted. Pharmacists' perceptions were explored using focus groups in six Scottish regions representing (a) rural and urban areas (b) district general hospitals and large teaching hospitals. Senior hospital pharmacists working in specialities where antimicrobials are crucial to patient management were invited to participate. A topic guide was developed to lead the discussions which were audio recorded and transcribed. The 'framework' approach to data analysis was used. (Ritchie, J and Lewis, J, 2003)

Results:

Perceived feasibility and value of pharmacist prescribing of antimicrobials were linked closely to area of care. Barriers to implementation of pharmacist antimicrobial prescribing roles included large throughput of patients, large number of patients likely to be on antimicrobials and not providing a 24 hour pharmacist prescribing service. Preparing the clinical management plan as part of SP was viewed as too time consuming; a lack of diagnostic skills was perceived as the main barrier towards pharmacist IP of antimicrobials.

Conclusions:

Pharmacists feel they have a good knowledge base to prescribe and manage antimicrobial treatment identifying possible opportunities for intervention; they have also highlighted barriers to both pharmacist SP and IP of antimicrobials Work.

References:

- Department of Health, 2005. Action on Health Care Associated Infections in England. London. Ritchie J and Lewis J, 2003. Qualitative research practice. A guide for social science students and researchers. London: SAGE publications limited
- Weller TMA and Jamieson CE, 2004. The expanding role of the antibiotic pharmacist. The Journal of Antimicrobial Chemotherapy, 54, pp. 295-8

Abstract 2: Managerial epidemiology: Implication for Outbreak Management, an illusion or a reality?

Theophilus Maloreh-Nyamekye B.A PgDip MSc MCIPS; MBA PhD Student School of Nursing and Midwifery Faculty of Health and Social Care The Robert Gordon University, Aberdeen, Scotland, UK

Aim:

This analysis sets out to critically examine the concept of epidemiology and to advance arguments on the need to consider taking a new look at how it relates to outbreak management from a managerial point of view under the term 'managerial epidemiology.' The paper also aims at generating new ideas and future directions for research in the area of disease control.

Background:

The issue of disease outbreaks has become a matter of concern most especially in recent times at local, national and international levels. Although epidemiological concepts abound in the literature, it appears that very little is known about the relationship between epidemiology and managerial issues.

Method of data analysis:

The analysis is purely conceptual and literature based, using the concept of social responsibility based on the European Foundation for Quality Management Excellence (EFQM) Model. The paper also analyses the key of features of outbreaks in terms of chain of control and key responsibilities with emphases on multidisciplinary teamwork.

Discussion of key issues:

Organisational leadership at all levels, proper planning and timely deployment of appropriate resources in their right proportions, coupled with teamwork are very essential in dealing with outbreaks in both short and long terms.

Conclusions:

The paper argues that since the management of disease outbreak is complex and resource driven, a multidisciplinary approach is required at all levels notably strategic (national), tactical (regional) and operational (institutional and community) levels involving all stakeholders. This is needed before (pre-outbreak stage), during (outbreak stage), and after (post-outbreak stage) every outbreak. The paper concludes that researchers need to concern themselves with 'managerial epidemiology'. Finally, the author welcomes further exploration of the key issues raised specifically in relation to, the utility of EFQM Excellence model

References:

- European Foundation for Quality Management (EFQM) Model (1999) A procurement pilot project [http://www.business-excellence.org.uk/efqm_model.htm- Accessed on 11/03/05] Sabatier, P. (1986), 'Top-down and Bottom-up Approaches to Implementation Research: a Critical Analysis and Suggested Synthesis,' In Journal of Public Policy, 6(1), 21- 48

Abstract 3: Control of infection by vaccination: a successful story describing elimination of neisseria meningitidis carriage from the throat of pilgrims visiting Saudi Arabia

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A large outbreak of Neisseria meningitidis serogroup A occurred in Saudi Arabia during the annual pilgrimage of Hajj in 1987. The sources of the infection were pilgrims coming from Sub-Saharan Africa where carriage of serogroup A is endemic. The agents of the outbreak belonged to a serogroup A clone which was also responsible for meningococcal meningitis outbreaks in other countries among pilgrims returning from the Hajj pilgrimage or among their close contacts. In response, Saudi health authorities promulgated a vaccination policy against the organism as a prerequisite to obtain a visa to travel to the Kingdom. This policy resulted in a remarkable reduction of the Hajj-associated meningococcal meningitis outbreaks. A study was conducted to investigate the carriage of meningococci among pilgrims in 2006 Hajj pilgrimage and compared with two other Saudi populations. Throat samples were taken from a large number of pilgrims of different countries (n=382) and 150 university students and 150 prison inmates. No positive sample of N.meningitidis was isolated from pilgrims or students although some samples were identifies as non-meningitidis isolates of Neissria species. However, thirteen positive isolates (9%) of the samples taken from inmates' throat proved to be N.meningitidis of serogroup A(n=6), B(n=4) and W135(n=3). The isolates were subjected to Restriction Fragment Length Polymorphism (RFLP). Three strains (one sample from a Nigerian inmate and two from two Ethiopian inmates) belonged to serogroup W135, four strains (all isolated from Ethiopian inmates) belonged to serogroup B and six strains (two strains from two Nigerians and four strains were isolated from four Ethiopian inmates) belonged to serogroup A. Interestingly, all serogroup A showed exactly the same DNA fingerprinting and the same holds true for serogroup B and serogroup W135 The study proved that that the policy of vaccination against the organism was successful.

Turning a team of experts into an expert team: an evaluation of a reflexive education programme Bernice JM West and Michael H Lyon Hive Design and Consultancy Aberdeen with colleagues from HAI Directorate NES Edinburgh; HAI Directorate HPS Glasgow.

Background:

Considerable literature exists which illustrates in the problems associated in ad hoc team working and the need for explicit guidance on roles. responsibilities, communication strategies and self evaluation. Within infection control and health protection the management of outbreaks usually involves ad hoc team working.

Aim:

At the request of two national agencies in Scotland (NES and HPS) the primary authors (West and Lyon) were invited to facilitate the development of an interprofessional education programme to enhance team-working in the area of Health care associated infections (HAI) outbreak management.

Method:

A three phase evaluation procedure was deployed. Firstly using systematic literature reviewing techniques and expert panel discussions a reflexive open-learning workbook was designed. Secondly this workbook was tested on two Incident Management Teams working in the NHS in Scotland. Thirdly an innovative approach to team

building using magically enhanced training (MET) was tested with a multiprofessional group who had completed the workbook.

Findings:

Indicate success in enhancing ways of working for ad hoc teams but also show the pedagogic challenges of providing interprofessional education on the topic of team working and outbreak management. Secondary findings suggest that the debriefing process for those involved in outbreaks is crucial for subsequent service development. Finally the evaluation processes have indicated the value of MET when combined with more traditional pedagogies.

Conclusion:

The education programme will be used to inform a national programme on the management of HAI related outbreaks. Word count 236 References NHS Education Board for Scotland and Health Protection Scotland (2006) Management of infection related incidents: a reflexive educational programme for core members of Incident Management Teams NES Edinburgh Scotland.

Symposium 22 Consulting the oracle: Use of the delphi technique in nursing

Symposium lead: Sinead Keeney, Senior Lecturer, Nursing, University of Ulster, Newtownabbey, Northern Ireland, United Kingdom

Symposium chair: Professor Hugh McKenna, Dean of Faculty of Life and Health Sciences, University of Ulster, Jordanstowm, Northern Ireland, United Kingdom

Symposia focus:

This symposium will begin with an introduction to the Delphi technique and its use in nursing research (Paper 1). The main features of the Delphi technique will be explored and the different modifications of the approach will be outlined. The second paper will build on this introduction by illustrating the features of the Delphi with real-life examples taken from three researchers' work over a ten year period. An insight will be provided into the main difficulties that researchers may encounter when using the Delphi. This paper will also offer useful advice and solutions to deal with many of these difficulties. Paper 3 will use an example of the Delphi in practice to show how it can be applied to a specific topic and to share some of its limitations in researching district nursing. The final paper will examine one innovative approach to Delphi work when trying to achieve consensus among experts. This paper will use read data to actively engage delegates through the use of radio controlled voting sets so that they can experience being in the role as Delphi experts.

Abstract 1:

Aims:

This paper aims to outline the main concepts and principles to the Delphi Technique and present examples of how it has been used in nursing research.

Background:

The Delphi technique is an adaptive research tool which is growing in popularity in the nursing. The technique will be outlined and illustrated with examples from previous research.

Methods:

The methodology will be defined and issues such as identification of experts and the number of rounds, will be discussed.

Discussion:

A review of the nursing literature identified a selection of studies that illustrate a variety of methodological interpretations in the use of this technique. Findings indicate that whilst the Delphi shares a number of common features, such as a structured process for seeking opinion from experts. However, its widespread use by numerous researchers over a prolonged period has resulted in it being modified to the point where there is now have a family of `Delphi-inspired techniques'. This raises questions about methodological rigour which will be addressed in the presentation.

Conclusion:

Whilst few guidelines exist to advise researchers on the correct application of this method the Delphi technique has been accepted as an established research method. Like all research approaches it has its weaknesses and I will discuss how best these can be ameliorated.

Abstract 2:

Aim:

The aim of this presentation is to provide insight into the Delphi technique by outlining the personal experiences of three researchers during use of the Delphi technique in nursing research over a 10 year period (McKenna, 1994; Hasson, 2001; Keeney, 2003).

Background:

As a means of achieving consensus on an issue, the Delphi technique has become widely used in healthcare research in general and in nursing research in particular. The literature on this technique is expanding, mainly addressing what it is and how it should be used. However, there is still much confusion and uncertainty surrounding it, particularly about issues such as modifications, consensus, anonymity, definition of experts, how experts are selected and how non-respondents are pursued.

Discussion:

The issues that arise when planning and carrying out a Delphi study include the definition of consensus, anonymity versus quasi anonymity for participants, how to estimate the time needed to collect the data, analysis of each round, feedback to participants, responses to feedback, definition and selection of experts, enhancing response rates and the number of rounds to conduct. While these issues are noted in much of the Delphi literature, the experiences of researchers who have used the Delphi are invaluable in providing insight and guidance to novice Delphi researchers.

Conclusion:

Many challenges and questions are raised using the Delphi technique but there is no doubt that it is an important method for achieving consensus on issues where none previously existed. While it is clear that researchers are, and need to, adapt the method to suit their particular study, this has been the main issue under which the Delphi had been criticised. This paper will address these criticisms in relation to personal experience of the technique.

References:

- Hasson, F. (2001) See McKenna, H.P. & Hasson, F. (2001) A study of skills mix issues in midwifery: a multi-method approach Journal of Advanced Nursing 37(1) 52-61
- Keeney, S. (2000) See McIlfatrick, S.J. & Keeney, S. (2003) Identifying cancer nursing research priorities using the Delphi technique Journal of Advanced Nursing 42(6) 629-636
- McKenna, H.P. (1994) The Delphi Technique: a worthwhile approach for nursing? Journal of Advanced Nursing 19, 1221-1225

Abstract 3:

Aim:

Whilst the Delphi technique has observable strengths that make it a consequential method for nursing research, it also has drawbacks. This paper will examine the limitations of the Delphi technique and consider how these can be overcome using a study that explored the competencies that district nurses require to undertake health promotion effectively as an exemplar.

Background:

The Delphi technique is a well established method in nursing research, offering an alternative to direct debate to elicit the judgment of an expert panel. It is a multi-staged approach involving a series of questionnaires, from which the responses are summarized and fed back to participants in order to achieve consensus.

Discussion:

Specifically, I will consider the issues of:

- Scientific credibility and discuss how the method can be used and what claims can be made from its findings.
- Achieving consensus, where I will examine various techniques that have been used in the literature and offer an analytical approach developed by Greatorex and Dexter (2000) that surmounts the accusation of arbitrariness
- Response rates, by exploring what is an acceptable response rate at the point where consensus is reached and how attrition over rounds can best be eluded
- The size and composition of the panel, considering the published literature that explores how a balance can be struck between managing data, avoiding attrition and ensuring representativeness
- Dealing with unwieldy amounts of data, a potential problem that I will show can be managed through the careful use of qualitative and quantitative techniques
- Practical issues where I will discuss concerns about the cost and the time needed to execute a Delphi study.

Conclusion:

I will demonstrate that with careful management of the threats to its viability, the Delphi technique offers nursing a useful method for achieving consensus in an area when none existed previously.

References:

- Greatorex J & Dexter T (2000) An accessible analytical approach for investigating what happens between round in a Delphi study. Journal of Advanced Nursing, 232 (4), 1016-1024

Abstract 4:

Aim:

It aims to inform the audience of the ways in which the Delphi technique can be used with technology.

Background:

The Delphi is characterised by its flexibility as a method for generating consensus. One of its consistent features, however, is the anonymity afforded to members of the expert panel. This occurs to overcome the group psychological approaches which might prevent genuine consensus being achieved in face-to-face meetings. One other advantage of the traditional Delphi is that respondents can participate without leaving home. The process usually involves two or three rounds of questionnaires which are designed to measure consensus, by the generation of, and subsequent attrition of ideas. The process can become protracted.

Discussion:

Technology provides a means to reconcile the two issues:

- Using questionnaires as a means of ensuring the anonymity of participants
- Avoiding the inevitable delays in completing several rounds of questionnaires. It is possible to use electronic voting systems

Voting is carried out anonymously. The expert panel come together and the consensus gathering process can be completed during a meeting. Likert type scales which are common features in the second and third round of the Delphi can be administered very quickly so that there is immediate feedback to participants who can vote again on seeing the results from each round. The advantage of this method is that it permits discussion of the

issues whilst voting remains anonymous. Would such a process fatally undermine the integrity of the Delphi method?

Conclusion:

During the session an attempt will be made to answer that question. Wireless voting sets will be used. Participants will be given the opportunity to participate in two rounds of the Delphi. At the end participants will be asked to vote on the experience and whether it had undermined the Delphi principle.

Symposium 23 Finding Haystacks and Needles - Using routinely collected data for nursing workforce research in the National Nursing Research Unit large data sets project

Symposium lead and chair: Peter Griffiths, Director, Nursing Reseach Unit, Nursing Research Unit, King's College London, London, United Kingdom

Symposia focus:

In common with many elements of healthcare provision, the contribution of 'nursing' within the complex structures and processes of healthcare remains elusive. Optimal skills, education, numbers and configuration of nursing services remain unclear. Meanwhile significant changes are made to the composition and organisation of nursing work and the nursing workforce. These changes are predicated on assumed benefit or assumption that the workforce is infinitely plastic and there are no necessary consequences for client or staff well being. Identifying the marginal benefits (or otherwise) of more subtle effects of workforce configuration presents a major challenge because of the dominating effects of a patient's condition and the availability of successful treatments in determining outcomes and so massive samples are required. Large datasets of routinely collected data are increasingly available for both workforce and patient outcomes.. Currently these resources are under utilised for research purposes in general and represent a largely untapped resource for assessing the impact of changes in workforce composition and organisation. These datasets can provide longitudinal measures of change and provide the opportunity to utilise naturally occurring variation across localities to address a range of questions. In these papers we address and discuss issues arising from the use of these data from the National Nursing Research Unit's programme to identify, assess and link data sources that can support the nursing workforce studies. We will explore issues arising from this work including a critical review of existing research on nurse staffing and patient outcomes, the importance of 'nurse sensitive' outcomes, the invisibility of 'nursing' within NHS workforce data, the limitations inherent in conducting research at this level and the opportunities created by bringing a participative approach to this mode of research.

Abstract 1: The Needle in the Haystack: the evidence base on nurse staffing and patient outcomes

Jill Maben, Senior Research Fellow National Nursing Research Unit, King's College London Peter Griffiths, Director National Nursing Research Unit, King's College London

In this paper we review existing research that has utilised large data sets to explore the impact of nursing. In relation to nursing and care work there are relatively few examples of studies which have utilised large data sets. We present the results of a review of the literature which seeks studies where routinely collected discharge data sets or equivalents have been used to determine the link between nursing workforce configuration and characteristics and patient outcomes. The field has been dominated by studies examining the link between nurse patient staffing ratios and patient outcomes in acute (generally surgical) hospital settings in the USA (1.2). This research has limitations both in terms of limited generalisation, potential confounding and misattribution of outcomes through differences in the level of measurement of staff and patient data. Further, where complex statistical models are deployed there may be contested assumptions and alternative perspectives which warrant further analysis. Opportunities for replication or reanalysis are limited. The ability to assess the impact of ongoing change in the wider context on these isolated findings is also limited (3). There is essentially no research that examines nursing work in other settings or specialities and in particular little research to support current developments which envisage a greater role for nurses in chronic and acute disease management in settings outside of acute hospital.

References:

- Aiken, LH, Clarke, SP, Sloane, DM, Sochalski, J, Silber, JH, 2002. Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. JAMA 288 (16), 1987-1993

- Needleman J, Buerhaus P, Mattke S, Stewart M and Zelevinsky K (2002). Nurse-Staffing Levels and the Quality of Care in Hospitals. New England Journal of Medicine, 346, 1715-1722, Massachusetts Medical Society, USA
- West E, Maben J, Rafferty AM (2006) Nursing and patient outcomes: How can employers provide the right environment for nurses to deliver high quality care. Harvard Health Policy Review 7 (1), Spring 2006: 64-84

Abstract 2: Is it a needle? The challenges of linking nurse sensitive indicators and to workforce data

Trevor Murrells, Statistician, National Nursing Research Unit, King's College London

In this paper we discus potential data sources for nurse sensitive outcomes and patient safety indicators (PSIs) and make a preliminary assessment of their utility when linked to staffing data. PSIs and other nurse sensitive outcome indicators need good face and construct validity, amenability to precise measurement, minimum bias and insulation from perverse incentives to improve performance. There must be evidence of sensitivity to variations in the quantity and/or quality of nursing inputs (1). PSIs that are recognised as nurse sensitive include decubitus ulcer, failure to rescue, postoperative respiratory failure and postoperative pulmonary embolus or deep vein thrombosis (1). However, these provide limited opportunities to demonstrate positive impacts of wider nursing practice (e.g. prevention, treatment, risk factor reduction, avoiding additional complications). Some of the criteria may apply to other routinely collected outcome indicators in other settings. We will examine the evidence and discuss our ongoing work to identify other indicators.

Other issues arise when attempting to utilise indicators to study nursing related variables. Available data is often aggregated at levels which pay scant regard to aspects of nursing care. Hospital stays are reported by consultant episode but not by nursing unit or specialty (i.e. hospital ward). Very little information exists on nurses working at the GP practice level and again data is aggregated at a high level. To analyse outcomes from a workforce perspective, data from different sources may need to be combined. We will illustrate the challenges with an analysis linking data from the NHS Workforce Benchmarking database and the Quality Outcome Framework (QOF) indicators collected from general practices in England in order to determine if nurse staffing impacts upon general practice performance. Limitations will be highlighted and new or emerging sources of outcome/workforce data will be identified. (289) (1) Department of Health and Human Services Agency for Healthcare Research and Quality, 2007b. Guide to Patient Safety Indicators, Version 3.1 Other issues arise when attempting to utilise indicators to study nursing related variables. Available data is often aggregated at levels which pay scant regard to aspects of nursing care. Hospital stays are reported by consultant episode but not by nursing unit or specialty (i.e. hospital ward). Very little information exists on nurses working at the GP practice level and again data is aggregated at a high level. To analyse outcomes from a workforce perspective, data from different sources may need to be combined. We will illustrate the challenges with an analysis linking data from the NHS Workforce Benchmarking database and the Quality Outcome Framework (QOF) indicators collected from general practices in England in order to determine if nurse staffing impacts upon general practice performance. Limitations will be highlighted and new or emerging sources of outcome/workforce data will be identified.

References:

- Department of Health and Human Services Agency for Healthcare Research and Quality, 2007b. Guide to Patient Safety Indicators, Version 3.1

Abstract 3: Where's the nurse where's the patient? (or are we looking in the right haystack?)

Elizabeth Smith, Research Associate, National Nursing Research Unit, King's College London Sally Brearley , Honorary Research Fellow, National nursing Research Unit, King's College London

The use of large data sets offers considerable potential to advance our knowledge of the role of nursing within health services. It may also tell us something worthwhile about the experience of patients. However, such studies raise as many questions as they answer. For example, the aggregation of data on a large scale masks

considerable variation amongst both individuals and groups. This applies to nurses and patients. It is also unlikely to explain why the observed results occur, or how to move forward. Nurse-specific data relates almost exclusively to acute settings: in the data sets currently generated in primary care it is difficult, if not impossible, to disentangle the nursing component of care, as highlighted in paper 2.

This paper will argue that participative approaches to research can enhance studies of large data sets. Such approaches have the power to explain the reasons for, and the relative importance of trends from the perspectives of policy makers, managers, healthcare staff, patients, carers and the public and they can help to ensure that research is relevant to the groups that research intends to serve (1). If linked to strong theoretical propositions participative approaches can reveal possibilities for how to move forward in the context of wider social or political challenges. Our discussion is informed by an examination of trends in user involvement in research (2), and recent findings on the role of community nursing, particularly in relation to long-term conditions (3). We discus the implications of these for the future generation of large data sets: How might they develop in order to better capture what nurses do and what patients value?

References:

- Department of Health (2004) Patient and public involvement in health: The evidence for policy implementation, London: Department of Health
- Smith, E., Ross, F., Donovan, S., Manthorpe, J., Brearley, S., Sitzia, J., Beresford, P., (2005). User involvement in the design and undertaking of nursing, midwifery and health visiting research. London: Nursing Research Unit, King's College London. Full report (Ref: SDO/69/2003) and annotated bibliography available from http://www.sdo.lshtm.ac.uk
- Sargent, P; Pickard, S; Sheaff, R and Boaden, R. (2007) Patient and carer perceptions of case management for long-term conditions. Health & Social Care in the Community (OnlineEarly Articles) doi:10.1111/j.1365-2524.2007.00708.x

WORKSHOPS

Workshop 1: Ethnic diversity in UK social science and public policy research: A consultation and development exercise to produce guidelines for sound scientific and ethical practice

Peter Allmark, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, United Kingdom

Abstract:

The UK is a multi-ethnic society. The 2001 Census indicated that 13% of the population of England identified themselves as belonging to an ethnic group other than White British and 9% self-identified as non-White. The ethnic, religious and linguistic diversity of the UK population is likely to increase in future years. In particular parts of the country (notably certain London boroughs, and parts of the East and West Midlands and Yorkshire and The Humber) individuals of non-White British ethnicity out-number the White British population. Across a range of social policy and welfare indicators, outcomes for minority ethnic groups continue to be far worse than for the majority White population. In addition, there is great diversity within and between ethnic 'groups', so that generalisation across minorities (and also the majority 'White' population) can be misleading.

The Race Relations (Amendment) Act 2000 has made it unlawful for a public authority to act in a way that constitutes discrimination. The Act further places legal duties upon public bodies, in carrying out their functions, to consider the need to eliminate unlawful discrimination and to promote equality of opportunity and good relations between people of different racial/ethnic groups. At the same time, most public authorities are also bound by specific duties, such as publishing a race/ethnicity equality scheme or policy setting out how they will meet the general duty (http://www.cre.gov.uk/legal/rra.html), and the Commission for Racial Equality's ongoing formal investigation into the Department of Health clearly indicates its intention to use its powers to identify failures in these duties across a range of public policy arenas (http://www.cre.gov.uk/Default.aspx.LocID-0hgnew0qf.RefLocID-0hg00900c008.Lang-EN.htm).

Given that expectations of evidence-based social policy and practice are now the norm, these duties clearly imply the need for a research evidence base that reflects the ethnic diversity of the population. For example, the need for such an evidence base has been formally acknowledged by the Department of Health in its Research Governance Framework for health and social care in which it sets out general principles that should apply to all research (DH 2001): 'Research, and those pursuing it, should respect the diversity of human society and conditions and the multi-cultural nature of society, Whenever relevant, it should take account of age, disability, gender, sexual orientation, race, culture and religion in its design, undertaking and reporting. The body of research evidence available to policy makers should reflect the diversity of the population' (Para 2.2.7)' However, despite the apparent increased awareness of the need for (and right to) inclusion in research that influences knowledge, policy and practice, it is clear that the majority of funded social research that is conducted in the UK focuses predominantly on the majority White British population and fails to consider ethnicity as a variable of analysis.

Unlike the US, there is currently no explicit legal requirement in the UK to include minority ethnic participants in publicly-funded research intended to inform social policy decisions affecting its ethnically-diverse population (Ellison et al. 2007). While it seems without question that, in principle, we should produce evidence that reflects the experience of our diverse population, and thereby informs positive change for all, in practice the ethical and scientific arguments around whether and how to incorporate ethnicity into policy-relevant social research are complex and subject to heated debate. In particular, it is important to highlight the various ways in which untheorized or insensitive inclusion can have negative implications (Ellison 2005).

Historically, gross abuses of human rights have occurred in the name of scientific enquiry where minority groups have been exploited as the subjects of research, including the infamous Tuskegee Syphilis Experiment

in the US and, in the European context, the 2nd World War, resulting in the development of the Declaration of Helsinki. In addition, if social research is to be useful, there are important scientific issues to be addressed in relation to: research priority setting and research question identification; sampling/recruitment; measurement/ operationalisation (of ethnicity itself and other variables cross-culturally); collecting material and conducting fieldwork; analysis (how to 'unpack' this multi-faceted concept; how to identify routes of causation; whether to focus on inequalities or absolute levels, and so on); and reporting and representation (Ellison et al. 2007).

This workshop is focused on these issues. It will be conducted in the following way. Peter Allmark will introduce the workshop. This will include giving an outline of a project that has just commenced and is funded by the Joseph Rowntree Foundation: Ethnic diversity in UK social science and public policy research: a consultation and development exercise to produce guidelines for sound scientific and ethical practice. Several members of the research team will attend the workshop.

The workshop will then be divided into groups focused on specific issues for discussion. Groups will concentrate on an issue and then prepare to feedback to the whole group. Peter Allmark will chair the discussion and summarise key points at the end.

The issues for discussion will include: In relation to quantitative studies:

- How should ethnicity be conceptualised and measured? Under what circumstances should ethnicity be conceptualised as a categorical variable capturing discrete social and/or biological differences, or as 'proxy variables' for related (behavioural, biological or socioeconomic) variables?

In relation to qualitative studies:

- How should one manage the tensions between the need to challenge essentialism of ethnic labelling in the research process, while also engaging with the ways in which different forms of essentialism can be part of the experience and narratives of research participants?

In relation to all studies:

- How to encourage other researchers actively to consider whether and how their research can more adequately represent the ethnic diversity of the population?

Recommended reading list:

- Ellison, g. T. H. (2005). 'Population profiling'and public health risk: When and how should we use race/ethnicity? Critical public health, 15 (1), 65-74
- Ellison, g., et al. (2007). Racial categories in medicine: A failure of evidence-based practice? PLoSMedicine, 4 (9), e287-e287

Workshop 2 Making it happen: a toolkit for involving service users

Joe Forster, Low Secure Unit, Mersey Care NHS Trust, Liverpool, United Kingdom

Abstract:

Service user involvement in health care research and service development is now widespread. There are no doubt several successful examples being presented at this conference. However the levels at which strategic decisions are taken can be less accessible to user-centered approaches. The need now is for involvement to be followed through from individual projects to higher level decision making. In this way national policy aims for a patient-led NHS can be driven by a bottom-up approach to improvement and reform.

This workshop is an interactive session designed to inspire participants to fully involve service users in research, service evaluation and development, and service delivery. It is concerned with the practical measures that make involvement happen rather than the finer points of methodology or analytical techniques. It will equip participants with knowledge, understanding and optimism to enable them to think outside the box in which individual projects sit and work towards truly patient-led services. Participants will be challenged to confront any preconceptions they may have about involving users, and encouraged to share their own experiences, good or less so, of involvement. Many groups are hard to reach or engage, but there are helping factors emerging from new work. These include: - consulting service users and staff together as 'end-users' where appropriate (eg in service design), - harnessing the public commitment of organisations to involvement (eg to exploit resources), - becoming flexibile, enabling and adaptable while retaining focus on the work in hand (to maximise engagement), - distilling complex issues into principles and criteria so all can understand (to enable ownership and continued involvement to higher levels).

Recommended reading list:

- Department of Health (2005) 'Creating a patient-led NHS: Delivering the NHS Improvement Plan' Department of Health, London
- Social Care Institute for Excellence (2007) 'User participation in developing services' Community Care 1689, 32-33
- Forster et al (2003) 'The perceived expressed emotion in staff scale' Journal of Psychiatric & Mental Health Nursing 10(1), 109-117

Workshop 3 Qualitative data analysis: NVivo 7 - an interactive workshop

Gina Dolan, School of Care Sciences, University of Glamorgan, Pontypridd, United Kingdom

Abstract:

Computer aided qualitative data analysis (CAQDAS) provides a set a tools to facilitate the data analysis process. NVivo 7 assists the analysis of qualitative data by offering an effective means of managing data and ideas; asking questions about the data through queries; graphic models to represent the data or ideas; and reports from the data. This introductory workshop aims to provide a basic overview of the NVivo (Version 7) data analysis programme. The workshop will primarily target people who have no experience of NVivo, but will also aid those who have started to use NVivo 7 and are at the early stages of their analysis.

1. Tour of NVivo

A completed project will be presented at the beginning of the session, to provide an insight into the various features of a project, and a possible end-point for the analysis. This will include the basic principles of how NVivo works and the format of the programme. This is particularly useful to someone who is unfamiliar with NVivo as the Navigation View can be a little confusing. Offering a demonstration provides participants with the opportunity to gain an understanding of how the programme is structured, before using it hands on. Starting the workshop with an annotated tour of the programme helps users to overcome any initial reservations, as the features of NVivo 7 can be fully explored. To illustrate the potential applications of NVivo, data will be presented from a variety of projects including patients' use of the internet and nurse education.

2. Working hands on with NVivo

The second part of the session will adopt a hands on approach in which participants will develop skills in the following areas: o creating a new project o preparing and importing documents o creating nodes o coding o modelling o saving and backing up your project Particular consideration will be given to how NVivo can have an impact on the coding structure. A series of support guides will be included, based on personal experiences of using the programme. Advice will also be given about how to deal with possible limitations, such as the temptation to 'over code' the data, due to the ease and speed at which coding can be conducted. NVivo offers the user much more than a quick way of coding and organizing data. An important misconception often held by new users is that CAQDAS programmes actually analyse the data. This workshop will help to dispel this myth by giving participants an insight into how the researcher interacts with the programme. Throughout the workshop participants will be encouraged to reflect on their own research projects or interests and to consider ways in which they may wish to process their data using NVivo. Due to the limited time available, it will not be possible for participants to work on their own data or have individual tuition for their projects. Sample data will be provided for participants to work on during the session. In addition to the basic code and retrieval functions, NVivo has a series of multifunctional tools which can further assist analysis. A brief demonstration of the more advanced tools, such as the query tool and classifications will also be provided towards the end of the session.

At the end of this workshop, participants will be equipped to set up their project and use the main functions of NVivo. The workshop aims to be as interactive as possible to ensure that, with the right application, data analysis can be a much more meaningful and enjoyable process.

Pre-requisites:

Nvivo is a windows based programme and so this workshop assumes prior knowledge and proficiency of working with Windows operating system. A basic knowledge of analyzing qualitative data.

Workshop 4 The 'End Game' : How to successfully complete your doctorate

Barbara Jack, Faculty of Health, Edge Hill University, Liverpool, United Kingdom

Abstract:

This workshop is aimed at delegates who are currently or about to embark on the final stages of doctoral study Undertaking a doctorate is undoubtedly a challenging time. In nursing many candidates undertake a doctorate on a part time basis juggling work, study and life. One of the key hurdles is the final period leading to successful completion - the 'End Game'. This is the period that includes writing up of the thesis, the viva voce examination, responding to corrections and then disseminating your work. The aim of this workshop is to explore the particular challenges the End Game presents and discuss practical solutions for overcoming them.

Learning Outcomes:

At the end of the workshop participants will be enabled to:

- Identify the writing up process and explored strategies to aid successful completion
- Understand the purpose of viva voce and examine the purpose, roles and possible outcomes
- Plan a dissemination strategy and identify approaches for translating your plan into successful outputs.

The workshop will be divided into three parts:

1. The writing up process This will explore the inevitable challenges of the writing up process including time management, self-motivation, overcoming writers block and managing important others. The role of the supervisory team in supporting you. What examiners are looking for in a thesis and devices for helping your reader.
2. The Viva Voce Examination Preparation for the viva voce examination including pros and cons of a mock viva. The purpose and possible outcomes from the viva voce will be explored, including ways of dealing with difficult questions. Lastly practical steps for dealing with corrections will be discussed.
3. After the PhD – your dissemination strategy Many successful doctoral students find converting a thesis into several publications daunting.

Discussion on how this can be achieved and the various publishing options will be explored. As will how to develop a publication strategy and see it translated into outputs. Lastly "what next?" – the status passage from student to independent researcher will be explored It is envisaged that this workshop will be interactive and participants will be encouraged to discuss their own challenges and identify possible solutions.

At the end of the workshop, it is anticipated that participants will be able to develop a personal action plan to help them successfully navigate the 'End Game'

Recommended reading list:

- Jack B (2002) The final hurdle: preparation for the PhD viva examination Nurse Researcher 10(2) 64-74
- Tinkler P & Jackson C (2002) In the dark? Preparing for the PhD viva Quality Assurance in Education 10 (2) 86-97

Workshop 5 Facts about FACT (a Dutch Version of Assertive Community Treatment): Theory, implementation, practice and evaluation

Diana Polhuis, Department of innovation of Care, The Mental Health Care Services 'GGZ Noord Holland Noord", Heiloo, The Netherlands

Abstract:

The workshop leader presents the FACT model (Function ACT or Flexible ACT). FACT is a rehabilitation oriented clinical case management team with partly an individual approach and partly a shared caseload approach. It is based on the ACT model, but is more flexible and able to serve a broader range of SMI with continuity of care. Where ACT focuses on the 20% most unstable SMI, FACT focuses on all the SMI in an area or neighbourhood. This gives opportunities for continuity of care and social inclusion. FACT teams routinely perform outcome measurement as a part of the individual treatment planning. Symptoms, functioning and QUOL are assessed with the HoNOS (Wing a.o. 1998) and MANSA (Priebe a.o. 1999).

We will discuss the model, some challenging problems in implementation, the daily practice and the outcome evaluation and first steps to model fidelity. We hope to challenge our colleagues with some questions and to reflect on our model.

Some topics of discussion will be:

- Theory of ACT and FACT, model description
- How to support individual caseworkers to start as workers in a shared cased-load team
- How to implement recovery, treatment and EBM (like IPS and CBT) in one team
- The importance of Integrated Dual Diagnosis Treatment in FACT
- FACT teams being a part of a 'transmural circuit' with inpatient facilities
- Which factors have stimulated successful implementation; what were difficulties
- Working as a nurse in a multidisciplinary FACT team
- Working with former patients as co-workers (workers of experience)
- Routine Outcome Monitoring: feedback on individual and system level with MANSA and HoNOS
- FACTS, a new version of the DACTS, preliminary results with a new fidelity scale
- Centre for Certification of ACT and FACT: www.ccaf.nl
- Comments from the USA (Bond & Drake)

At the conclusion of this workshop participants should be able to reflect on theory, implementation, practice and evaluation of FACT: the Dutch version of Assertive Community Treatment. Participants discuss actively the possible (dis)advantages of FACT and possible choices the combine ACT and FACT teams in one mental health care system focussed on continuity of care, 'transmural care' and recovery oriented treatment and care. What lessons are there for the US from the Dutch experience?

Recommended reading list:

- Veldhuizen, J. R. van, (2007) FACT: A Dutch Version of ACT, Community Mental Health Journal, (43), 4, 421-433
- Bond, G.R.& R.E. Drake (2007). Should We Adopt the Dutch Version of ACT? Commentary on "FACT: A Dutch Version of ACT". Community Mental Health Journal, Vol43, No.4, 435-437

Workshop 6 Developing new approaches to research supervision in professional doctorate programmes

Nancy-Jane Lee, School of Nursing, Allerton Building, University of Salford, Salford, United Kingdom. Co author: Tony Warne

Abstract:

Aims of the Workshop

To critically explore professional doctorate research supervision practices, drawing on the perspectives of workshop participants and available expertise from the international literature. To synthesise the knowledge generated for use in underpinning future professional doctorate supervision strategies and programme development. Introduction The traditional doctoral supervision model has remained relatively static for some years. In essence many supervisory relationships are typified by the student apprentice learning the art and science of research under the benevolent aegis of the experienced supervisor(s). We argue that such an approach may no longer be appropriate given that doctoral studies have and continue to change in form, content and delivery.

This work shop is concerned in particular with one of these developments, the professional doctorate Professional doctorates are a new and contemporary approach to doctoral levels studies that are grounded in professional practice. There are now many diverse programmes available ranging from health and social care (a significant growth area) to art and design; business; engineering; education; marketing. Furthermore the majority of professional doctorate students are mature, sophisticated practitioners who have accrued significant experience in their professional role. Within this new and continually developing approach to doctoral level studies, we wish to challenge and explore whether the traditional approaches to supervision often characterised by Foucauldian concepts of oversight, hierarchy and discipline are any longer valued and valuable. For example, we argue, in a post-modern sense, that the legitimacy of professional and practice knowledge is often not valued in relation to the hegemony of research process knowledge. This situation raises a number of issues. Firstly there is no critical mass of supervisors holding a professional doctorate. Secondly while most academic supervisors have 'links' with the professional world, many are not 'of' the professional world, raising challenges for the practitioner doctoral student wishing to engage in Socratic dialogue with their supervisor. Lastly, little is known of what professional doctorate students require (or see as being valuable) in their supervision relationships and encounters.

The Workshop Activities

There will be four elements within the workshop:

1. 'Group round' and discussion of participants' expectations of research supervision and views on professional doctorates; comparison with themes emerging from a literature review, for example Heath (2005), Evans (1998). ERIC, (Australian and English Indexes), The British Library Catalogue, Science Direct, COPAC and ZETOC were accessed for the literature review, using the keywords professional doctorate; research supervision; post graduate supervision. 'Grey literature', for example institutional policies and website information was also utilized via Google Scholar.
2. Workshop participants will be invited to review a case study in small groups, focusing on supervision in the professional context. The case study comprises two fictional narratives; one from a student working through professional changes and uncertainty and the other from the supervisor, preoccupied with challenges relating to research development and scholarly activity. Both narratives are realistic and have been compiled from a variety of experiences in the workshop leaders' experience.
3. The group work outcomes will be discussed and compared with issues arising from a recently commissioned University evaluation project. This evaluation examined student and supervisor expectations of professional doctorate supervision (Lee 2007).

4. Plenary discussion to develop 'key principles for professional doctorate supervision'. In summary the workshop will: - Critically explore and debate current practice for professional doctorate supervision, incorporating participants' experiences of supervision - Raise awareness of actual and potential issues within professional doctorate supervision - Reflect on the possible expectations and perspectives of the student and supervisor - Consider how the learning could be integrated into institutional policy and regulation for research supervision.

Recommended reading list:

- Evans T (1998) Issues in 'Supervising' Professional Doctorates: an Australian view Good Practice in Postgraduate Supervision SEDA paper no 106
- Heath L (2005) Supervision of Professional Doctorates: Education Doctorates in England PhD Thesis Brighton: University of Brighton
- Lee NJ (2007) Enhancing the Quality of Research Supervision to Meet the Needs of Professional Doctorate Students Final Report Salford: University of Salford

POSTERS

1. Communicating genetic risk information between parents, children and young people

Alison Metcalfe, Senior Research Fellow, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom Co authors: Jane Coad, Gill Plumridge & Paramjit Gill

Abstract:

Family communication with regard to inherited genetic conditions is complex. There are communication needs around the illness, its management and morbidity. But there is also a need for intergenerational communication about inherited risk and the implications this has for children, and their future health and reproductive decisions. A systematic review was undertaken using current guidelines to enable a meta-synthesis of the qualitative and quantitative literature to produce a narrative exploring the issues surrounding the communication of genetic risk information between parents and children. In total 9698 abstracts were identified of which 158 papers were selected for review against predetermined criteria. Three researchers independently identified the key concepts and themes to emerge from the 17 relevant papers. These were debated until consensus was achieved to define the final emergent concepts and themes for the narrative. This explored the parents' explanations of inherited genetic risk to children, the reasons for sharing information, children's understanding of explanations and the emotions evoked, and the guidance received from health professionals. Limited empirical studies have taken place with few grounded in theoretical frameworks of family communication. Parents struggle in deciding the most appropriate time to discuss genetic disease inheritance and its implications. Conversely, children have concerns but are reluctant to talk to parents. Parents express the need for more open, developmentally appropriate communication with children about genetic risk but report insufficient support from health professionals. Further empirical research is required to identify when and how to talk to children about genetic risks at different developmental stages.

2. Impact of Genetics on nursing care in hospices

Alison Metcalfe, Senior Research Fellow, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom Co authors: Rachel Pumphrey & Collette Clifford

Abstract:

Background:

Hospice nurses regularly provide care for patients/families with inherited genetic conditions. Around 10% of patients in adult hospices in the UK are likely to have developed cancer because of an inherited genetic predisposition and many children receiving hospice care are affected by genetic conditions. Supporting patients affected by genetic conditions and their families requires knowledge and awareness of the issues faced by them, and the implications of having or being at risk from an inherited condition. However, little is known about the competence levels of hospice nurses to support patients and families affected by genetic conditions. This study explored how important hospice nurses perceived genetics to be within palliative care, and their level of confidence in meeting the care needs of patients/families with a genetic predisposition to disease.

Methods:

Nurses (N=1426) in a sample of adult and children's hospices in England and Wales were invited to anonymously complete one of two validated postal questionnaires. Likert scales were used to rate the importance of genetic activities relevant to adult or children's hospices, and nurses' confidence in performing them. Demographic data and preferences for continued professional development were collected.

Results:

428 questionnaires were returned. Most nurses felt that an understanding of genetics was very important within end-of-life care. However they were not confident about integrating genetics into clinical practice. Psychosocial aspects of genetics-based care were viewed as most important but nurses were not confident in delivering it. Nurses also rated clinical and biological aspects of genetics as important but were even less confident in dealing with these components. Over 80% of participating nurses were interested in learning more about genetics.

Discussion:

This study demonstrates the need for hospice nurses' education to include genetics emphasising the psychosocial aspects of care needed in the context of end-of-life care for inherited conditions.

3. Patient information needs about genetic cancer predisposition risks

Alison Metcalfe, Senior Research Fellow, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom. Co-authors: Julie Werrett & Lucy Burgess

Abstract:

This study aimed to identify the information needs of patients referred because of their concerns about a genetic predisposition to cancer, and explore how information needs and other relevant variables affected risk perception and cancer worry. Increased insight into the influences on inherited cancer risk perception will enable the development of tailored information leading to improved decision-making for those at high risk, whilst those at lower risk can have their anxiety reduced without referral to genetics services. Patients referred for genetic counselling because of concerns about an inherited predisposition to breast, ovarian or colorectal cancer were stratified by risk level; high, moderate or population. They were surveyed with a validated questionnaire 2 weeks prior to receiving a personalised genetic risk assessment. The structured questionnaire was designed to explore participants' information needs depending on a range of demographic and psychosocial factors. 518 patients participated in equal proportions across risk categories and cancer type. Irrespective of actual or perceived risk level, age or educational background, priorities in the type of information required were similar. Greatest emphasis focused on information provision about how risk was assessed. Least important was acquiring an understanding about genes. Referring health professionals were considered the most suitable to provide guidance about information sources, but many were unable to provide advice if asked. Participants reported difficulties finding any information about genetic cancer predisposition. These results provide details of peoples' information needs to inform the development of patient information about genetic cancer predisposition to inform their understanding and subsequent decision-making. Specialist breast and bowel care nurses are often involved in referring patients for familial risk assessment and the findings have important implications for the care and support they provide.

4. The internet and information for parents' about communicating genetic risk information to their children

Alison Metcalfe, Research Associate, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom Co authors: Gill Plumridge, Alison Metcalfe & Jane Coad

Abstract:

A gradual move towards more open communication with children and young people about the realities of chronic health conditions affecting themselves or members of their families has been observed. However, with genetic conditions, parents face the dilemma of not only telling children about the management of the condition, but also about potential future risks. Parents often want to discuss these issues with their children but report little available support. The Internet is one source of advice parents can consult. For this study the internet was searched, using a common search engine for web pages advising parents about talking to children about genetic or other chronic health conditions. The web pages found were analysed for content in the information provided. Fourteen pages were found relating to genetic conditions and a further 30 to other chronic health conditions. Websites confirmed to parents that it was important that they talked to their children, and gave advice about how they should behave when doing so, but gave little practical advice about how they could approach this task. Children's feelings and emotional reactions were rarely mentioned despite these being important aspects of children's coping with this information. There was also little advice about discussing genetics and heredity. Pages relating to other chronic illnesses gave a little more advice on what to tell children and a few more practical suggestions for how to do this. There was some mismatch between the information parents most need, (identified by a recent meta-synthesis study) and that provided by websites. Nurses need to be aware of parents need for help in communicating with children about genetic conditions, and should advise accordingly. But also nurses should help parents recognise the variability in content and quality of the advice available on the Internet.

5. Nursing students' perceptions of tutorial strategies during clinical learning instruction (a descriptive study on Italian nursing students' perception of tutorial strategies during clinical learning)

Anna Brugnolli, Director of Studies of the Superior School of Health Education, Nursing, Nursing Faculty - Verona, Verona, Italy Co authors: Luisa Saiani & Debora Viviani

Abstract:

Background:

In literature the elements that facilitate learning are: responsibility, practising activities, receiving feedback and supervision (Lee et al. 2002; O'Sullivan et al. 2003; Tang et. al. 2005). Italian students mostly have nine 4 to 6-week blocks of work experience with different tutors at the hospital or in the community.

Aims:

The aim of this study is to describe the effectiveness of learning strategies as perceived by the students, focusing on the function, amount and level of supervision and guidance and the complexity of some of the tasks.

Methods:

A questionnaire was compiled by a suitable sample of 308 Italian third-year nursing degree-course students at the universities of Verona and Trento, using the Likert Scale of 5 values and organised into 4 sections (α Cronbach 0.86, 0.92, 0.89 and 0.76): perception of the usefulness of each skill taught, the effectiveness of teaching strategies, the level of supervision and the perceived complexity of each skill or procedure.

Results:

The major part of all the predicted teaching strategies were perceived as moderately to highly useful. The students perceived a medium to high level of professionalism in their supervision. The tasks which apparently needed the closest supervision were the management of treatment/therapy (M 3.8 ±1.03) and performing nursing techniques (M 3.7 ± 0.955); the abilities considered to be the most complex were confronting an emergency situation (M 3.8 ± 1.03) and planning the nursing care for a group of patients (M 3.3 ± .941), these received the lowest place in classification of supervision.

Discussion:

A tutorship model emerged that was centred on learning by experience with participation and guidance. The students appreciated the variety of clinical teaching methods and liked trying things for themselves. They recognized and rated highly the educational value of more active strategies, working things out for themselves and having time for reflection but they did not like writing about their experiences during practical training sessions.

Recommended reading list:

- Lee W.-SC, Cholowski K, Williams A.K. Nursing students' and clinical educators' perceptions of characteristics of effective clinical educators in an Australian University school of nursing. Journal of Advanced Nursing 2002; 39 (5): 412-420
- O'Sullivan M, Martin J, Murray E.. Students' perceptions of the relative advantages and disavantages of community –based and hospital-based teaching: a qualitative study. Medical Education 2000; 34: 648-655.

6. Relocation, relocation - learning through reflection

Polly Tarrant, Lead Research Nurse, Wellcome Trust Clinical Research Facility, Addenbrooke's Hospital, Cambridge, United Kingdom Co authors: Elaine Marriott & Caroline Humphreys

Abstract:

The Wellcome Trust Clinical Research Facility supports a wide range of research studies and clinical trials, using its resource of expertise to maintain excellence in both research practice and clinical care. In a recent multinational phase II/III clinical trial evaluating the safety and efficacy of weekly and every other week dosing regimes of Iduronate-2-Sulfatase enzyme replacement therapy, five of the seven participating young patients with mucopolysaccharidosis (MPS) Type II, Hunter's Syndrome, were relocated from overseas for just over 2 years. These participants, with ages ranging from eight to twenty six years, came from France, Italy and South Africa, and their relocation also involved that of all or part of their families. During the course of the study the nursing team were presented with a number of challenges,which highlighted areas for improvement in research practice. The poster demonstrates how we used John's Model of Reflective Practice to identify and examine key issues, evaluate implications for practice and clarify actions to be taken in order to maximise the efficacy of our research processes, and optimise participant experience.

Recommended reading list:

- Johns, C. (1995) Framing learning through reflection within Carper's fundamental ways of knowing in nursing. Journal of Advanced Nursing, 22; 226 – 234
- Grech, E. (2004) Hegel's Dialectic and Reflective Practice - a short essay. International Journal of Psychosocial rehabilitation, 8. 71 – 73

7. The comparison of the hardiness of 3rd to 4th year nursing students in Japan

Yuko Uesugi, Nursing teacher.Assistant professor., Faculty of Health sciences, Department of nursing, Kobe University School of Medicine, Kobe, Japan Co authors: Nao Saitoh, Ikuko Miyawaki, Atsuko Fukuda, Yasuhiro Nakanishi & Mamiko Yada

Abstract:

Introduction:
Generally, nursing students experience strong stress during mandatory hospital placements. In Japan, there are studies of nursing studentsf stress but not of their hardiness. Hardiness of personality is well documented. Individualsf perceptions of and capabilities to deal with stressor events are of more consequence than events themselves (Kobasa, 1979). We studied the hardiness of nursing students during their 3rd and 4th year hospital placements.

Method:

The subject population was nursing students from a university in Japan. A hardiness questionnaire was used to evaluate if specific subjective personality characteristics could function as resistance resources when encountering stressful life events. Hardy people are considered to possess three general characteristics:

- An ability to feel deeply involved in or commitment to activities(commitment)
- The belief that they can control or affect events (control)
- The anticipation of change as an exciting challenge to further development(challenge). We evaluated the same students twice at a one year interval during 3rd to 4th years

The score were analyzed by paired-t test using SPSS 15.0 J for Windows. Kobe Universityfs ethics committee approved this study.

Results:

Of the 53 subjects, 50(94.3%) were females and 3(5.7%) were males. Mean age was 21.6(±3.8) years old. The mean scores for total hardiness, commitment, control and challenge for 3rd year were 51.4(±7.8), 18.2(±4.0), 17.2(±3.0),and 16.1(±3.2)A while for 4th year they were 53.0(±7.2), 19.4(±3.3), 17.2(±2.7), 16.4(±3.0).There were significant differences in hardiness ($p<0.05$) and commitment(<0.01).

Discussion:

Though the total hardiness score showed significant change between 3rd and 4th year students, this significance arises primarily from increasing commitment. A limitation of this study was the small number of participants. We will have to continue to study and discuss.

Recommended reading list:

- Kobasa,S.C.1979,`Stressful life events,personality,and health:An inquiry into hardinessf, Journal of personality and Social Psychology,37,pp.11-20

8. An exploratory study to review students communication skills in admitting patients, using a reflective model

Anita Maestri-Banks, Senire Lecturer, School of Nursing and Primary Care Practice, Liverpool John Moores University, Liverpool, United Kingdom Co authors: Sandra Tollick & Gaynor Crighton

Abstract:

Background:

This exploratory study is of great benefit to teaching and clinical practice, as it looks at one way to reduce the practice theory gap. The need to look at alternative ways of teaching student nurses is paramount in an ever changing and diverse society. Patients need and demand to be listened to and valued and students need to learn these skills in different settings. This study could be the precursor to other research which looks at the effectiveness of communication on the quality of patient care, and the importance of students learning environment. In addition, it develops the research skills of a clinical member of staff and enhances their research skills, therefore enabling them to use these skills in the future in clinical practice and become more effective teachers in the clinical area.

Aims & methods:

This exploratory study aims to review communication skills used in admitting patients and whether the students benefit from being taught in the clinical area. A reflective model adapted from Gibbs' reflective cycle (1988) will be used to facilitate students learning. It will be used to identify how students communicate with patients when admitting them to the ward. A simple post tutorial evaluation questionnaire will be given to all students who have attended this intervention. They will be asked to complete the form after admitting another patient. This will measure the effectiveness of the tutorial on students learning. The outcome of the study will be two fold, in that nursing students' will improve their skill of assessing patients and we will be able to see if the students benefited from learning in their clinical area.

Results & discussion:

This study will be completed in January 2008 and the results presented at the conference.

Recommended reading list:

- Gibbs, G. (1988) Learning by doing: guide to teaching and learning methods. Oxford. Further Education Unit. Oxford Polytechnic

9. Embedding a culture of evidence based practice among undergraduate nurses through research education

Therese Leufer, Dublin University, Dublin, Ireland Co author: Joanne Cleary Holdforth

Abstract:

Background:

In order to deliver clinically effective healthcare, it is essential to engender a culture of evidence-based practice (EBP) among healthcare practitioners. In so doing, the potential to deliver improved patient outcomes can be realised. EBP clearly has implications for nurse education and in particular the way in which research is presented and delivered to students. With this in mind, two undergraduate research modules were amalgamated and modified to embed a culture of EBP. A study aimed at evaluating this approach was undertaken simultaneously. This paper will discuss the process undertaken and findings of this study.

Aims:

• To foster a culture of evidence-based practice at undergraduate level
• To ascertain the attitudes and beliefs, knowledge level and utilization of EBP of undergraduate student nurses

Methods:

The study design was descriptive exploratory using non-probability convenience sampling. Data collection took place in December 2006 and involved the distribution of two separate questionnaires (EBP Beliefs Scale© and EBP Implementation Scale©). The sampling frame was a total of 217 students currently pursuing degree level studies in nursing. A response rate of 66% was achieved.

Results:

Among other findings, it was demonstrated that participants strongly agreed that EBP results in the best clinical care for patients. However, when asked whether they believed that their care was evidence-based their responses tended to cluster around the neutral value on the scale, reflecting findings in the EBPI scale that suggest that EBP implementation requires significant attention.

Discussion & conclusions:

Results from this study reinforce the current evidence that advocates the integration of EBP into nursing curricula. This innovative approach to the teaching and learning of research methodology, not only has the potential to engender a culture of EBP among students, but more importantly, offers the very real possibility of improving patient outcomes in practice for future generations.

10. An evaluation of the role development and preparation needs of nurse consultants specialising in safeguarding children in England

Helen Franks, Senior Lecturer in Nursing, School of Nursing, University of Salford, Manchester, United Kingdom

Abstract:

Background:

The nurse consultant role in safeguarding children is relatively new, shaped by national initiatives to develop expert clinical nursing and in response to child protection concerns. The role is also unique, managing high-level risk and interfacing with other sectors.

Aims:

The study sought to establish the developing role, contribution and value of these nurses and in particular to establish nurse and stakeholder perceptions of the inherent strengths, weaknesses, opportunities and threats to the role.

Methods:

In 2007, semi-structured interviews took place with a representative, geographically dispersed, purposive sample of nurses (N=4) and stakeholders (N=6). This data was contrasted with a documentary analysis of the nurses' job descriptions/specifications and an analysis of four-weeks of data detailing their daily activities.

Results:

Several dominant themes emerged, including the unique nature of the role; the emphasis on leadership; the wide scope of the professional responsibility; the lack of role clarity amongst senior staff and the influence of change both within and outside the role. A lack of evaluation and understanding about the benefits the role appeared to pose a major threat to its future survival and the study pointed to some of the tensions that exist between the intended focus of the role at national level and local service need.

Discussion & conclusions:

This study highlights the developmental nature of this new role and the pressures that exist. Evaluation to establish the role's impact is imperative. Equally, a national debate on how we prepare and sustain nurses to deliver effectively on this wide portfolio is necessary. This paper will illuminate both why the role should continue to be developed and why it may not survive. It offers clues specific to the discipline of safeguarding children and adds to the national data set of knowledge around the nurse consultant role in the UK context.

11. Graduates attitudes on the impact of having completed nursing degree programmes

Orla Sheahan, College Lecturer (Contract), Catherine McCauley School of Nursing and Midwifery, University College Cork, Ireland

Abstract:

Introduction:

A literature review suggests that nursing practice is positively affected by nurses' completion of degree studies (Spencer, 2006; Wildman et al, 1999). Higher education in nursing is associated with improved patient care, enhanced critical thinking and increased autonomy in practice. However there is a lack of consistency between studies with some studies identifying barriers to the incorporation of learning into practice and negative impacts of higher education.

Aim:

To determine nurses' attitudes on the personal and professional impact of having attained a degree in a nursing related discipline.

Methods:

A descriptive quantitative survey which used a self-report questionnaire adapted from that used by Whyte et al (2000). A convenience sample was recruited which consisted of 88 clinical and non clinical nurses who worked in different specialities in two Irish hospitals. Each study participant had successfully completed a degree at level 8 or 9 of the national qualification framework of Ireland. Data was collected in 2006 and was analysed employing descriptive and inferential statistics using SPSS.

Results:

This study supports the value and function of degree studies in the empowerment of nurses' careers, preparation of nurses for practice, the procurement of promotion and the improvement of practice and enhancement of patient care. This study also identified barriers to nurses' pursuit of degree studies and nurses translation of new knowledge, skills and attitudes into practice.

Conclusion:

In view of the numerous positive behavioural changes resulting from the completion of degree studies it is essential that support and access to degree studies is promoted and barriers to the implementation of knowledge in practice are addressed.

12. Development of an instrument to measure lecturers 'attitudes to research teaching (LART scale)

Philip Sperrin, Head of Department, Faculty of Health, Edge Hill University, Ormskik, United Kingdom
Co authors: Mair Ning

Abstract:

This abstract gives initial findings of a study undertaken in 2007 concerning development of an instrument designed to measure Lecturers' Attitudes to Research Teaching (LART scale). A review of the literature shows that many authors have used the Funk et al (1991) Barriers Scale and report contextual issues, such as attitudes to research in clinical areas, managerial support and resource issues, access to publication material and on-line data sources, as barriers to research utilisation in practice. The influence of educational attainment is also a key variable. Other researchers have examined approaches taken to research teaching. However, few studies have examined lecturers' attitudes to research teaching. A study by Bassett (1994) that used a phenomenological approach has been identified, which was done at the time when Project 2000 was introduced and found that some of the teachers studied were unsure that their knowledge of research was adequate for the level of teaching that they were being required to undertake. The findings of the literature review have been used to develop the LART scale. Likert-scale items such as 'how confident are nurse teachers in teaching research?' and respondents assessment of their knowledge and confidence when teaching evidence-based practice, research design and methods and research analysis approaches have been developed. Pilot study work has been completed designed to assess the usability of the questionnaire. Estimates of reliability and validity have also been undertaken. Research utilisation in practice is heavily dependent on lecturers' knowledge, skills and attitudes towards research teaching. Whilst not all lecturers need to have expert research skills evidence-based practice and research critique are present in most nurse education programmes, therefore some baseline research teaching skills are needed along with positive attitudes to research teaching. The LART scale allows Faculties to undertake an educational needs assessment and plan staff development programmes accordingly.

Recommended reading list:

- Bassett C.C. (1994) Nurse teachers' attitudes to research: a phenomenological approach. Journal of Advanced Nursing 19(3). 585-592
- Funk S.G., Champagne M.T., Wiese R.A. & Tornquist E.M. (1991) Barriers: the barriers to research utilization scale. Applied Nursing Research 4, 39–45

13. An evaluation of the implementation of Objective Structured Clinical Skills Examinations (OSCE) in a Nurse Registration Programme in Ireland

Mary Brosnan, Lecturer, Department of Nursing and Health Care Studies, Institute of Technology Tralee, Co. Kerry, Ireland Co authors: William Evans & Gary Brown

Abstract:

The poster presents the findings from a research study of two Objective Structured Clinical Skills Evaluation (OSCE) processes that were used as teaching and learning strategies within the BSc. in Nursing programme offered in an Institute of Technology in Ireland. OSCE's, which have gained widespread acceptance throughout the western world as valid academic measures of nursing competence, is only being established in this country. This research aimed to evaluate the process and outcomes of Objective Structured Clinical Skills Evaluation (OSCE) from the perspective of the major stakeholder groups: first year general and psychiatric nursing students, second year general nursing students, clinical placement coordinators and lecturers. A utilisation focussed evaluation approach was adopted. This approach values the opinions and experiences of stakeholders.

A two stage research process was implemented –
Phase 1: focus group interviews Phase 2: questionnaire formulation, distribution and analysis The sample comprised of Phase 1: 3 focus groups purposefully selected (n=28)
Phase 2: All year 1 and 2 students who took part in the OSCE (n=110) All data was analysed: Phase 1: a grounded approach was adopted to uncover themes and issues around identified constructs
Phase 2: descriptive and inferential analysis (n=89) Our research concluded that the OSCE process has had a positive impact on all stakeholders. It was perceived to be a meaningful and fair form of assessment.

Students identified that they felt more prepared for and more confident about forthcoming placements. One could therefore conclude that despite being a costly, labour intensive process that the OCSE's benefits warrant its consideration as an effective method of assessing nursing skills within nurse educational programmes. It is intended that findings can be used to feed back into the OSCE process to develop the validity and quality of the OSCE assessment.

14 Nurse lecturers: Who do we think we are? A qualitative study exploring nurse lecturers perceptions of their role

Margaret Woods, Senior Lecturer, Faculty of Health, Edge Hill University, Liverpool, United Kingdom
Co authors: Barbara Jack

Abstract:

Background:

The role of nurse teacher is complex and evolving reflecting the changes in nurse education and the movement into higher education (Ramage, 2004; Gillespie and McFetridge, 2006). Several terms are used to describe the role: nurse tutor, nurse teacher, nurse educator nurse lecturer and rarely nurse academic demonstrating potential tensions and challenges in the interpretation of the role (Carr, 2007). However there is limited evidence as to what the actual role is resulting in confusion particularly for new appointments. This study aimed to explore nurse lecturers' perceptions of their role and potential future challenges.

Methodology:

A qualitative methodology using focus group interviews was adopted for the study. Focus groups were selected enabling group discussion and interaction, allow participants to use their own frames of reference and identify topics. A purposive sample of nurse lecturers with various years of experience was invited to participate. 21 nurse lecturers participated in four audio taped focus groups. Data was analysed for emerging themes using thematic analysis.

Results & discussion:

The results suggest that teaching was central to the nurse lecturer role. However tensions were experienced in reconciling the demands of meeting current provision and the pursuit of professional development as university lecturers. Interestingly keeping clinical credibility was important to the respondents, though many had difficulty in maintaining it, which created a sense of loss. This paper discusses the results and explores potential reasons for the findings.

Recommended reading list:

- Carr, G. (2007) 'Changes in nurse education: Being a nurse teacher' Nurse Education Today. . doi:10.1016/j.nedt.2006.12.006
- Gillespie, M. & McFetridge, B. (2006) 'Nurse education – the role of the teacher' Journal of Clinical Nursing. 15, pp 639 – 644
- Ramage, C. (2004) 'Negotiating multiple roles: link teachers in clinical nursing practice' Journal of Advanced Nursing. 45 (3) pp287-296

15. An evaluation of the lecturer practitioner (LP) role

Irene Hartigan, Lecturer, School of Nursign & Midwifery, University College Cork, Cork, Ireland
Co authors: Elizabeth O'Connell, Mary Hughes, Claire Hayes, Ann Cummins, Brendan Noonan, Patricia Fehin

Abstract:

In the U.K. in 1980's LP's were introduced as joint appointments to assist organisations to develop creative ways of expanding and sharing specific nursing and midwifery knowledge and skills.

Roles undertaken by LPs were:

- complex and multifaceted 1 but context specific
- LPs have a positive effect on the integration of theory to practice and facilitate enhancing staff knowledge
- The concept of the LPs is new in Irish hospitals. Although not jointly appointed, seven LPs with both academic and clinical responsibilities are employed at the School of Nursing and Midwifery in UCC.

Method:

To examine the impact and scope of the Lecturer Practitioner role in Irish Hospitals. A descriptive design using both quantitative and qualitative approaches was employed to conduct this study. Non-probability purposive sampling allowed the recruitment of 150 participants which included student nurses, staff nurse and clinical nurse managers working in clinical areas where LPs engaged in practice. All participants received a questionnaire to evaluate the LPs role in 3 large teaching hospitals.

Results:

Non parametric data analysis using SPSS continues. Preliminary results from clinical staff yield valuable insight to the role of the LPs. 40% of staff regard LPs as effective in assisting newly appointed staff become competent practitioners and 39% of staff consider LPs as effective in assisting staff apply knowledge to practice. 45% of staff agree that LPs are always available when needed. 58% of staff highlighted that LPs do not spend enough time on the ward yet 56% note that LPs are easy to contact. 87% of staff consider LPs part of the nursing team when in clinical practice. Chi-squared analysis allowed comparison between staff and students opinions.

Conclusion:

This study provides significant information on the impact of LPs in clinical practice as well as informing the scope of their role

Recommended reading list:

- Elcock, K. (1998) Lecturer Practitioner: a concept analysis. Journal of Advanced Nursing 28 (5): 1092-1098
- Fairbrother, P. & Ford, S. (1998) Lecturer practitioners: a literature review. Journal of Advanced Nursing.27: 274-79
- Richardson, A. and Turnock, C. (2003) An evaluation of critical care lecturer practitioners. Nursing in Critical Care 8 (6), 240-248

16. A longitudinal qualitative study exploring the role of the clinical teacher

Glynis Bennett, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, United Kingdom

Abstract:

Background:

The role of the clinical teacher is one of many new clinical support roles established as a result of changes in the pre-registration nursing and midwifery curriculum (UKCC 1999). One of the main responsibilities of the clinical teacher is to prepare and support mentors for their role (NMC 2002). The diversity of the 'new' clinical teaching/support roles and the lack of evaluative research concerning their effectiveness prompted this study. This paper will report the findings of a longitudinal qualitative study which aimed to explore the role of the clinical teachers in one Welsh NHS Trust. This was undertaken as part of a larger evaluative study of the clinical teachers role.

Methods:

A longitudinal approach was adopted, this allowed for any changes in the clinical teachers role to be captured over time (Rees 2003). The strengths and weaknesses of using this approach will be explored. All clinical teachers (n = 10) participated in the study and a total of 27 semi-structured interviews were carried out over an 18 month period in 2004/2005. Interviews lasted between 45 and 60 minutes and were tape recorded and transcribed, data were analysed using NVivo 2.

Findings & discussion:

The clinical teachers were found to have a diverse role which expanded over the time frame of the study, this has ultimately resulted in a lack of time to spend supporting mentors in practice. The competing demands placed on clinical teachers from both the Trust and the University also changed and increased over time, this, alongside the uncertainty concerning future funding for their posts, caused the clinical teachers a great deal of frustration and anxiety.

Conclusions:

The paper will conclude by exploring the future role of the clinical teacher and in particular the feasibility of providing different levels of support to mentors in practice.

Recommended reading list:

- Nursing and Midwifery Council (2002) Standards for the preparation of teachers of nursing and midwifery, NMC, London
- Rees C (2003) Introduction to research for Midwives (2nd Ed) BFM, London
- United Kingdom Central Council (1999) Fitness for Practice, The UKCC commission for Nursing and Midwifery education, UKCC, London

17 Full of empty promises? An exploration of the positive intention of drug use for the individual

Jane Graham, Community Mental Health Nurse, South Wrekin CMHT/Dept Social Work, South Staffordshire and Shropshire NHS Foundation Trust and University of Central Lancashire, Telford, United Kingdom

Abstract:

The poster presentation will demonstrate an overview of research currently being undertaken which aims to holisitically explore the positive intention of drug use for the individual. The empirical component of this research was undertaken in 2006.

Traditional literature on drug use tends to focus on:

- The negative effects of drug use (at all levels)
- Treatment options for drug users
- Efforts to understand why people take drugs
- Socio-Political factors of drug use
- Knowing why a behaviour occurs is often not enough for the individual to change it

With approximately 181,390 individuals currently in drug treatment, a figure which has more than doubled since 1999, there is a need to understand what drug use gets for the individual. Khantzian's theory of self-medication is utilised to explore the positive intention of drug use for the individual. This theory has to date almost exclusively been applied to intrapsychic and biological domains. Here the researcher also considers self-medication within a social and spiritual framework. Interesting findings are emerging from the study around the experience of 'emptiness' and 'fullness' which may be understood as part of a spiritual Self-medication. Here the researcher utilises film as a medium which allows respondents' direct utterances to be heard by an audience, bringing the data to life and affording the audience access to words which are often lost in publication. Film has been used in this poster display to offer an opportunity for the audience to use their preferred way of taking in information. Many individuals prefer a visual, auditory or kinaesthetic experience, rather than purely accessing information by reading. It is hoped that a multimedia approach will assist the audience in engaging with both the study and the data in a way most comfortable to them.

Recommended reading list:

- Khantzian, E (1999). Treating Addiction as a Human Process. Maryland, USA: Rowman & Littlefield Publishers Inc
- Wengraf, T (2001). Qualitative Research Interviewing. London: Sage Publications Ltd
- Cook, C (2003). The Concept of Spirituality as Understood and Applied in Addiction Research and Treatment. National Institute for Mental Health in England. www.nimhe.csip.org.uk [24/01/07]

18. Nurse supplementary prescribing for patients with diabetes: A national questionnaire survey

Nicola Carey, Senior Research Fellow, School of Health and Social care, University of Reading, Reading, United Kingdom Co authors: Molly Courtenay

Abstract:

Background:

Nurses in a variety of roles are involved in the management of medicines for patients with diabetes (Carey & Courtenay 2007). These roles have developed in recognition that access to health professionals, who are skilled in insulin therapy and the management of diabetes, is vital in order to reduce long term complications (National Institute of Health 2005). Nurse prescribing should help optimise these roles. Nurses in the United Kingdom have virtually the same independent prescribing rights as doctors (DoH 2006). There is little or no evidence on the extent to which nurse supplementary prescribing is used, or the impact and activity of nurse supplementary prescribing for patients with diabetes.

Aim:

To examine the prescribing practices of Nurse Supplementary Prescribing in diabetes.

Method:

A random sample of 214 Nurse Supplementary Prescribers self-completed a written questionnaire.

Results:

The majority of nurses held an academic qualification at degree level or higher, had a wealth of clinical experience, worked full-time, were based in primary care and worked in general practice. The majority of nurses prescribed between 1 and 5 items a week. Oral anti-diabetic drugs, hypertension and lipid-regulating drugs and insulins were the products most often prescribed. Over 85% had undertaken specialist training in diabetes prior to undertaking the prescribing programme.

Discussion:

An increased number of nurses reported they used supplementary prescribing. The majority also prescribed a higher number of items than previously reported. It is evident that nurses were using supplementary prescribing to treat multiple pathologies, where a team approach to care is necessary.

Conclusion:

Supplementary prescribing provides a practical and useful framework within which to prescribe medicines for patients with diabetes and its associated complications. Specialist diabetes training is a necessary pre-requisite for nurses prescribing in this area. It is evident that there is still a place for supplementary prescribing.

Recommended reading list:

- Carey, N.,Courtenay, M. (2007) A Review of the Activity and Effects of Nurse-led Care in Diabetes, Journal of Clinical Nursing, in press for November
- Department of Health (2006) Medicines Matters A guide to the mechanism for the prescribing, supply and administration of medicines, DoH, London
- National Institute of Health (2005) Diabetes Control and Complications Trial (DCCT), http://diabetes.niddk.nih.gov/dm/pubs/control/#what%20is, (accessed: June 2007)

19. The impact of legistlation on the prescription of controlled drugs by nurses

Karen Stenner, Research Fellow, School of Health and Social care, University of Reading, Reading, United Kingdom Co authors: M Courtena

Abstract:

Background:

Although there is growing evidence that nurse prescribing may be beneficial, little is known about the impact of prescribing on specialist nursing roles such as prescribing for patients in pain. This is important given recent proposals to change legislation surrounding the prescription of controlled drugs (Home Office 2006).

Aim:

To explore the views of Nurse Independent Prescribers and Nurse Supplementary Prescribers on the adoption of the role of prescribing for patients in pain and how the legislation on prescribing controlled drugs has impacted on practice.

Method:

Semi-structured interviews were used to explore the views of a purposive sample of 26 specialist pain nurses (and qualified prescribers'), working in a variety of clinical settings and prescribing for acute and chronic pain. Data was collected between November 2006 and April 2007. A thematic analysis was conducted on the interview data.

Results:

The level of prescribing and the impact of legislation restricting controlled drug prescribing varied across each setting. These restrictions caused most concern for nurses working in the hospital setting where there was confusion over the pain types for which nurses could legally prescribe. Fewer problems were reported by nurses working in palliative pain in community settings. Nurses working in chronic pain within hospital outpatient clinics tended to make recommendations rather than prescribe. Supplementary prescribing was considered inappropriate and rarely used by participants.

Discussion:

Nurses do prescribe controlled drugs independently however, factors such as budgetary control and problems accessing patient records (as well as current legislation), limits the prescription of these medicines. Although nurses do prescribe in the hospital setting, difficulties experienced classifying pain types means that nurses are uncertain of the conditions for which they can legally prescribe.

Conclusions:

Benefits would arise from removing current restrictions surrounding controlled drug prescribing. However, any benefits would rely on appropriate clinical governance procedures.

Recommended reading list:

- Home Office (2007) Public Consultation – Independent Prescribing of Controlled Drugs by Nurse and Pharmacist Independent Prescribers. London: Home Office
- Stenner, K & Courtenay, M (2007). A qualitative study on the impact of legislation on prescribing of controlled drugs by nurses. Nurse Prescribing, 5 (6). 257-261

20. Theoretical framework for the recognition and assessment of pain

Julie Gregory, Clinical Nurse Specialist, Pain Management, Royal Bolton Hospital, Bolton, United Kingdom

Abstract:

Assessment of pain is an important aspect of pain management (Price and Check 2000), the foundation upon which pain related interventions should be based (de Rond et al 1999). In practice pain is not always recognised and or is inadequately assessed leading to inappropriate pain management (Schofield and Dunham 2003). Good pain relief is a fundamental aspect of patient care (Bucknall, et al 2003). Effective pain relief reduces complications and therefore reduces the length and cost of the hospital stay.A theoretical framework is proposed which has identified seven elements that are required to ensure health care professionals recognize and assess pain appropriately. The elements are: Education; health care professionals require the knowledge skills and attitudes to assess individuals' pain. Organizational factors; including staffing levels, workload, priorities in care provision, work place culture and interruptions affect whether knowledge is used in practice. Nurses' influence; they interpret patients pain make judgments and have been found to underestimate pain. Patients may be reluctant to express pain, have low expectations, fear injections, addiction and side effects from pain medication. The scale used to assess pain needs to be used consistently, understood by the health care professionals and by patients to avoid misunderstandings. Observation charts are recommended to document the pain score with other vital signs. Guidelines are produced based on scientific evidence and state the score used, frequency of assessment, but do they actually influence clinical practice. This paper will examine these factors that have been identified and compared to the data obtained to examine how pain is managed on an acute medical unit in a hospital in the North West of England. For example observation of nursing staff identified a lack of consistent pain assessment, poor documentation of pain scores and numerous interruptions.

Recommended reading list:

- Berry P H and Dabl J.L (2000) The new JCHO pain standards: implications for pain management nurses. Pain Management Nursing. 1,1 3-12. (JACHO 2001)
- Bucknall T Manias E and Botti M (2001) Acute Pain Management: implications of scientific evidence for nursing practice in the post operative context. International Journal of Nursing Practice.7 266-273
- Schofield P and Dunham M (2003) pain assessment: how far have we come in listening to our patients? Professional Nurse. 18, 5, 276-279

21 The use of Factor and Rasch analysis to aid decisions for items inclusion in a disease-specific quality of life questionnaire for venous leg ulcers

Simon Palfreyman, Research Nurse, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom Co authors: John Brazier & Jonathan Michaels

Abstract:

Background:

The current disease-specific quality of life questionnaires used to examine quality of life (QoL) in people with venous leg ulcers have limitations in both design and validation (Walters 1999).

Aims:

To use a bottom up approach to develop a QoL instrument that could be used to assess the outcome of treatments.

Methods:

Items for inclusion in a questionnaire were generated using qualitative techniques including semi-structured interviews (n = 31) and focus groups. Levels were assigned to the items and the questionnaire piloted to assess face and construct validity. A self-completed postal questionnaire containing sixteen disease specific items was sent to 266 people with a history of venous ulceration. A Rash and factor analysis was carried out to assess the measurement properties and factor structure of the questionnaire.

Results & discussion:

A response rate of 57% (n=152) was obtained. 92 respondents had a current ulcer, the remaining 60 had a healed ulcer. Cronbach's alpha for the questionnaire was 0.93. Prinicipal component analysis revealed the presence of three components but parallel analysis demonstrated that only two should be retained. Due to correlation between the components (r = 0.5) analysis using the Promax oblique rotation method was used. A two factor structure described direct and indirect effects of venous ulceration. Rasch analysis that assessed the ordering of thresholds, differential item functioning and item fit, resulted in a unidimensional 11-item questionnaire: as five items were shown to be misfitting.

Conclusion:

Factor and Rasch analysis were able aid the identification of items to be included in a quality of life questionnaire. It remains necessary to fully explore the psychometric properties of the instrument including, responsiveness to change in QoL associated with treatment. We propose to describe the process, results and challenges encountered and also examine the potential applicability to other areas of nursing.

Recommended reading list:

- Tennant, A., McKenna, S. P., & Hagell, P. 2004, "Application of Rasch analysis in the development and application of quality of life instruments", ISPOR, vol. 7, no. 4, pp. S22-26
- Walters, S. J., Morrell, C. J., & Dixon, S. 1999, "Measuring health-related quality of life in patients with venous leg ulcers", Quality of Life Research, vol. 8, no. 4, pp. 327-336
- Watson, R. & Thompson, D. R. 2006, "Use of factor analysis in Journal of Advanced Nursing: literature review", Journal of Advanced Nursing, vol. 55, no. 3, pp. 330-341

22. Preliminary report on the reliability and validity of the Alpha FIMTM at the John Radcliffe Hospital

Janice Hinkle, Senior Research Fellow, School of Health & Social Care, Oxford Brookes University, Oxford, United Kingdom Co authors: Jacqueline McClaren & Janette Davies

Abstract:

Background:

Reliable and valid tools are an important aspect of discharge planning (Shepperd et al., 2004) The Functional Independence Measure (FIMTM) was developed to help rehabilitation clinicians reliably document a patient's level of disability. It is widely used in the United States (US) (Hinkle, 2000) and has been implemented tentatively in the United Kingdom (UK). A newer Alpha FIMTM, formulated for the acute care setting, is beginning to be used in the US (Clark et al., 2000) but has yet to be validated in the UK. The purpose of this study was to investigate the reliability and validity of the Alpha FIMTM at the John Radcliffe Hospital.

Method:

This prospective descriptive study used an audit methodology for data collection. During the first 11 weeks the research nurse collected demographic data, FIMTM, Alpha FIMTM, and the Barthel Index (BI) on 260 patients.

Results:

Of the 258 patients on whom data were available 43% (111) were male and the mean age was 79 years, range 20-99 (SD + 12.77). The FIMTM was assessed between 5 and 11 days following admission. The mean FIMTM score was 72, range 18-126 (SD + 31.75), Alpha FIMTM was 28, range 6-42 (SD + 11.53) and BI was 10, range 1-20 (SD + 6.5). The Cronbach's alpha coefficents were: FIMTM .958, Alpha FIMTM .904, and BI .935. There were significant differences in all three tools across discharge destinations ($p < .01$).

Discussion:

The FIMTM, Alpha FIMTM, and BI are all reliable and valid tools in this study population. The FIMTM and the Alpha FIMTM have a greater score spread and give the nurse a better view of the patient's function.

Conclusion:

This research is still investigating the most appropriate measure that informs the discharge process, with implications for discharge destination, in acute general medical patients.

Recommended reading list:

- Clark, G. S., Stillman, G. R., Linn, R. T. and Granger, C. V. (2000) In Annual meeting of the Association of Academic Physiatrists, Vol. 79 Lippincott Williams & Wilkins Inc., San Diego, California, pp. 214-215
- Hinkle, J. L. (2000) Topics in Stroke Rehabilitation, 7, 1-21.
- Shepperd, S., Parkes, J., McClaran, J. and Phillips, C. (2004) Oxford, pp. 36

23. Statistical process control as a tool for improvement in an acute Pain Service

Fiona Duncan, Nurse Specialist. Visiting Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Abstract:

Postoperative pain management, although much improved in the past decade, remains suboptimal despite the availability of effective pain control drugs and techniques. There is a paucity of robust evidence to support the impact of Acute Pain Services (APS). Pain management is a complex topic; effective delivery is dependent upon many factors. Randomized trials are not always appropriate or cost effective for learning how to improve care in real clinical settings. Statistical process control (SPC) is a branch of statistics that combines rigorous time series analysis with data presented in graph form. Application of SPC has the potential to improve delivery of effective postoperative pain management. The aim of this study is to demonstrate the use of SPC methods as a tool to improve the patients' pain experience in an established APS. Baseline data has been collected on all major surgical patients nursed with an epidural for postoperative pain control starting January 2006. Data has been presented to a Multidisciplinary Team (MDT) using SPC methods. The interventions initiated by the MDT have been deliberate attempts to introduce 'special causes' of variation in the data such as interventions to lower the percentage of patients in severe pain in the first 24 hours after surgery. This research is currently at the stage of comparing the new process with the baseline data. All data has been entered and analysed using Statistical Package for the Social Sciences (SPSS). The results of this prospective study will be presented. Application of SPC methods offer the potential to learn more about both the process of change and outcomes in an APS or any other specialist service and will also signpost fruitful directions for further research in service efficiency.

Recommended reading list:

- Benneyon JC, Lloyd RC, Plsek PE (2003) Statistical Process Control as a tool for research and healthcare improvement Quality and Safety in Healthcare 12: 458 – 464
- Dolin, SJ Cashman, JN Bland, JM. (2002) Effectiveness of acute postoperative pain management: Evidence from published data British Journal of Anaesthesia 89: 3: 409 – 423
- NHMRC Australian and New Zealand College of Anaesthetists and Faculty of Pain Management 2nd edition (2005) Acute Pain Management: Scientific Evidence NHMRC: www.nhmrc.gov.au/publications

24 Interviewing as a therapeutic activity: reflections on data collection with women following treatment for cervical cancer

Meriel Burns, Professional Development Nurse, Nursing & Governance Division, Christie Hospital NHS Foundation Trust, Manchester, United Kingdom Co authors: John Costello, Bernadette Ryan-Woolley & Susan Davidson

Abstract:

Background:

Women's sexuality following treatment for cervical cancer is an important quality of life issue. Evidence has shown that women have long-term diverse and complex needs that impact on sexuality, whereby the interview approach allowed rich data to be gained in a particularly sensitive area (Burns et al 2007).

Aim:

This paper reports on the potential therapeutic effects of conducting in-depth interviews with women who have cervical cancer.

Method:

In-depth interviews were conducted with a sample of thirteen women who were asked about their experiences following treatment for cervical cancer focusing on sexuality. This paper considers the therapeutic value of carrying out in-depth qualitative interviews with women who have a life threatening medical illness.

Results:

The process of data interpretation included a review of the impact of the interview on the patient's well being. Data were scrutinized for evidence that sharing experiences of distress and suffering with an empathic other (the researcher) had therapeutic value for the patient. The findings indicate that, as a result of being interviewed about their experiences, women experienced: An increased sense of well being based on a more meaningful appreciation of their situation. A feeling of being self-confident and becoming more empowered about their illness. A change of perception about their sexuality. Data analysis highlighted numerous patient responses clearly indicating that the process of being interviewed had therapeutic value.

Discussion & conclusion:

Using reflexivity as a means of examining the interviewing process, the author's conclude that if conducted well, this type of qualitative interview can have a number of beneficial effects for the patient. This paper argues that in depth interviewing can assist health care professionals working in cancer and palliative care to develop therapeutic relationships with patients that can lead to greater levels of empathy and a greater sense of patient empowerment.

Recommended reading list:

- Burns M., Costello J., Ryan-Woolley B. & Davidson S. (2007) European Journal of Cancer Care 16, 364-372

25. Writing for publication is not as hard as you think!- how to get your research published

John Costello, Lecturer in Nursing, Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom

Abstract:

An important part of the research process involves dissemination of findings. Much nursing research never gets into print and many nurse researchers fail to share their findings and contribute to the wider body of nursing knowledge (National Institute of Nursing Research 2004). A major reason for this is that many novice researchers are often daunted by the prospect of writing their first academic paper. This is often due to unfamiliarity with the writing process and lack of understanding about what is involved. The aim of this poster is to inspire novice researchers to develop the necessary self confidence to share their research findings by outlining a step by step guide to writing a paper for journal publication. The poster will describe the stages involved in developing a paper for publication.   Step One: What to write? organising your thoughts and ideas. Step Two: Who am I writing it for? considering your audience.   Step Three: How do I go about choosing the right journal?   Step Four: Identifying the purpose of your intended paper - the take home message?   Step Five: Structure is everything- formatting your ideas The research process - a logical progression of ideas. Reporting your research involves articulating the stages of the research process in a logical way focusing on why the research needed to be carried out, gaining ethical approval, the literature/ background to your work, the research design, data collection methods, making sense of data through analysis and clearly reporting your results / findings. It is also important to discuss the implications of your findings by answering the important so what question! The poster will summarise the main stages involved and include a list of the major nursing research journals focusing on the help and guidance they provide novice researchers considering publication.

Recommended reading list:

- National Institute of Nursing Research (NINR) (2004)
  http://ninr.nih.gov/ninr/research/diversity/mission.html accessed June 2006

26 Building capacity & capability- An evaluation of a multi-disciplinary research group

Jean Parnell, Lecturer - Adult Nursing, School of Nursing, Allerton Building, University of Salford, Salford, United Kingdom Co authors: Sarah Ratcliffe & Carol Haigh

Abstract:

Background:

There is an increasing expectation in the research community that any research undertaken for patient benefit will be a collaboration between academics and clinicians. This poses a problem when the appropriate supportive environment for the development of the requisite research skills is not in place. To address this, a research group, focusing upon the broad topics of Pain and Rehabilitation was set up consisting of clinicians and academics. This poster evaluates and reflects upon the effectiveness of such a group in its first year.

Group development:

The entire group had disparate connections with Universities in the North West and an interest in pain and/or rehabilitation. Following consultation it was decided that we needed to create opportunities for junior lecturers to engage in research in a supportive environment and to engage with various senior clinicians in order to research and explore current issues in pain and rehabilitation thus contributing to and supporting the delivery of evidence based care. This development would be supported by the more experienced researchers in the group who would also provide mentoring experience for those less experienced individuals.

Group purpose:

By bringing together academics and expert practitioners from diverse clinical settings, the group bid for, and undertake research projects, discuss and support dissemination of completed research projects and act in a supportive and advisory capacity to each other.

Evaluation:

The group dynamic has been inclusive and supportive from the beginning and productive research collaborations across disciplines have developed. After the first year, attendance at the meetings remains high. The group have had seven papers accepted for publication. Four research bid applications have been submitted one of which has been successful.In addition the group have submitted three abstracts to various conferences.

Recommended reading list:

- Department of Health (2007) Best Research for Best Health, London, Department of Health, COI. http://www.dh.gov.uk/en/Policyandguidance/Researchanddevelopment/Researchanddevelopmentstrategy/DH_4127109 [Accessed 07.09.07]
- Department of Health (2006) Modernising Nursing Careers -Setting the Direction. London, Department of Health. COI http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138756 [Accessed 07.09.07]

27. Teaching clinical practice in training nurses: An approach to the theoretical references of nursing

Stael Diniz, Professor of Nursing, Faculty of Nursing, University Guarulhos, UnG, Brazil, Guarulhos, Brazil
Co authors: Maria do Carmo Avelar

Abstract:

Introduction:

The clinical practice teaching process in training nurses in a nursing graduate course at a private university has been carried out in part by nurses serving at health institutions as another work option, with limited time to dedicate to teaching.

Objective:

In this study, the objective was to learn about the theoretical nursing references used in the process of teaching this practice by service nurses.

Methods:

Qualitative research was chosen, using hermeutics for interpreting the data. As an analysis reference, the Meleis (1997) proposal was adopted, according to the characteristics of three schools of thought: needs; interaction and results, in the domains of vision, focus, goals, problems and therapeutics.

Results:

Ten teachers were interviewed, nurses at health institutions, all of them females, in the 38 to 48 year age group with between two and twelve years teaching time at the institution. The majority graduated between 19 and 25 years ago and had attained higher academic degrees in specializations. Three categories emerged as theoretical nursing references used in the clinical practice teaching process that were related to the schools of thought: to Needs, emphasizing the principles of the "Basic Human Needs" theory; Interaction, identifying the principles of the "Nurse-Patient Interpersonal Relations" theory; and Results, highlighting the "Four Principles of Conservation" theory.

Conclusions:

A diversified approach expressed by the nurses in health institutions was established in this scenario, contributing the possibility of discussing proposals for the joint establishment of theoretical references to base the conception to be adopted in establishing a clinical practice teaching process in training nurses.

Recommended reading list:

- Alligood, M.R. & Marriner-Tomey, A. (2005). Nursing Theory: Utilization and application. 3nd Edition. St. Louis: Mosby, Inc.
- George, J. (Ed). (2002). Nursing Theories: The base for professional nursing practice. 5th Ed. Norwalk, CT: Appleton and Lange
- Meleis, I.A. (1997). Theoritical nursing: development and progress. Philadelphia: Lippincott

28. Systematic review of psychometric properties of health instruments measuring carer impact

Michele Peters, Research Officer, Department of Public Health and Primary Care, University of Oxford, Oxford, United Kingdom Co authors: Elizabeth Gibbons & Raymond Fitzpatrick

Abstract:

Carers play an important role in the care of chronically ill patients. The impact on health of caring for someone is increasingly recognized. There are indirect (generic) and direct measures of carer burden. The latter are specifically developed for carers. Forty-four articles were identified from the Patient-reported Health Instruments database containing over 12,000 articles. Twenty-six of these fulfilled the inclusion criteria. Another 49 articles were identified by supplementary searches. Psychometric properties according to Fitzpatrick et al (1998) were assessed. Information on psychometric properties was available for 5 indirect measures (15 articles) and 7 direct measures (57 articles). For indirect measures, only the SF-36 and the General Health Questionnaire had been evaluated in more than one article. For direct measures, 19 instruments had been evaluated in a single study only. The most widely evaluated direct measures were the Zarit Burden Interview (ZBI) (12 articles) and the Caregiver Strain Index (CSI) (9 articles), but many of these evaluations were carried out on different versions of the two instruments. Most articles focused on reliability and validity, with little, if any, information on responsiveness, precision, acceptability and feasibility. Due to the low number of evaluations on indirect measures, it is not possible to recommend a generic instrument for use in this population group. However, since generic instruments have been widely evaluated in other population groups, it is likely that they are also useful in carers. Most direct measures can also not be recommended for wide use, due to the limited psychometric information. The ZBI and CSI appear the most promising, with the CSI having the small but important advantage of having been shown to be feasible as a self-completion questionnaire. Overall, due to the limited psychometric information, further research is needed to confirm which indirect and direct measures performs best in the carer population.

Recommended reading list:

- Fitzpatrick R, Davey C, Buxton MJ, and Jones DR. (1998) Evaluating patient-based outcome measures for use in clinical trials. Health Technology Assessment 2; 1-49

29. A randomised controlled trial to evaluate a novel CDRom learning package against the standard lecture training system for Research Governance in the teaching of new researchers responsibilities in an NHS trust

Heather Rogers, Research Nurse Co-ordinator, Clinical Trials Unit, The Cardiothoracic Centre - Liverpool NHS Trust, Liverpool, United Kingdom

Abstract:

Background:

According to training records in 2005, Senior nurses at an NHS Trust were not accessing courses on Research Governance. Therefore, an innovative way of engaging nurses in Research Governance was required. Whilst there are a lot of education programmes for Good Clinical Practice (GCP) training in both computer assisted learning and lecture formats, there is little available for Research Governance training. There is some evidence that CDRom training may be more cost effective and service/learner friendly.

Method:

In 2006 131 nurses were approached to take part in a randomised controlled trial of CDRom versus lecture training, 24 were recruited. 12 were randomised to the lecture and given a presentation, together with a list of web sites containing further reading. The other 12 were given a CDRom with links to the web sites and further reading. All participants were then returned after 2 weeks to sit a multiple choice exam (MCQ) and satisfaction questionnaire.

Results:

Unfortunately only 9 of the 12 in the lecture arm attended the follow-up exam.. There was no significant difference in cost between the two teaching methods. On Intention to treat analysis cost effectiveness did show a significant difference. Learning proved to be significantly improved with the CDRom training with 39.99% more participants passing the MCQ . The CDRom received slightly more negative comments than the lecture.

Conclusion:

This trial has shown CDRom teaching to be more cost effective than Lecture teaching. It has also demonstrated superior learning in the CDRom arm of the trial. However, more negative free text comments were received from the CDRom participants and poor follow-up attendance made per protocol analysis underpowered. It is suggested that before commissioning further computer assisted learning programmes, evidence of their cost effectiveness is requested and a review of computer literacy amongst staff undertaken.

Recommended reading list:

- Department of Health and Social Security, 2005, Research Governance for Healtha nd Social Care 2nd Ed Her Majesty's Stationary Office London
- Price J Lukhard K & Postel R 2005 Quality food production management : interactive CDRom Vs. Lecture methods of instruction, J Hosp, Leisure, Sp & Tour Ed 4 (2) :27-35

30. How to successfully undertake nursing research in the third word: Challenges and tribulations

Barbara Jack, Professor of Nursing, Faculty of Health, Edge Hill University, Liverpool, United Kingdom

Abstract:

Background:

Generally researchers daunted by the idea of trying to set up a project in a third world country, believing it to be complicated and faced with constant barriers particularly bureaucratic issues. However this is not always the case and with careful attention to three key areas can be achievable. Firstly is the issue of sponsorship and the need to contact an organsistion to support your project, provide access to the patients and in some case help for you to get a visa. Secondly is the careful planning of the project including considering practical issues such as data collection, language barriers, and attention to local rituals and customs. The third area is that of research ethics. Although we have clear guidelines in the UK regarding recruitment, participant information sheet and consent (Long and Johnson2007), it is important to consider how to adopt these principles in a country with high literacy rates and poor communication links. There is a paucity of information on palliative care provision in the third word especially sub-Saharan Africa and a weak evidence base to build policy and practice development on (Wright and Clark 2006). There is an urgent need for research to develop an evidence base, yet there are limited resources for this research to be undertaken, coupled with a need to develop the research skills of the local nurses.

Discussion:

This paper discusses these challenges and illustrations from a successful research study to Hospice Africa Uganda will be drawn upon. Practical and safety issues will also be stressed and maximizing opportunities to develop research sills of the local nurses explored. Although initially a daunting prospect, undertaking nursing research in a third World County is achievable and extremely rewarding.

Recommended reading list:

- Wright M, Clark D (2006) Hospice and Palliative Care In Africa a review of developments and challenges, Oxford University Press,Oxford
- Long T, Johnson M (2007) Research Ethics in the Real World Issues and solutions for health and social care. Elsevier, London

31. A pragamatic governance framework for differentaiting between research, audit and practice development

Kate Gerrish, Professor of Nursing, Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, United Kingdom Co authors: Irene Mabbott, Sam Debbage, Susan Mawson & Jean Schofield.

Abstract:

Healthcare professionals have to comply with increasingly complex ethical, legal, clinical and research governance requirements surrounding data collection activity. However, not all data collection should be defined and managed as research. Clinical audit, practice development and service evaluation activities frequently involve collecting data from patients or staff. There are a number of grey areas where it may be difficult to distinguish between research and other data collection activities. Trusts may decide to treat grey areas as research to ensure that all research activity is managed appropriately and that the organization is not exposed to external investigation/litigation. However, this stance results in an unnecessary management burden/cost to the R&D Department. Additionally, there is a risk that unnecessary administrative burdens on practitioners will serve to stifle innovation. Indeed putting obstacles in the way of 'quality improvement projects' may lead to poor practice and reduction in service developments. This poster will present educational toolkit developed at Sheffield Teaching Hospitals NHS Foundation Trust to help staff differentiate between research, clinical audit, practice development and service evaluation activities enabling the proposed data collection activity to be correctly categorised.

The Toolkit contains:

- Set of Simple Rules that identifies the proposed activity type
- Series of Rule-in questions used to confirm activity type
- Referral routes to seek advice for 'grey area cases' when unable to provide a clear categorization between activities
- Set of ethical principles applicable to practice development / service evaluation
- Advice on how all proposed changes to practice must consider their clinical impact and are set in the context of risk to patients

The 'Toolkit' has enabled the Trust to reduce the risk of contravening research governance and local clinical governance requirements whilst still encouraging quality improvement projects. Local universities are using it on postgraduate programmes to facilitate student involvement in projects to improve patient care.

Recommended reading list:

- Department of Health (2005) Research Governance Framework for Health and Social Care; 2nd Edition, London, Department of Health
- Gerrish K, Mawson S, (2005) Research, audit and Practice development: implications for research and clinical governance. Practice Development in Health Care; 4:1: 33-39

32. Barriers to conducting a research project in an NHS acute setting in Liverpool

Anita Hanson, Research Nurse, Department of Pharmacology and Therapeutics, University of Liverpool, Liverpool, United Kingdom

Abstract:

Background:

A Department of Health funded research project led by the University of Liverpool and Royal Liverpool University Hospital, looking at genetic and environmental factors that contribute to how patients respond to warfarin, is currently nearing completion. The potential benefits of the project include improving the safety of warfarin, quality of life of the patient and cost effectiveness of warfarin therapy. Despite the importance of the research, a number of barriers were identified when conducting the project. In order to overcome some of the barriers, a change management strategy was used to develop a structured plan to identify the strengths and weaknesses of the project, plus identify potential opportunities to take the project forward (Lanzotti, 2002). Introduction: From Liverpool alone, 1007 patients from 3 NHS Trusts have been recruited, plus 40 qualitative interviews have been conducted to examine clinician and patient acceptance of pharmacogenetic testing. However, in order to achieve this, the project faced many challenges.

As a nurse coordinating the project, the barriers identified included:

- Accessing a multitude of different committees and structures within organisations
- Gaining honorary NHS and University contracts
- Ginancial and time constraints
- Atttitudes towards research

Discussion:

All of the above pose a threat to the success of research projects. Clearly this has an impact on delivering vital evidence required to improve and implement change in existing practice. It has become evident that the increased control of, and the perceived bureaucracy associated with the governance of research has the potential to stifle research activity (Howarth and Kneafsey, 2004).

Recommended reading list:

- Lanzotti, L.M.E. (1991) Staff participation in a strength, weakness, opportunity and threat analysis Journal of Nursing Administration. 21(10). 67-69
- Howarth, L.M. and Kneafsey, R. (2004) The impact of research governance in healthcare and higher education. Journal of Advanced Nursing. 49(6). 675-683

33. Attending the RCN International Nursing Research Conference as a 'Lone Attender' — a small-scale, multi-method study (412)

Sarah Sutton-Heath, Staff Nurse, The University of Manchester, Manchester, United Kingdom Co authors: Sheila Dunbar, Barbara Jack, & Ann-Louise Caress

Abstract:

Background:

Informal feedback from previous conferences suggested that those attending alone can find this quite daunting and may consequently not gain full benefit from the conference. The RCN Research Society North West Forum Group therefore undertook a piece of work, with support of the Forum's National Steering Committee, to explore the views and needs of such "lone attenders".

Methods:

A multi-method approach was adopted ie a questionnaire survey of a convenience sample of 'lone attenders' to the 2007 conference and analysis of field notes, taken with participants' consent, at a related fringe event at this conference. Questionnaire data were analysed using descriptive statistics and fringe field notes thematically analysed.

Results

27 adequately completed questionnaires were returned and 18 delegates attended the fringe. Data from the two sources have been combined (as the questionnaire and fringe discussion 'topic guide' were designed to be complementary).

Particularly problematic areas for lone attenders were identified as being:

Accommodation (cost, location, practical issues)

The evening before the conference (eating alone, feeling welcomed, practical issues) • Conference dinner (perceptions and experiences of the dinner, practical issues) Particular issues for overseas delegates and student nurses/postgraduates were identified. Participants made several suggestions to enhance the experience for future 'lone attenders', relating to Pre-conference information

- Local information for delegates
- 'Signposting' for lone attenders
- Evening and pre-conference events Potential solutions would involve additional web-based, print-based and face-to-face information and support.

Conclusions:

This small-scale project has confirmed that some delegates find attending the conference on their own daunting. Data could be used to enhance the experience for future delegates at this conference, as well as by others planning conferences and comparable events for nurses.

34. The road less travelled: Reflections of a lone interviewer

Mary Mc Menamin, Senior Research Nurse, Department of Nursing Research, Western Health and Social Care Trust, L.Derry, United Kingdom Co authors: Vivien Coates, & Adrian J. Moore

Abstract:

Background:

A large commissioned research project entitled "Socio-economic factors and outcomes in Type 2 Diabetes" will be presented to highlight areas of greatest challenge for a single researcher conducting one to one interviews. The study raised important methodological considerations facing a researcher attempting to independently interview across a disparate geographical population. This presentation will draw upon this experience of planning, co-ordinating and facilitating this study discussing important practical and ethical considerations for researchers, when interviewing patients from a broad-spectrum of socio-economic situations.

Design & methods:

The study was a cross-sectional survey of patients registered in a large acute hospital trust in Northern Ireland. A representative stratified random sample of patients (n=541) with T2DM was selected from this hospital diabetes register. 322 Males (57.5%) and 243 Females (42.5%) participated in this study. A structured questionnaire was administered in the patient's home. All interviews were conducted by the same interviewer using Teleform®, which afforded an ideal medium to capture the data generated from the structured interviews onto the researcher's laptop. Thereby considerably reducing the time spent upon transferring this data unto S.P.S.S. Issues q Administration q Seeking informed consent q Refusals and DNA's q Interpersonal skills q Protracted length of interviews q Time management q Selection of attire q Animals.

Conclusions:

The books are full of wise advice about conducting interviews and such principles were followed as far as possible. However having spent two years involved in one to one interviews the author's experiences testify that the reality can be much more complex than may at first be apparent. The challenge is to combine the theory with a pragmatic approach to the research. The experience gained has been a valuable part of the learning process of being involved with a large research study.

35. Methodological issues in developing and evaluating information provision strategies: A case for case study

Paula Beech, Health Services Researcher, R&D Department, Hope Hospital, Salford Royal NHS Foundation Trust, Salford, United Kingdom Co authors: Ann-Louise Caress & Ian Davidson

Abstract:

Patients and families require accurate and timely information to manage health conditions. Inadequacies and dissatisfaction with information provision persist. This paper will address, using stroke as an exemplar, limitations of current strategies used to explore methods of providing information, and promotes 'Case Study' (Stake 1995, Yin 2003) as an alternative for studying this complex topic in practice. Interviews/surveys elicit information that stroke survivors and their families may require and that professionals think they should provide, and how they may be delivered. This offers useful insight into the content and potential modes of information delivery but risks bias as they rely on self report of retrospective experience. They offer no contextual translation of results into practice and when undertaken with one group limit active comparison between groups. Studies based on self report do not capture the process of how information is delivered. For this observation studies are required. Observational study in stroke has demonstrated how little communication time is actually devoted to providing health information with patients. However, observation alone provides limited opportunity to examine the context for this and potential solutions. Studies have tested information interventions through randomised controlled trials but with mixed results. In a Cochrane review of information provision in stroke it was concluded that greater clarity was needed about the aims and expectations different stakeholders had of information provision in order to inform robust design of interventions (Forster et al 2001). To improve our understanding of the deficits in information provision there is a need to investigate the phenomenon within the context of practice and from a number of perspectives simultaneously. This paper argues that case study offers a flexible and versatile strategy to do this (Yin 2003), and uses an on-going study to illustrate this.

Recommended reading list:

- Forster, A.; Smith, J.; Young, J.; Knapp, P.; House, A. and Wright, J. (2001) 'Information provision for stroke patients and their caregivers' The Cochrane Database of Systematic Reviews 2001, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919
- Stake, R.E. (1995) The Art of Case Study Research. California: Sage
- Yin, R.K. (2003) Case Study Research, Design and Methods (3rd Edition). California: Sage

36. Using the internet to facilitate collaborative healthcare research

Rachel Taylor, Project Manager, Virtual Institute of Research in Healthcare Practice, School of Health and Social Studies, University of Warwick, Coventry, United Kingdom

Abstract:

Introduction:

A multi-purpose website has been developed to facilitate and enhance collaborative healthcare research. The Virtual Institute of Research in Healthcare Practice (VIRIHP) is a UK collaboration of 8 partners including National Health Service Trusts (NHS), the RCN Research Institute at Warwick University, 3 other universities and an umbrella patient group. VIRIHP's research on patient perspectives in long term conditions is informed by the partners' diversity of skills and perspectives and facilitated by the website (www.virihp.org.uk). Also included on the website is a learning environment for students and new researchers.

Background:

UK healthcare research is now largely undertaken collaboratively (Lorentzon, 1998) and patient and clinician participation is a prerequisite for most research funding grants. At its best, collaborative working enables "a more comprehensive examination of the research problem" (Gelling 2001). However, collaborations can founder due to their non-hierarchical structure, the range of perspectives and the necessity for virtual communication, which is not "seamless or transparent" (Driskell et al, 2003). In order to maximize the potential of virtual collaborations engaging people creatively in a web resource can help compensate for less face-to-face communication. Examples of web tools: 1. Web tool: Project updates, discussion zones and document libraries.

Purpose:

1. Keeps collaborators informed and motivated. 2. Web tool: Separate forums and libraries for project interventions. Purpose: Clinicians involved in interventions can support each other. 3. Web tool: Database of researchers' interests in institutions. Purpose: Facilitates networking and collaborative projects. 4. Web tool: Educational clinical guidance tools. Purpose: Used for interventions on implementing guidelines 5. Web tool: News page. Purpose: Keeps people in touch and advertises collaboration's work. 6. Web tool: Interactive learning, eg writing and critical thinking skills packages. Purpose: Offers pool of educational resources to students in the partner institutions 7. Web tool: Student community and directory. Purpose: Student network and support.

Recommended reading list:

- Lorenzon, M., 1998. The way forward: nursing research or collaborative health care research? Journal of Advanced Nursing, 27, p. 675-676
- Gelling, L., 2001. Research collaboration. Nurse Researcher, 9(2), p. 4-16
- Driskell, J.E., Radtke, P.H., Salas, E., 2003. Virtual teams: effects of technological mediation on team performance. Group Dynamics: theory Research and Practice, 7 (4), p. 297-323

37. Confirmatory factor analysis of competency inventory for registered nurse

Ming Liu, School of Health Science, Macao Polytechnic Institute, Macau, China Co authors: Lei Yin & Bernice Lam

Abstract:

Background:

The Competency Inventory for Registered Nurse (CIRN) was developed by Liu and colleagues in the P.R. China (Liu., Kunaiktikul., Senaratana., Tonmukayakul., & Eriksen 2005). It consists of eight dimensions with 58 items. In order to exam whether CIRN can be applied in the Macao nursing context and to further validate its psychometric properties, this study was conducted.

Objective: To confirm the construct validity of Competency Inventory for Registered Nurse (CIRN).

Methods:

A quantitative descriptive design and stratum random sampling method were used to recruit 533 registered nurses in the two hospitals and seven health centers in Macao SAR . The confirmatory factor analysis was performed to test the construct validity of CIRN.

Results:

Single factor analysis results indicated that all factor loadings to its items were 0.21~0.84 (p < 0.05) with 4 factor loadings less than 0.30. The multiple factor analysis results showed $f\acute{O}2/df$ =2.21, GFI=0.933¡AAGFI =0.942, and RMSEA = 0.091, which all demonstrated that seven dimensions and their items of CIRN were all consistent and fitted with its theoretical structure.

Discussion:

All factors¡¦ intercorrelations for the dimensions were significant (p<.001). However, the contributions of the dimensions to the total competence inventory varied, and there are four items with loading value less than 0.30. These results indicate there is necessary to modify some items. Conclusion CIRN was proved to have good psychometric characteristics and can be applied in both Mainland China and Macao SAR.

Recommended reading list:

- Liu, M., Kunaiktikul, . Senaratana., Tonmukayakul., & Eriksen, L.(2005)

38. Aiming at culture conscious and tailored nursing

Raija Kokko, Senior Lecturer, nursing, School of Health Care, Tampere, Finland

Abstract:

Background:

The curriculum for the education of nurses stipulates that the nurse at work needs among others cultural and international knowledge, and therefore, it is important for student nurses to acquire experience of the working culture and habits of a foreign culture already during training. Student exchange is used as a teaching and learning method to acquire cultural knowledge of other countries needed in nursing today.

Aim:

This study aimed to describe the development process towards transcultural nursing from the nursing education perspective.

Methods:

Data was gathered 2002-2004 and consisted of student nurses' diaries (N=6) and travel reports (N=45). Qualitative content analysis method was applied to the data.

Results:

The cultural knowledge gathered from the exchange countries increased the student nurses' cultural knowledge base and in addition, their personal knowledge base increased. All the student nurses went through a cultural change and growth (learning) process and both the increased cultural and personal knowledge bases were utilized in this process. The student nurses wanted to modify their own nursing on the bases of their learning experiences in order to improve the quality of it. In this process some of the cultural values and nursing practices of the student nurses were maintained as learned earlier and some of them were repatterned. The use of the knowledge acquired leads to nurses' cultural competence and preparedness to meet the cultural needs of the patient, and therefore nurses will be able to provide transcultural quality nursing to their patients. Transcultural quality nursing means here nursing where the cultural knowledge and experience acquired on exchange are utilized when assessing and implementing the patient's care.

Conclusion:

The development process towards transcultural quality nursing described in this study provides one option to meet the challenges of the globalization of nursing.

Recommended reading list:

- Watt S., Law K., Ots U., Waago K. (2002) Refections across the boundaries: The European nursing module. Journal of Transcultural Nursing, 318-324
- Koskinen L. (2003) To survive, you have to adjust. Study abroad as a process learning intercultural competence. University of Kuopio Publications, Kuopio
- Leininger M. (2002) Transcultural nursing, and globalization of health care: importance, focus, and historical aspects.McGraw-Hill, USA

39. Health visitors' experiences of providing interpretation for migrant workers - an action research study

Natasha Thom, Lecturer, School of Nursing, Nottingham University, Boston, Lincs, United Kingdom

Abstract:

This paper reports qualitative interview findings from 13 health visitors, to ascertain their experiences of providing interpretation for migrant workers. Health visitors were interviewed during October 2007. The findings are part of an action research study. The aims are to improve access to health visiting for migrant workers by introducing and evaluating a telephone interpreter service. Differences in the languages spoken by clients and providers of care make clear, accurate communication impossible. This may lead to miscommunication and inappropriate treatment (Biscoff etal 2003). An interpreting service is one way of improving the language barrier (Enslien 2002, Flores 2005). From the interviews in this study, thematic analysis identified the following issues. Poor quality care, visual communication techniques, non verbal communication, written communication, use of formal interpreters, use of informal interpreters and perceptions of the potential use of a telephone interpreting service. Prior to the intervention, health visitors predominantly relied on using friends or family members as interpreters and supplemented the communication with visual aids. Accuracy of the communication was assessed by observing a clients body language and facial expressions. Staff identified a limited service with few resources available. The findings of the interviews support the need for interpreting services in order to address the issues associated with language barriers. This study is part of my Doctorate in Health Sciences.

Recommended reading list:

- Bischoff, A Bovier P, Isah, R. Francoise G, Ariel, E and Louis L (2003) Language barriers between nurses and asylum seekers: their impact on symptom reporting and referral. Social Science and Medicine 57 pp 503 -512
- Enslein, J, Tripp-Reimer, T, Skemp Kelley, L, Choi, E and Mc Carty L (2002) Evidence Based Protocol. Interpreter facilitation for individuals with limited English Proficiency. Journal of Gerontological Nursing. 28 (7) pp 5 – 13
- Flores, G. (2005) The Impact of Medical Interpreter Services on the Quality of Health Care: A systematic Review. Medical Care Research and Review. 62 (3) pp 255 – 299

40. The coping strategies towards occupational stress among nurses in Taiwan: does the culture matter?

Shu-Fen Su, Assistant Professor in Nursing, School of Nursing, Chung-Shan Medical University, Taichung City, Taiwan Co authors: Jennifer Boore & Mary Jenkins

Abstract:

Numerous studies have indicated that nurses' coping strategies may be related to their job stress, satisfaction, perceived heath status, or mood. However, limited qualitative research has been conducted to explore nurse's coping mechanisms and which factors could influence their adoption of coping. The aim of this study was to investigate the relationships between nurse's coping strategies and intervening factors towards job stress. A total of 28 nurses from 7 hospitals participated in the semi-structured interviews, with questions focused on how participants cope with their job stress and why they use these methods. Data were analyzed through a multi-step synthesized grounded theory analysis procedure developed by the researchers. Constant comparison, asking questions, theoretical sampling, maintaining memoranda, and reviewing references were utilised throughout the data collection process until theoretical saturation was achieved. Member checking and an expert panel were involved to maintain research integrity. Findings in this study demonstrated that nurses in Taiwan tended to utilise negative rather than positive coping strategies. Suppressing negative emotions, weeping privately, enduring unfair treatment, sacrificing their basic self needs and time for work, taking sleeping pills, keeping distance from co-workers, or cursed during work were often used by nurses to overcome their job stress. Praying to Buddha was identified as a help-seeking behaviour in coping. Culture and individual were the two factors identified to interact actively in facilitating or constraining these coping strategies. Nurses perceived that their Chinese culture, personality, and lack of personal resources influenced them in dealing with stress. Some coping strategies were identified as the new phenomena which have not been found in the global nursing studies, including Taiwan. This may be because the researchers used established coping measurement tools to evaluate their participants. Therefore, we suggest that nurse's coping behaviours need to be further studied with the consideration of culture difference.

Recommended reading list:

- Lambert, VA, Lambert, CE & Ito, M 2004, 'Workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental heath of Japanese hospital nurses', International Journal of Nursing Studies, vol. 41, pp.85-97
- Cheng, BS, Farth, JL, Chang, HF & Hsu, WL 2002, 'Guanxi, Zhongcheng, Competence, and managerial behaviour in the Chinese context', Chinese Journal of Psychology, vol. 44, no.2, pp.151-166
- Mulcahy, C & Betts, L 2005, 'Transforming culture: an exploration of unit culture and nursing retention within a neonatal unit', Journal of Nursing Management, vol.13, pp.519-523

41. Analysis of pregnancy worries

Dolores Marin, Staff Midwife, Servicio de Obstetricia (Paritorio), Hospital De Fuenlabrada, Fuenlabrada, Spain
Co authors: Francisco Carmona, Cecilia Peñacoba & Amparo Moreno

Abstract:

Introduction:

Pregnancy originates great changes in women, these changes will influence the biological area, as well as the psychological and social areas. Different researches have analyzed the influence of social support, depression, anxiety or irrational thoughts on the course of pregnancy and the satisfaction with the birth of a new child. All these factors can interfere with the necessary care during required in this stage Statham developed the Cambridge Worry Scale (CWS) to measure specific pregnancy worries showing a good reliability and a strong association with anxiety and mood disturbances.

Objective:

The objective of this research is, using the CWS measure, analyze the course of worries along pregnancy and detect those causing greater disturbances to women.

Methodology Prospective descriptive design, data were collected longitudinally starting in the first trimester. The sample was composed by 104 women from the Fuenlabrada Hospital. Pregnancy worries were measured using the Cambridge Worry Scale It's a self-report measure of pregnancy related worries and consists of 16 items.

Results:

Women show higher scores in CWS during first trimester of pregnancy (mean 2.01; SD 0.88) when compared to the third trimester (mean 1.32; SD 0.68), being this difference statistically significant. Items with the highest scores were those related to fetal health (4.10 in the first trimester; 3.21 in the third trimester) and related to labour (2.59 in the first trimester; 2.34 in the third trimester). During the first trimester women showed also high scores in the item questioning about spontaneous abortion.

Conclusions:

According to the results of the present research it would be helpful for pregnant women to elaborate an educative support system where pregnancy worries could be analyzed from the first trimester of gestation. Working in the diminution of these worries would improve pregnant women well-being and their perception of pregnancy and delivery.

Recommended reading list:

- Statham, H., Green, J.M. & Kafetsios, K. 1997, "Who worries that something might be wrong with the baby? A prospective study of 1072 pregnant women", Birth (Berkeley, Calif.), vol. 24, no. 4, pp. 223-233
- Ohman, S.G., Grunewald, C. & Waldenstrom, U. 2003, "Women's worries during pregnancy: testing the Cambridge Worry Scale on 200 Swedish women", Scandinavian journal of caring sciences, vol. 17, no. 2, pp. 148-152
- Da Costa, D., Dritsa, M., Larouche, J. & Brender, W. 2000, "Psychosocial predictors of labor/delivery complications and infant birth weight: a prospective multivariate study", J Psychosom Obstet Gynaecol, vol. 21, pp. 137-148

42. Miscarriage and coping styles: Their role in women care

Veronica Díaz Sánchez, Staff Nurse, Servicio de Obstetricia (Paritorio), Hospital De Fuenlabrada, Fuenlabrada, Spain Co authors: Marisa García Huete, Dolores Marín Morales, Elena Campo Cecilia & Francisco Carmona Monge

Abstract:

Introduction:

Fear of miscarriage is an additional source of stress for the pregnant women. Abilities and coping strategies used by women to process and adapt to the situation are a key point to evaluate for the nursing team in order to help women in their grieving process. Different studies have found a relation between the presence of abortion and an increase in depression and anxiety in women. This is even more important in women with low self-esteem and low emotional resources. Several researches have proven the beneficial effect of social support, emotional expression and professional care of women who had suffered a miscarriage.

Objectives:

To describe ways of coping in pregnant women during the first trimester of pregnancy and to analyze if coping strategies are modified in the presence of a previous abortion.

Methodology:

The sample is composed by 51 pregnant women in the first trimester of gestation from Fuenlabrada Hospital (Spain). Variables: Previous spontaneous abortion Stress Coping: measured with the Coping Strategies Questionnaire (Sandín 2003). Results The highest scores in the CAE were measured in the following subscales: focus on problem solving (mean 16.02; SD 3.95), positive reappraisal (mean 14.10; SD 3.44) and seeking social support (mean 14.51; SD 5.33). The lowest scores were measured in: religion (mean 3.53; SD 5.58), high emotional expression (mean 6.92; SD 3.60), focus on negative adjustments (mean 7.16; SD 3.62) and escape-avoidance (mean 8.73; SD 3.67). There were no significant differences in the different scales scores between women who had suffered a previous abortion and those who hadn't.

Conclusions:

The fact of suffering a miscarriage doesn't seem to modify women's ways of coping. It is important to highlight the poor utilization of the emotional expression strategy, which plays an important role to adapt to the pregnancy loss. Coping styles can orientate the nursing team about the resources and strategies in which they must focus in order to provide high quality care so women can elaborate their grief.

Recommended reading list:

- Cote-Arsenault, D., Donato, K.L. & Earl, S.S. 2006, "Watching & worrying: early pregnancy after loss experiences", MCN.The American journal of maternal child nursing, vol. 31, no. 6, pp. 356-363.
- Swanson, K.M., Connor, S., Jolley, S.N., Pettinato, M. & Wang, T.J. 2007, "Contexts and evolution of women's responses to miscarriage during the first year after loss", Research in nursing & health, vol. 30, no. 1, pp. 2-16
- Tsartsara, E. & Johnson, M.P. 2006, "The impact of miscarriage on women's pregnancy-specific anxiety and feelings of prenatal maternal-fetal attachment during the course of a subsequent pregnancy: an exploratory follow-up study", Journal of psychosomatic

43. Graduates attitudes on the impact of having completed nursing degree programmes

Orla Sheahan, College Lecturer (Contract), Catherine McCauley School of Nursing and Midwifery, University College Cork, Cork, Ireland

Abstract:

Introduction:

A literature review suggests that nursing practice is positively affected by nurses' completion of degree studies (Spencer, 2006; Wildman et al, 1999). Higher education in nursing is associated with improved patient care, enhanced critical thinking and increased autonomy in practice. However there is a lack of consistency between studies with some studies identifying barriers to the incorporation of learning into practice and negative impacts of higher education.

Aim:

To determine nurses' attitudes on the personal and professional impact of having attained a degree in a nursing related discipline.

Methods:

A descriptive quantitative survey which used a self-report questionnaire adapted from that used by Whyte et al (2000). A convenience sample was recruited which consisted of 88 clinical and non clinical nurses who worked in different specialities in two Irish hospitals. Each study participant had successfully completed a degree at level 8 or 9 of the national qualification framework of Ireland. Data was collected in 2006 and was analysed employing descriptive and inferential statistics using SPSS.

Results:

This study supports the value and function of degree studies in the empowerment of nurses' careers, preparation of nurses for practice, the procurement of promotion and the improvement of practice and enhancement of patient care. This study also identified barriers to nurses' pursuit of degree studies and nurses translation of new knowledge, skills and attitudes into practice.

Conclusion:

In view of the numerous positive behavioural changes resulting from the completion of degree studies it is essential that support and access to degree studies is promoted and barriers to the implementation of knowledge in practice are addressed.

Recommended reading list:

- Spencer,R.L. (2006). Nurses', midwives' and health visitors' perceptions of the impact of higher education on professional practice. Nurse Education Today. Vol 26 (1): 45 – 53
- Wildman,S., Weale,A., Clinton,R., & Pritchard,J. (1999). The impact of higher education for post-registration nurses on their subsequent clinical practice: an exploration of students' views. Journal of Advanced Nursing. Vol 29 (1): 246
- Whyte,D.A., & Lugton,J., & Fawcett,T.N. (2000). Fit for purpose: the relevance of Masters preparation for the professional practice of nursing. A 10-year follow-up study of postgraduate nursing courses in the University of Edinburgh. Journal of Advanced Nursing
Source of Funding: N/A

44. An exploration of the support needs of parents diagnosed with head and neck cancer who are caring for young children

Cherith Semple, Clinical Nurse Specialist - Head and Neck Cancer, Cancer Services, South Eastern Trust NI, Belfast, United Kingdom Co authors: Tanya McCance

Abstract:

Background:

The incidence of head and neck cancer is steadily rising in the UK, with a notable increase in younger age groups (Cancer Research, UK). As a direct consequence, more parents of young children are being diagnosed with head and neck cancer, which has important implications for patients and their families.

Aims:

The overall aim of study is to explore the support needs perceived by parents diagnosed with head and neck cancer who have young children.

Methods:

Using a qualitative descriptive design, data has been collected from nine participants to date, using one-to-one in-depth interviews, which were tape-recorded. Data has been analysed using a technique known as cognitive mapping. Using this process, each interview has been coded, categorised, a cognitive map produced and data interpreted through identifying connections, which are visually captured.

Results:

Preliminary findings suggest that parents frequently experience a lack of support on how to talk to their children about cancer, despite wanting to do the right thing. The impact of their treatment brings about not only a physical and emotional burden but often leads to the separation from the children during treatment. Subsequently, this has an obvious effect on family life, denoted by changing roles within the family and financial issues. Despite the challenges of head and neck cancer, parents have a desire to spend more time with the children following treatment, also regain normality at home, work and with social activities, embedded within changes to their personal priorities and prevailing attitude towards life.

Conclusion:

To date, this study highlights the immense impact on the family when a parent of young children has head and neck cancer and their need for emotional, financial, informational and practical support. This has important implications for nursing practice and how this client group can be supported in their parental role.

Recommended reading list:

- Cancer Research UK (2005) UK Oral Cancer incidence statistics
  http://info.cancerresearchuk.org/cancerstats/types/oral/incidence/
- Northcott, N (1996) Cognitive mapping: An approach to qualitative data analysis. NT Research, 1(6): 456–463
- Helseth, S & Ulfsaet, N (2005) Parenting experiences during cancer. Journal of Advanced Nursing, 52(1): 38-46

45. A study of the related factors for children revisiting pediatric emergency department within 72 Hours in Taiwan

Yu-Hui Hsieh, Staff Nurse, Nursing department, Chia-yi Christian Hospital, Chia-yi, Taiwan
Co authors: Jih-Yuan Chen & Shu -Ying Lin

Abstract:

The aim of this study was to find the association characteristics of patients who revisit and did not revisit pediatric emergency department in Taiwan. The is a prospective study of patients visiting our pediatric emergency department between June 1 to August 31, 2007. Our hospital is a tertiary care pediatric emergency department hospital in Taiwan. There are approximately 30,000 patients visits per year. Cases were selected by purposive sampling. Data were collected from patient's caregivers and charts. Bivariate and multivariate analyses were performed to determine factors associated with revisiting.

There were 300 patients, The revisiting rate was 10. Logistic regression analysis revealed 3 factors independently associated with revisiting for acute triage category, age and diagnosis. These factors may be use to identify children in the Emergence Department at greater risk for revisiting and may point to a need for improved discharge instructions.

46. Anticipatory grieving among Jordanian parents living with a child with cancer

Ekhlas AL Gamai, PhD student, Salford Centre for Nursing Midwifery and Collaborative Health Care, IHSCR Salford University, Salford, United Kingdom Co authors: Tony Long & Joan Livesley

Abstract:

Background:

Childhood cancer presents a series of uncontrollable, stressful events that exert a permanent impact on the child and their parents. These stressors may last months or years, and family life is altered by the uncertainties of illness.

Aim:

To provide insight into anticipatory grief of Jordanian parents living with a child with cancer, distinguishing between grief responses of parents of newly diagnosed children and those whose child was diagnosed 6-12 months previously.

Method:

140 parents, split between "newly diagnosed" and "6-12 months after diagnosis" groups, were recruited in 2006 from two hospitals representative of the health sector in Jordan. Structured interviews were conducted to assess anticipatory grief using a 50-item amended Marwit and Meuser Caregiver Inventory (2002), and the 27 item Anticipatory Grief Scale (1991). Analysis was performed using t-test.

Results:

All parents in the newly diagnosed group "longed for what was, what they had shared in the past before the diagnosis." In the second group, 88.6% of parents reported a high level of personal sacrifice burden with having had to give up a great deal to care for their child since diagnosis. Fewer than half of the parents in both groups reported that they were at peace with themselves and the situation in life. Parents of newly diagnosed children reported more severe grief responses than those in the second group (t=8.30; p<0.001). No significant differences were found in responses between mothers and fathers.

Conclusion:

Families caring for a child with cancer are faced with uncertainties, new challenges and stressors. The results of this study offer guidance to nurses and others as to when and how to provide supportive intervention for such parents. Many similarities were found between the context in Jordan and that in the UK, so lessons may also be learned by a wider range of nurses.

Recommended reading list:

- Mu P, Ma F, Ku S, Shu H, Hwang B, Kuo B (2001) Families of children with malignancy: the mothers experience. Journal of Pediatric Nursing, 16(4): 287-295
- Yeh CH (2003). Dynamic coping behaviours and process of parental response to child's cancer. Applied Nursing Research, 16 (4): 245-255
- Svavarsdottir E (2005) Gender and emotions: Icelandic parents' experiencing childhood cancer. International Journal of Nursing Studies, 42(5): 531-538
  Source of Funding: Non UK

47. Investigating and evaluating the value and effectiveness of surgical CNS roles in delivering care to children and their families

Caroline Sanders, Consultant Nurse, Royal Liverpool Children's Hospital, Liverpool, United Kingdom
Co authors: Liz McArthur, Coldicutt Pat, Flynne Alison, Grogan Joan, Boken Carol & Murray Mary

Abstract:

Aim:

The principle aim of this service evaluation was to identify children, young people and parents' level of satisfaction with existing specialist nursing service.

Background:

Specialist nursing roles have existed within the hospital trust for more than fifteen years. The surgical clinical nurse specialist (CNS) teams care for populations with acute and chronic healthcare needs. The function of specialist roles have been explored both nationally and locally against a backdrop of professional guidelines and economic pressures. However there had been no local evaluation of children, young people's and parents' level of satisfaction since the development of specialist roles within our trust. National guidelines in the UK (NICE, 2002 & HCC) recommend that systems be put in place to enable clients to make their voices heard in a variety of ways.

Method & results:

The evaluation tools (parent, child 9-11, 12-18yrs) had face validity and were population specific; comprising of 11 statements exploring communication, service delivery, access, multi-professional working and service user empowerment. There was a free space for open comments. Simple descriptive statistical analysis correlated closed responses whilst thematic analysis was used to explore the open comments. Parents reported satisfaction > 90% with nurses knowledge, skills and MDT working, while the children and young people reported between 83-97% satisfaction. Accessibility, equity of service provision, variable information resources and administrative issues were areas that were identified less positively by parents and children.

Conclusion:

Service evaluation has identified positive experiences and deficiencies in structure and processes that have impacted on children and their families. This information has led to the development of action plans that aim at improving service delivery.

Recommended reading list:

- NICE. Principles for Best Practice in Clinical Audit. Oxford, Ratcliffe Medical Press, 2002
- HCC: http://www.healthcarecommission.org.uk/InformationForServiceProviders/NationalClinicalAudit/AboutClinicalAudit/

48. What is the optimum content of patients intensive care diaries?

Catherine Tobin, Research Nurse, School of Clinical Science, University of Liverpool, Liverpool, United Kingdom
Co authors: Christina Jones, Richard Griffiths & Sue Hall

Abstract:

Background:

A large proportion of patients suffer symptoms of post traumatic stress disorder following an ICU stay. An recent study suggested patients receiving a diary detailing their time in ICU had fewer symptoms of PTSD. ICU diaries are recommended as an intervention tool for PTSD. However there have been no rigorous studies into there effect and what it is that patients and bereaved relatives deem to be the optimum content of ICU diaries.

Aim:

This study using qualitative methodology aims to provide rich, deep, description of what it is that patients and bereaved relatives perceive as the optimum content of intensive care (ICU) diaries and how their diary is helpful to them.

Methodology:

A purposeful sample of 70 patients and bereaved relatives whom have an ICU diary returned to them following their/their relatives stay will be sought. In-depth semi-structured interviews using predominantly open ended questions will be undertaken. This will allow any interesting themes to be pursued in discussion. Interviews will be recorded and transcribed from recordings. Both the diary and the interview content will be analysed. Nvivo software will be utilised in order to allow speedy recognition of key themes.

Results:

Patients and bereaved relatives may perceive their diary as a tool that helps them to make sense of their memories or lack of recall. This research is currently being undertaken and will determine what it is that patients and bereaved relatives determine to be the optimum content of ICU diaries. Results will be available for presentation in March 2008. Diaries and transcribed interviews are currently being entered into Nvivo for analysis.

Discussion & conclusion:

Determining the optimum content of patient diaries will prove invaluable in improving service delivery, knowledge, policy and practice within health and health care. Clear guidelines will be developed.

49. Competence in intensive and critical care nursing – testing an instrument for nursing students

Riitta-Liisa Ääri, Researcher in trainee position, Department of Nursing Science, University of Turku, Turku, Finland Co authors: Helena Leino-Kilpi & Tarja Suominen

Abstract:

Background:

There is a growing need for qualified nursing staff in intensive care units (=ICUs). Nursing in intensive and critical care requires special competencies. These special competences have to be taught to the graduating nursing students who are interested in practicing in intensive care. There is a need for spesific competence assessment tools in intensive and critical care nursing (Hanley & Higgins 2005). Therefore, it is topical to develop an instrument of competence in intensive and critical care nursing. The construction of the instrument is based on a previously made literature review and a Delphi-study.

Aim:

The aim is to develop a reliable and valid instrument of competence in intensive and critical care nursing for graduating nursing students.

Methods:

The first version of the instrument of competence in intensive and critical care will be tested with convenience sample of graduating nursing students (N=100) and also of ICU nurses (N=100) in November and December 2007. Reliability will be tested by internal consistency (Cronbach`s alpha) and test-retest (Pearson Product Moment). Face validity, content validity, construct validity (Factor Analysis) and criterion validity (BKAT as criterion instrument; developed by Toth e.g. 1994; 2003) will be tested. Connections between scores of the developed instrument and the demographics of the graduating nursing students will be statistically tested.

Results:

Data will be analysed in January 2008.

Discussion:

Results will describe how the developed instrument measure competence in intensive and critical care nursing. The results will also described graduating nursing students competence in intensive and critical care nursing.

Conclusion:

The results will be fruitful in developing basic and orientation educations in intensive and critical care nursing. The instrument will be further tested with bigger randomized sample of graduating nursing students.

Recommended reading list:

- Hanley, E. & Higgins A. 2005, 'Assessment of clinical practice in intensive care: a review of the literature', Intensive and Critical Care Nursing, vol. 21, no 5, pp. 268–275
- Toth, J. 1994, 'Basic knowledge assessment tool for critical care nursing, Version 4 (BKAT-4): validity, reliability, and replication', Critical Care Nurse, Jun, pp. 111–117
- Toth, J. 2003, 'Comparing basic knowledge in critical care nursing between nurses from the united states and nurses from other countries', American Journal of Critical Care, vol. 12, no 1, pp. 41–46

50. The impact of the introduction of a protocol for prevention of constipation in critically ill patients

Gillian Ritchie, Senior Nurse Research & Development, Critical Care Directorate, Royal Liverpool and Broadgreen University Hospital Trust, Liverpool, United Kingdom Co authors: Richard Wenstone, Clare Sugre, Lorraine Burgess & Sofia Mostafa

Abstract:

Background:

Management of constipation can be overlooked in critically ill patients in intensive care units. We reported that its incidence in ICUs was high and it could cause failure to wean patients from mechanical ventilation (Mostafa et al 2003). We therefore introduced a protocol for prevention of constipation in our patients.

Aim:

This abstract presents the results of our second study, after protocol introduction.

Method:

Constipation was defined as 'failure of bowel to move for >3 consecutive days' (Hill et al 1998). Patients admitted to the ICU for >3 days were included in the study. Those who had recent bowel surgery were excluded. Patients' age, sex, APACHE II score, length of stay in ICU, diagnosis and the incidence & duration of constipation were recorded. The volume of gastric aspirates, ability to enterally feed or wean patients from mechanical ventilation, and bowel care [e.g. use of laxatives] were noted. Data was analysed using the Fishers Exact test.

Results:

Data were prospectively collected over a 3 months' period. Group I, after protocol introduction, comprised 42 patients [24 male] who were included in the study. Constipated patients were 17 [40%], 4 [24%] of whom failed to wean from controlled ventilation. Only 3 out of 25 [12%] non-constipated patients failed to wean.

Discussion:

Constipation can cause patient discomfort and complications including distension, vomiting, restlessness, gut obstruction and perforation. A significantly higher incidence of constipation was noted in our patients before the protocol was introduced [Group II] [40 out of 48 patients (83%)] compared with Group I, p<0.0001. Conclusion The introduction of the protocol reduced the incidence of constipation in ICU. This study also confirmed previous findings that more constipated patients fail to wean from mechanical ventilation than non-constipated patents. These findings highlight the need for further investigations.

Recommended reading list:

- Mostafa S. M., Bhandari, S., Ritchie, G., N. Gratton & Wenstone, R (2003) Constipation and its implications in the critically ill patient. British Journal of Anaesthesia 91:815-9
- Hill, S. Anderson, J., Baker, K., Bonson, B., Gager, M. & Lake, E. (1998) Management of constipation in the critically ill patients. Nursing in Critical Care 3: 134 - 37

51. Confirmatory factor analysis of competency inventory for registered nurse

Ming Liu, School of Health Science, Macao Polytechnic Institute, Macau, China Co authors: Lei Yin & Bernice Lam

Abstract:

Background:

The Competency Inventory for Registered Nurse (CIRN) was developed by Liu and colleagues in the P.R. China (Liu., Kunaiktikul., Senaratana., Tonmukayakul., & Eriksen 2005). It consists of eight dimensions with 58 items. In order to exam whether CIRN can be applied in the Macao nursing context and to further validate its psychometric properties, this study was conducted.

Objective:

To confirm the construct validity of Competency Inventory for Registered Nurse (CIRN).

Methods:

A quantitative descriptive design and stratum random sampling method were used to recruit 533 registered nurses in the two hospitals and seven health centers in Macao SAR . The confirmatory factor analysis was performed to test the construct validity of CIRN. Results Single factor analysis results indicated that all factor loadings to its items were 0.21~0.84 (p < 0.05) with 4 factor loadings less than 0.30. The multiple factor analysis results showed $ƒÓ2/df$ =2.21, GFI=0.933iAAGFI =0.942, and RMSEA = 0.091, which all demonstrated that seven dimensions and their items of CIRN were all consistent and fitted with its theoretical structure.

Discussion:

All factorsi¦ intercorrelations for the dimensions were significant (p<.001). However, the contributions of the dimensions to the total competence inventory varied, and there are four items with loading value less than 0.30. These results indicate there is necessary to modify some items.

Conclusion:

CIRN was proved to have good psychometric characteristics and can be applied in both Mainland China and Macao SAR.

Recommended reading list:

- Liu, M., Kunaiktikul, Senaratana., Tonmukayakul., & Eriksen, L.(2005)

52. Work-related injury by employment status among healthcare workers: Analyses from British Columbia, Canada

Hasanat Alamgir, Statistics and Evaluation, OHSAH, Vancouver, Canada

Abstract:

Background:

Previous epidemiological studies have conflicting suggestions on the association of occupational injury risks with employment status across industries. Studies examining this specific issue for direct patient care occupations in the healthcare sector are scarce.

Aims:

This study compares all work-related injuries by employment status (part-time, full-time, or casual) for two study populations-registered nurses (RN) in acute care and care aides (CA) in long term care facilities.

Methods:

Incidents of occupational injury resulting in compensated time-loss from work, over a one year period within three health regions in British Columbia (BC), Canada were extracted from a standardized operational database. Detailed analysis was conducted using Poisson regression modeling.

Results:

Among 8640 RNs in acute care, 37% worked full-time, 24% part-time and 25% casual. The overall rates of all injuries respectively were 7.4, 5.3, and 5.5 per 100 p-y (one p-y is equal to 1879.2 productive hours). Among the 2967 CAs, 30% worked full-time, 20% part-time, and 40% were casual workers. The rates of injuries were 25.8 among full-time, 22.9 among part-time, and 18.1 among casual workers. In multivariate models, having adjusted for age, gender, facility and health region, full-time RNs had significantly higher risk of sustaining all injuries compared to part-time and casual workers. For CAs, compared to their full-time colleagues, casual workers had significantly lower risk of sustaining injuries. The results were somewhat similar for MSI injuries.

Conclusions:

Full-time direct patient care occupations have greater risk of injury compared to part-time and casual workers within the healthcare sector.

53. The effects of occupational commitment and organizational commitment on turnover intention in nurses: an exploratory study

Assunta Tinelli, Department of Psychology, University of Bari (ITALY), BARI, Italy Co authors: Michela Cortini

Abstract:

Background:

The recent International literature on health professions is more and more interested in the role work commitment plays as a factor that influences turnover decision of nurses. This last phenomenon, according to the International Council of Nursing Report (Wright, 2003), concerns a growing number of Europeans hospiltals, in terms of social, National health services, and organizational costs. The psychological literature divides between occupational commitment (Blau, 2000; Blau et al., 2003; Lee et al., 2000; Hackett et al, 2001; Meyer et al., 1993) and organizational commitment (Porter, 1979; Meyer e Allen, 1996), coinceived, both of them, as the best predictors of turnover intention (Blau, 2000; Brooks e Swailes, 2002).

Aim:

The aim of the study is to explore the relationship between occupational commitment and organizational commitment, and their effects on turnover intention. We have decided to introduced also the occupational committment as a variable, standing that the majority of European hospitals, and especially the Italian ones, without any differencies in terms of public or private sector, seem to suffer from turn over intention and decision in the nursing personnel.

Methods:

We run 4 focus groups discussions with 20 nurses (recruited in two private hospitals and two public hospitals in Southern Italy), having as focus working conditions, sutisfaction, committment, and turn over intentions and decisions. The data have been transcribed and analysed according to both content and discorse analysis by the aid of the software T- Lab (Lancia, 2004).

Conclusions:

Our results are consistent with the International literature in suggesting that commitment plays an important role in terms of turn over intentions and decisions and in distinguishing between Occupational Commitment and Organizational Commitment. The data, in addition, underline some preventive factors the poster will present, with the results of the above mentioned discorse and content analysis.

Recommended reading list:

- Meyer J. P.& Allen N. J (1997). Commitment in the workplace: theory, research and application. Thousand Oaks CA, Sage
- Brooks I . & Swailes S. (2002). Analysis of the relationship between nurse influences over flexible working and commitment to nursing, Journal of Advanced Nursing 38(2), 117–126

54 Allergy and irritation incidents among healthcare workers: Findings from British Columbia, Canada

Hasanat Alamgir, Statistics and Evaluation, OHSAH, Vancouver, Canada

Abstract:

Objective:

This study describes the types, causes, and outcomes of irritation and allergy incidents among health care workers in British Columbia (BC), Canada.

Methods:

Data from incidents reported over a one year period from three BC health regions of occupation-induced allergy and irritation incidents (including those induced by chemicals) were extracted from a standardized operational database. Using the number of productive hours obtained from payroll data as a denominator, detailed analyses were conducted using Poisson regression modeling.

Results:

A total of 45,733 employees working 23,970 person-years (one p-y equals 1879.2 productive hours), reported 707 allergy and irritation incidents, 272 of which were chemically induced. The respective rates were 2.95 and 1.13 per 100 p-y for all chemically induced events. In multivariate models, it was found that compared to registered nurses, facility support service workers [adjusted RRs and 95% CIs 1.94; 1.31, 2.88], lab assistants/techs [2.54; 1.60, 4.04], and maintenance workers [2.25; 1.09, 4.65] had significantly higher risk of allergy and irritation incidents. Compared to community care and long-term care, acute care workers had a higher risk of such incidents. Older workers (40 and above) had significantly lower reports (p<0.0001 for trend). Female workers were also more likely to report such incidents (1.71; 1.27-2.31). For chemically induced incidents, the high risk groups were similar. A larger proportion of the chemically induced injuries resulted in first aid care only, whereas a larger proportion of non-chemical injuries required emergency room visits. Other major causes for allergy and irritation incidents included blood and body fluid, latex, air quality, and food/flowers/other objects.

Conclusions:

Younger and female workers, facility support service workers, lab assistants/technicians, maintenance and acute care facility workers are at a higher risk of allergy and irritation incidents. Prevention programs should be developed to reduce exposure to these hazards in the healthcare workplace.

55. An exploration of nurses physical fitness and its related factors in a medical center

Wang Chi, Supervisor Of Nursing Department, Nursing Department, Kaohsiung Veterans General Hospital Taiwan, Kaohsiung, Taiwan Co authors: Chen Chung-Hey & Lin Ko- Long

Abstract:

Physical fitness play an important role in performing job requirement, responding to emergencies, enjoying recreational activities, and maintaining a good quality of life. The purpose of this study was to investigate the relationships between the current physical fitness of nurses and the variables related to their "health status", "exercise behavior" and "emotional labor". Questionnaires and physiological monitoring were used in this study. A total of 222 participants were randomly selected from the nurses at a medical center in Taiwan. Our results indicated that, (1) 24.8% of the subjects exercised regularly; (2) compared with the norms, subjects demonstrated reductions of 33.3% in cardiopulmonary fitness, 42.8% in flexibility, 39.9% in muscular endurance, 36.2% and 23.1% in muscular strength of lower limbs and upper limbs, respectively;(3) body mass index showed that 14.5% of the subjects were overweight and 15.4% of them were obese;(4) there was no statistically significant correlation between perceived health status and physical fitness;(5) there was a significant positive correlation between "emotional labor" and body mass index;(6) "emotional labor" was negatively correlated with the muscular strength of upper limbs Based on these results, we recommend that the administrators of the hospital focus on the training of nursing staff in order to reduce "emotional labor" and actively assist and encourage the development of the nursing staff's "exercise behavior". Additionally, individual nurses should steadfastly control their weight and diligently develop a habit of regular exercise.

56. Promoting early symptom reporting and diagnosis of lung cancer: A social marketing approach

Angela Tod, Principal Research Fellow, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom Co authors: Angela Dutton

Abstract:

Background:

Lung cancer has one of the highest cancer mortality rates. Five year UK survival is 7% (Corner et al, 2006). An assumption exists that early detection of lung cancer is difficult because early symptoms are silent. Recent evidence suggests late diagnosis is not inevitable (Corner et al 2005). This has implications for education to facilitate early symptom presentation and diagnosis. Social marketing provides a potential tool to develop and deliver relevant education messages.

Aims:

To pilot social marketing educational interventions that aim to promote early reporting and referral of lung cancer symptoms. The awareness of the materials and their acceptability and accessibility will be examined using descriptive statistics and framework analysis.

Methods:

A mixed method study. A survey of 150 general practice patients, interviews of 10 patients and 10 health professionals and 4 community focus groups will be conducted between July and September 2007, in a South Yorkshire locality where the intervention materials will be disseminated. The project is due to report in October 2007.

Results:

Following an overview of social marketing and the interventions, the results of the pilot study (currently ongoing) will be presented. Evidence will indicate how well the interventions were disseminated within the community, whether the content and layout of the messages was accessible and prompted reflection on health. Chest x-ray referrals rates will also be reported.

Discussion:

Promoting healthy lifestyles and behaviours is a health policy priority. Nurses are frontline in facilitating change in the health behaviour. Such activity is challenging especially when priorities and interventions are decided without public consultation. Social marketing can provide an alternative, and potentially, successful technique to promote public health. Conclusions Reflections will be made about the role of social marketing in public health and health promotion in the light of this study.

Recommended reading list:

- Corner J. Hopkinson J. Fitzsimmons D. Barclay S. Muers M. (2005) Is late diagnosis of lung cancer inevitable? Interview study of patients' recollections of symptoms before diagnosis. Thorax. 60:314-319
- Corner J. Hopkinson J. Roffe L. (2006) Experience of health changes and reasons for delay in seeking care: a UK study of the months prior to the diagnosis of lung cancer Social Science and Medicine 62: 1381-1391
- National Social Marketing Centre (2006) What is social marketing? http://www.nsms.org.uk/public/default.aspx Accessed November 2006

57. Cancer genetic referrals in Wales

Kevin McDonald, Senior Lecturer, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, United Kingdom

Abstract:

Patients are referred from primary and secondary care to the Cancer Genetics Service for Wales (CGSW) for breast, ovarian, colorectal or other cancers with a genetic predisposition. The 10878 referrals made between 1998 and 2006 went to clinics in Cardiff (4992, 46%), Swansea (3212, 29%) and Rhyl (2548, 23%). Nearly 70% of all referrals are for breast and/or ovarian cancer, which helps explain why 91% of referred patients are female (0.7% of breast cancer referrals are male). Referrals are categorised according to risk, with those in the high or moderate risk categories being at greater than population risk of developing a genetic cancer. High risk referrals are more likely to come from secondary rather than primary care sources, with the opposite for moderate risk referrals ($\chi2=121.431$, $p \leq 0.001$). In the first year, primary care accounted for 36% (115/319) of all referrals to CGSW. By the last year of this study, that had risen to nearly 57% (1002/1762), with a corresponding decrease in the percentage of referrals from secondary care. Most primary care referrals were made by GP (5622/5642), but some were made by a genetic nurse (14), nurse practitioner (2) or genetic counsellor (2). Of the 5173 secondary care referrals, nearly 1.5% were made by nurses including, breast care nurse (2), genetic counsellor (33), genetic nurse (5), Macmillan nurse (1), oncology nurse (12), palliative nurse (2), research nurse (9), stoma care nurse (1) and other nurses (8). This study has shown that while the vast majority of referrals for cancer genetics are made by medics, nurses have a role in this area too. By identifying those patients in need of referral to cancer genetics, nurses can expedite early screening and any subsequent treatments that might be required.

58. Fatigue in gynaecological cancer patients: A prospective longitudinal survey

Gillian Prue, Research Associate, Institute of Nursing Research, University of Ulster, Newtownabbey, Northern Ireland, United Kingdom Co authors: Jane Rankin, James Allen, Jacqueline Gracey & Fiona Cramp

Abstract:

Background:

Gynaecological cancer has received nominal attention in the area of cancer-related fatigue (CRF) (Olt 2003). It has been reported that this population experience worse fatigue than individuals with other cancers (Payne 2002). Aims: The aims of this survey were to analyse the fatigue experienced over 12 months by a gynaecological cancer population, to determine if the fatigue was more severe than that reported by non-cancer females, and to explore the variables associated with CRF.

Methods:

A prospective longitudinal survey was implemented involving gynaecological cancer patients from three cancer centres, and age matched females with no cancer history. Data was collected over a 12 month period during and after anti-cancer treatment. Fatigue was assessed using the Multidimensional Fatigue Symptom Inventory-Short Form.

Results:

From February 2005 to February 2006 a convenience sample of sixty-five cancer patients (mean age = 57.4, SD 13.9) and 60 non-cancer subjects (mean age 55.4, SD 13.6) participated. Sample size was justified through an interim analysis. General Linear Modelling (GLM) indicated that females with cancer had significantly worse fatigue than non-cancer females at all time points ($p = 0.00$) and that the level of CRF changed with time ($p = 0.02$). Psychological distress was the only independent predictor of CRF during treatment ($p = 0.00$), explaining 44% of the variance in fatigue. After treatment, psychological distress ($p = 0.00$) and physical symptom distress ($p = 0.03$) were independent predictors of fatigue (81% of the variance).

Discussion:

Individuals with gynaecological cancer experience significantly worse fatigue than cancer-free women during treatment, and this raised fatigue persists after treatment.

Conclusion:

Healthcare professionals should screen individuals with gynaecological cancer regularly for fatigue and provide reassurance that persistent fatigue is not indicative of disease progression. These findings signify a need for research regarding the management of CRF in women with gynaecological cancer.

Recommended reading list:

- Olt, G., 2003. Fatigue and gynaecologic cancer. Current Womens Health Reports, 3, pp.14 – 18
- Payne, J.K., 2002. The trajectory of fatigue in adult patients with breast and ovarian cancer receiving chemotherapy. Oncology Nursing Forum, 29, pp.1334 – 1340

59. Investigating interactions in the oncology out patient clinic: How do patients and health care professionals experience the disclosure of significant information in the advanced cancer setting

Lynn Furber, Clinical Research Nurse, School of Nursing, University of Nottingham, United Kingdom

Abstract:

The communication of significant news is common within oncology, where patients receive information about diagnosis, prognosis, treatment failures and recurrence of disease. Studies have been conducted to understand the information needs of patients diagnosed with cancer but few have focused on the longitudinal perspectives of patients and fewer still have explored the combined perspectives of patients diagnosed with advanced cancer and their doctors in relation to their experience of interactions with each other during these consultations. The purpose of this study was to observe and examine the interactions between patients and health care staff in the oncology out patient clinic. A qualitative study using a longitudinal prospective case study design was designed using methods traditionally associated with ethnography, including interviews, observations and diary keeping. Patients were followed through from their initial referral to the oncologist, through into the advanced stages of their illness. In the first phase of the study, in depth interviews were conducted with 15 oncologists. In the second phase, in depth interviews were conducted with 16 patients (and their relatives on occasion) during the course of their illness, who had a median survival of six-twelve months; the health care staff were also interviewed. Data collection began in June 2006. Data were analysed using a constant comparative method and coded using NVIVO qualitative data analysis software. The analysis of data is still in progress. It is envisaged that this will be completed by January 2008. This study will make a contribution to a body of social research in health and health care. It has the potential to improve the experience of patients receiving significant information. It will also help doctors explore their communication skills and interactions with patients and proposals will be made about how education and training can contribute to future professional development within this area.

60. Dying at home: Why is it not happening? An exploratory study of community nurses views on factors that influence home death

Barbara Jack, Professor Of Nursing, Faculty of Health, Edge Hill University, Liverpool, United Kingdom
Co authors: Mary O' Brien

Abstract:

Background:

It is estimated that between 50-75% of those with cancer and over 50% of adults (if diagnosed with a terminal illness) would prefer to die at home (Higginson 2003). Although UK government initiatives such as the introduction of the End of Life Care Programme promote patients' choice to die at home, approximately 26% of terminally ill patients are not dying at home (Davies et al 2006). The gap between patient preferences and their actual place of death remains poorly understood (Gomes and Higginson 2006). Local issues including out of hours services, cancer diagnosis and families' ability to provide care are influencing factors (Davies et al 2006). The study's aim was to explore community nurses' views on the factors that influence this change in decision from a preferred home death.

Methodology:

A qualitative methodology using focus group interviews was adopted for the study. Focus groups enabling group discussion and interaction, allow participants to use their own frames of reference and identify topics. A purposive sample of community Macmillan nurses and district nurses from two primary care trusts in the north west of England were invited to participate. Nineteen nurses took part in two audio taped focus groups. Data were analysed for emerging themes using thematic analysis.

Results & discussion:

All respondents highlighted the ability of carers to cope as a major factor affecting whether patients with cancer were enabled to die at home. However, contributory factors were identified including: delays in provision of services, unrealistic expectations of community services by patients, carers and hospital staff, illness duration and patients' perceptions of their carer's abilities. This paper discusses the results and explores potential reasons for the findings.

Recommended reading list:

- Davies E, Linklater KM, Jack RH, Clark L, Moller H (2006) How is place of death from cancer changing and what affects it? Analysis of cancer registration and service data. British Journal of Cancer 95, 593-600
- Gomes B, Higginson I (2006) Factors affecting death at home in terminally ill patients with cancer:systematic review. British Medical Journal 332,515-521
- Higginson, I (2003) Priorities and preferences for end of life care. London: National Council for Hospice and Specialist Palliative Care Services

61. Informed consent in clinical trials: Is there a role for clinical research facility nurses?

Sara Jones, Ward Manager, Addenbrookes Clinical Research Centre, Addenbrooke's Hospital Cambridge Cambridge, United Kingdom

Abstract:

Background:

This poster presentation addresses the issue of informed consent specifically in the context of clinical trials. Informed, voluntary and ongoing consent of patients is fundamental to the conduct of any ethical research. However, the impact of stress and illness on a patient's decision-making capacity may be at its greatest in the exact circumstances in which trial participation is suggested. Indeed clinical experience of working in a dedicated research facility has highlighted the highly variable level of understanding amongst patients who have signed a consent form and entered a clinical trial.

Research:

Questions In this poster, the following questions are highlighted:

- Why do people enter clinical trials?
- How do we judge levels of understanding of research terms and design?
- What can we learn from those who choose not to consent?

Key findings of a literature review are presented, together with a discussion of the specific role of nurses working within dedicated clinical research facilities (a rapidly growing area within the UK supporting government policy and research infrastructure development). Finally, a number of recommendations for further research, impact on practice and education of nurses working in the research field are proposed.

Recommended reading list:

- Barrett,R(2005) Quality of Informed Consent:Measuring understanding among participants in oncology clinical trials.Oncology Nursing Forum.32(4):751-756
- Donovan, J., Brindle, L., Mills, N., (2002). Capturing users' experiences of participating in cancer trials, European Journal of Cancer Care, 11: 210-216
- Joffe, S. (2001). Quality of informed consent in cancer clinical trials, The Lancet November 24 :358

62. Involving users in the research process: Developing research and evaluation skills of community dieticians

Sally-Ann Baker, Lecturer, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, United Kingdom Co authors: Ros Carnwell

Abstract:

Community development initiatives are frequently used to promote changes in eating behaviours and involve training local people to work as Community Food Workers or as peer educators to work within communities (Kennedy et al 1999). These initiatives are often funded through grant schemes, and there is an increased emphasis on evaluation of effectiveness. Such initiatives are often multifaceted and evaluations complex (Rychetnik et al, 2002). Grant holders, whilst being experts in their field, often lack experience of research and evaluation, and there is a risk of poor quality evidence being generated. The Welsh Assembly Government (2002) recognizes the need to develop the health and social care workforce and has built evaluation and training support into a number of their grant schemes. One such scheme is an All-Wales initiative to increase the capacity of dieticians, community food workers and community nurses, to deliver accurate information about food and nutrition through the delivery of OCN level 2 courses. As part of the evaluation of this grant scheme commissioned by the Welsh Assembly Government, grant holders were trained in research skills and provided with ongoing support. The aim of this paper is to describe an evaluation of the research skills training and support provided. Ten grant holders were involved and participants (n=20) were trained in evaluation techniques and involved in developing data collection tools, thus acknowledging participants as experts in their own field. This enabled dieticians to develop skills in evaluation, data collection and management, and enabled the research team to develop a large data set which met the overall aims of the evaluation. A web-based survey was used to ascertain participants' experiences of research training, acquisition of research skills and identification of future needs. The paper describes the methods employed and explores the survey findings. Their implications will also be discussed.

Recommended reading list:

- Kennedy L.A., Ubido J., Elhassan S., Price A., Sephton J. (1999) Dietetic helpers in the community: the Bolton Community Nutrition Assistants Project. Journal of Human Nutrition and Dietetics 12(1), 501-512
- Rychetnik, L., Frommer, M., Hawe, P., and Sheill, A, 2002 Criteria for evaluating evidence on public health interventions Journal of Epidemiology and Community Health 2002;56:119-127
- Welsh Assembly Government (2002) Health and Social Care Research and Development Strategic Framework for Wales. Consultation Document, Cardiff: Welsh Assembly Government

63. Community health needs consultation in a deprived and geographically isolated town

Tony Long, Professor of Child and Family Health, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, United Kingdom Co authors: Debbie Fallon, Patric Devitt, Eileen Oak, Michael Murphy & Lindsey Dugdill

Abstract:

This poster presentation details the methods and findings from a health needs consultation in a deprived and geographically isolated township. The consultation sought to identify health and social trends for the area, identifying perceived health needs of the local community, and inform development and improvement of services. SureStart children's centres are crucial to delivery of Every Child Matters outcomes (being safe and healthy, enjoying and achieving, economic wellbeing, and making a contribution) as well as offering support for parenting. This children's centre sought to develop its service and to increase the numbers of registered users particularly among "hard to reach" groups in the locality. Leafleting, street-canvassing, primary school newsletters and posters were used to advise the community of the consultation. Data was collected by telephone interviews, focus groups with parents and professionals, face-to-face interviews, structured interviews in the town centre streets, and analysis of policy and health statistics documents. 18 workers/professionals and 99 residents participated, including gypsy travellers, parents of disabled children, and young mothers. A version of framework analysis was employed. The area was characterised by geographical isolation, inadequate transport links and limited sources of good value local food supplies. There were issues of territoriality between deprived and more affluent areas. The hard to reach groups were "service resistant" rather than "minorities". The key areas of Every Child Matters were not meaningful concepts to most parents in terms of connecting to their children's health. Residents and professionals recognised low levels of parental expectations for their children. Specific barriers to service uptake were identified, but the children's centre made a positive contribution to the health and well being of the population, providing a good service in terms of variety, resources, and professional help. Better access to some services, revised opening times, additional transport, and integration of provision for siblings resulted.

Recommended reading list:

- Department for Education and Skills (2004) Every child matters: change for children. London: DfES
- Department of Health (2006) Healthy start: delivering Healthy Start. A guide for health professionals. London: DH. (Also available at www.healthystart.nhs.uk)
- Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. in Bryman and Burgess (eds) Analysing qualitative data London: Routledge pp173-194

64. Men living with coronary heart disease: A narrative study

Helen Hand, Lecturer, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom

Abstract:

Background:

CHD represents the most common cause of premature death in the UK, causing around 105,000 deaths each year. Although adult death rates from CHD have fallen by over forty four percent in the last ten years, an estimated 2.6 million people in the UK, are still living day-to-day with CHD (BHF 2007). The health care system is being increasingly compelled to take account of patients' and caregivers' personal experiences if it is to provide effective care, sensitive to individual needs (DOH 1997).

Aim:

To explore men's experience of living with CHD from the perspective of people facing CABG, with a view to informing the development of supportive care strategies in this client group.

Methods:

This qualitative longitudinal narrative design used unstructured in-depth interviews over a period of 1 year, with nine men recruited from the coronary artery by-pass graft (CABG) waiting list at one Northern England hospital.

Results:

Analysis of shared experiences identified:

- Times when participants felt 'abandoned' and unsupported
- Participants were ill-equipped to effectively self-manage CHD
- A perceived lack of partnership in day-to-day disease management
- Urealistic expectations of CABG surgery
- Personality traits that hindered moving on following CABG
- The emergence of three types of lives following CABG: interrupted, suspended, and reinvented

Discussion and conclusion:

If 'self-management' is to be the key to attaining long-term quality of life and independence with chronic illness (DH 2006), health professionals need to:

- Develop a partnership approach to CHD management that empowers the individual whilst acknowledging the shifting nature of decision making
- Provide systematic education on the correct use of GTN
- encourage realistic expectations of CABG surgery
- Provide flexible, accessible, needs based, appropriately timed interventions along the illness trajectory
- Develop individually tailored chronic illness self-management plans to facilitate moving on following CABG

Recommended reading list:

- British Heart Foundation (2007) accessed on line via the BHF statistics database http://www.heartstats.org on 1/8/07
- DOH (1997) The new NHS; Modern, dependable London, The Stationery Office
- DOH (2006) Our Health, our care, our say: a new direction for community services. London: the Stationery Office

65. Patient and carer access to community-based specialist heart failure care and management: Exploring the perceptions of heart failure specialist nurses

Karen Spilsbury, Research Fellow, Health Sciences (Research), University of York, York, United Kingdom
Co authors: Jill Pattenden & Karl Atkin

Abstract:

Background:

Heart failure presents significant resource implications for health services. During recent years there have been increasing opportunities for nurses to provide specialist services to contribute to heart failure care and management (Department of Health 2000b). However, little is known about the development of community-based heart failure specialist nurse services.

Aim:

This study aims to explore heart failure specialist nurses' (HFSNs) perspectives and experiences of:

1. Whether, and how, the development of HFSN services are enabling patients and their carers to access community-based specialist care
2. Whether, and how, the service is extending knowledge on effective methods of managing heart failure amongst the multi-disciplinary team.

Methods:

A longitudinal qualitative interview study of community-based HFSN services in 7 purposively sampled PCTs. Semi-structured interviews were carried out with 23 HFSNs at two time points (2005 and 2006). The delivery of specialist care and the work of HFSNs are understood using a theoretical framework of access (Aday et al. 1998) and interactionist perspectives of occupational boundaries (Hughes 1984). All interviews were audio-recorded and transcribed verbatim. Thematic analysis was used to identify themes within and across the PCTs.

Findings:

The main themes include: HFSNs' responses to developing services and use of services by patients and carers; tackling inequalities in access; managing 'appropriate' and 'inappropriate' hospital admissions; 'identity work'; integrating with existing services and mediating care boundaries; establishing 'expertise' and extending knowledge of heart failure management.

Discussion:

The study highlights processes of the HFSN service integration within existing services and scope for maximising the potential of the service for diverse heart failure populations. Whilst HFSNs identify the importance of improving patient access to HFSN services, it is not known whether improving access leads to better patient and carer outcomes and efficient use of resources. These findings make an important contribution to practice, policy and research.

Recommended reading list:

- Department of Health (2000) National Service Framework for Coronary Heart Disease. The Stationary Office: London
- Aday AL (2003) An expanded conceptual framework of equity: Implications for assessing health policy. In Albrecht GL, Fitzpatrick R, Scrimshaw SC (eds). The Handbook of Social Studies in Health and Medicine (p. 481-492). Sage: London
- Hughes EC (1984) The Sociological Eye. Transaction Books: New Brunswick & London

66. The Health Empowerment Learning Partnership (HELP) Model: undergraduate nursing students working with families of children with disabilities to improve their health

Linda Goddard, Associate Head, School of Nursing & Midwifery, School of Nursing, Midwifery & Indigenous Health, Charles Sturt University, Albury, Australia Co authors: Sandra Mackey & Patricia Davidson

Abstract:

This poster will present the HELP model, an innovative approach to health promotion that involves a partnership between families, undergraduate nursing students and lecturers in nursing. Background: The effect of caring for a child with a disability over extended periods of time may result in anxiety, stress and pain (Barnes 2006). Families with more than one child are known to report higher stress and emotional strain Delve et al., 2006).

Aims:

To identify the key elements required to develop and implement a partnership, health mentoring model for families with children who have disabilities and to identify the impact on the families and nurse partners.

Methods:

Action research is utilised in the area of health promotion to develop complex community interventions involving 'ordinary people' who identify not only their health needs but more importantly their rights, and issues around care, coping and cure (Oliver and Peersman 2001, p.169). The cycles of action research have been used to plan, assess, act and reflect on this project and to generate change.

Purposive sampling attracted participants: 30 nursing students, 20 families and two lecturers over three years.

Results:

A partnership approach resulted in: identification of health issues; family strengths; health goals; the development of resources for each family. Evaluation indicated increased coping and wellness in families and enhanced skills and confidence in students working with families.

Discussion:

The Health Empowerment Learning Partnership Model is an approach that empowers families, nursing students and their lecturers in a mutually beneficial manner. It has the capacity to build community capacity and empower families of children with disabilities through education and access to resources.

Conclusions:

This model has been developed and expanded over a three year period and has the capacity to not only expand across other universities but also to other vulnerable family groups within the community.

Recommended reading list:

- Barnes, M. (2006) Caring and social justice, Palgrave McMillan, London.
- Delve, L., Samuelsson, L., Tallborn, A., Fasth, A. and Hallberg, L. (2006) Stress and well-being among parents of children with rare diseases: a prospective intervention study, Journal of Advanced Nursing, 53, 392-402.
- Oliver. S and Peersman, G. (2001) Using research for effective health promotion, Open University Press, Buckingham.

67. Identifying chronic kidney disease patients' priorities and preferences for information topics

Paula Ormandy, Research Fellow, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom Co authors: Claire Hulme, Jane Macdonald, Ann-Louise Caress, Donal O'Donoghue, Dennis Crane

Abstract:

Innovative studies to identify and measure the information needs of patients highlight priorities and preferences with regard to what information they need and when (Degner et al 1998; Luker et al 1996). The premise of this study was that chronic kidney disease (CKD) patients share similar traits, have preferred key information topics, which are of a priority to them, at different times during progression of their disease. A cross-sectional survey design, stratified patients, by modality, time on/ waiting for dialysis, age and gender. Phase One explored the information needs of CKD patients using semi-structured interviews (n=20). Thematic analysis uncovered nine core information topics, verified by participants.

Phase two, using structured interviews (n=89) developed/tested the validity of a CKD Information Needs Questionnaire (Degner et al 1998) using Thurstonian paired comparisons approach/analysis (Sloan et al 1994) and SPSS/SAS software. High priority information topics: self-management (understanding blood results, diet/fluid restrictions) (scale value 0.355); complications (scale value 0.192); and physical symptoms (scale value 0.134). Lower priority items: other patients' experiences (scale value -0.44); how to adapt and cope (scale value -0.178). Differences were observed in priority scale values for: pre-dialysis compared established dialysis patients; younger (<50yrs) and older patients; and education level. Perceived knowledge levels increased over time and with experience of treatment (ANOVA, p=0.036). 82.1% of patients preferred information from the consultant but found the dietician and renal nurse useful. Top preferred methods for information provision; verbal face to face alone (85.4%); or with the family (70.8%); and written information (62.9%).

CKD patients have identifiable priorities and preferences with respect to information needs that change over time, as the disease progresses. Core information topics could be targeted by professionals to focus discussion/education and meet the information needs of CKD patients. Nationally the findings inform the current DoH 'Renal Services Information Strategy' initiatives.

Recommended reading list:

- Degner LF, Davidson BJ, Sloan JA, et al. Development of a scale to measure information needs in cancer care. Journal of Nursing Measurement 1998; 6:137-53
- Luker KA, Beaver K, Leinster SJ, Glynn Owens RG. Information needs and sources of information for women with breast cancer: a follow up study. J Adv Nursing 1996; 23: 487-495
- Sloan JA, Doig W, Yeung A. A Manual to Carry Out Thurstone Scaling and Related Analytic Techniques (Manitoba Nursing Research Institute Technical Report No. 11) Manitoba, Canada; University of Mannitoba, 1994

68. The 'myth' of patient centrality in chronic back pain services

Michelle Howarth, Lecturer, School of Nursing, University of Salford, Salford, United Kingdom Co author: Carol Haigh

Abstract:

Background:

The socio-economic effects of chronic back pain are immense. Pain is innate and demands holistic multi-professional care management approaches. To address these demands, the management of chronic back pain should engage a variety of interventions and therapies. Multi-professional working is energetically promoted as a key component (RCA 2003). The complex needs of patients who suffer from chronic back pain suggest that the patient should sit at the heart of decision making in multi-professional services. There is therefore a need to ensure 'patient centrality' within service provision (Howarth & Haigh 2007).

Review Aims:

To critically examine the extent of patient centrality within multi-professional chronic back pain management services.

Search Methods:

An iterative search strategy was undertaken in 2006 to locate published research from a range of sites and aggregators between the years 1960 - 2006. Papers were critically appraised for their relevance validity and the quality of the methodological approach.

Findings:

Despite policy rhetoric and guidelines which promote 'patient centrality' within multidisciplinary services, evaluations of these services are negligible. Contemporary research has focussed on the assessment of pain as opposed to the patients' experience of multi-professional services.

Discussion:

The dearth in evidence using the patients' perspective to evaluate multi-professional working in chronic back pain service is compounded a failure to accurately determine the patient's pain experience. This may deter effective treatments and exacerbate the patients' pain symptoms.

Conclusion:

The successful management pain is perhaps the ultimate goal for any pain management service; without further research, patient centrality may indeed be a utopian dream. Evaluation which takes account of the patients' thoughts about such services could potentially support the development of services which support the reality rather than endorse the rhetoric. This presentation will draw on key findings which outline whether & how patients inform and contribute to multi-professional working.

Recommended reading list:

- Royal College of Anaesthetists & The Pain Society (2003) Pain Management services. Good Practice. Royal College of Anaesthetists London & The Pain Society London.
- Howarth M, Haigh C (2007) The myth of patient centrality in integrated care: the case of back pain services. International Journal of Integrated Care. 7: 1568 - 4156

69. The sick person with chronic pain: study of the repercussion in the anxiety, depression and activities of daily life

Ana Rodrigues, Clinical Nurse Specialist, Serviço de Cirurgia, Centro Hospitalar Trás-os-Montes e Alto Douro - Unidade de Lamego, Lamego, Portugal Co author: Inês Gomes

Abstract:

As a complex and multidimensional phenomenon, it is not surprising that chronic pain has wide ranging implications for those who experience it; it affects their personal and professional activities and impinges on their familial and social relationships. Indeed, numerous and diverse bio-psychological problems with observable consequences for quality of life, pain, life-style and patient well-being have already been described in the literature. Thus, the present study's main objectives were, on the one hand, to evaluate the consequences of chronic pain in relation to anxiety, depression and the everyday life of patients and, on the other, to adapt into the Portuguese context an instrument for assessing the perception of incapacity due to pain in relation to people's everyday-life activities: the Pain Disability Index (PDI) from Tait et al. (1990). In total the study had 90 participants, both male and female cancer patients aged between 33 and 93 years old. Of these, 44 had chronic pain while 46 did not.

The participants were evaluated in relation to the State-Trait Anxiety Inventory from Spielberg, the Beck Depression Inventory and through the PDI. One was able to observe higher levels of anxiety and depression and a clearer perception of incapacity in relation to everyday-life routines in patients with chronic pain than patients without. Positive correlations between these three variables were also recorded, as well as between these variables and the intensity of pain. These results indicate the need to implement psychological intervention programmes as well as strategies aimed at stopping these problems from appearing and at promoting the psychosocial well-being of patients and their families.

Finally, in relation to the adaptation of the PDI, the instrument proved itself to have good psychometric qualities in terms of reliability, validity and sensitivity.

Recommended reading list:

- Seymour, J. & Paz, S. (2004). Pain; Theories, evaluation and Management. In Palliative care Nursing: principles and evidence for pratice, (pp. 260-298), Payne, S., Seymour, J. & Ingleton, C. (1st ed.). London: Open University Press
- Sheldrake, A. (2005). Models of health and illness. In Chronic Pain Management, (pp. 1-35), Banks, C. & Mackrodt, K. (1st ed.). London: Whurr Publishers, Ltd.
- Observatório Nacional de Saúde (2003). A dor na população portuguesa; alguns aspectos epidemiológicos do ano de 2002. Lisboa: Observatório Nacional de Saúde e Instituto Nacional de Saúde Dr. Ricardo Jorge.

70. A structured review of patient-reported measures in diabetes

Anne Mackintosh, Research Officer, Unit of Health-Care Epidemiology, University of Oxford, Oxford, United Kingdom Co author: Ray Fitzpatrick

Abstract:

Diabetes is a disorder of glucose metabolism caused by lack of the pancreatic hormone insulin, resulting in the accumulation of sugar in the bloodstream (hyperglycaemia). Symptoms include thirst, fatigue, weight loss, and excessive urination. Failure to metabolise glucose leads to excessive breakdown of fats in the body or ketosis which, if untreated, can lead to convulsions, coma, and death. Sufferers face the difficulties of self-management of a complex treatment regimen and severe long-term complications such as vascular disease, kidney and nerve damage, and blindness. In addition to the multiple physical impacts of diabetes and its treatment, psychosocial factors, such as depression, social support, and family relationships, can significantly affect the course of the disease. HRQoL measurement in diabetes is essential for making informed and rational choices amongst the wide range of treatments available, and tailoring these to the needs of individual patients. This presents a challenge, given the complexities of the condition and the plethora of measures developed for use with diabetes. A review completed in November 2006 offers some guidance. 495 records were retrieved from the PHI database using the term 'diabet*'; supplementary searches yielded a further 73 records. When assessed against our inclusion criteria, 187 articles were retrieved and examined in full. Of these, 92 were included in the review.

We conclude that, for assessing broader aspects of health status in diabetes, the SF-36 clearly provides reliable insights. Where utility values are required, there is evidence to support the use of EQ-5D and HUI. It is normally recommended that a disease-specific measure be used in conjunction with a generic measure to assess problems relating to a particular condition. We found insufficient evidence to single out any one diabetes-specific instrument; however, ADDQoL, DHP, and DQOL warrant further evaluation. For all measures reviewed, evidence of responsiveness to change was limited.

71. A mapping and analysis of literature on community nurses' support for self care with patients who have long term conditions

Colin Macduff, Lecturer, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, United Kingdom
Co author: Judith Sinclair

Abstract:

During the past five years the promotion of self care as a means for improving health has gained considerable momentum in national health care policy within many developed countries. This approach has been particularly advocated in the UK as being beneficial to patients with long term conditions (DOH 2005). Recently within Scotland, supporting self care has been identified as one of the seven core elements of a redesigned community nursing model that is built around a new, generalist Community Health Nurse role. Despite these developments, there appears to be little known about the nature and extent of support for self care that community nurses currently provide for patients with long term conditions in Scotland (and in the UK as a whole). As part of a larger empirical study of practice in Scotland, a literature mapping and analysis study is being conducted in order to synthesise relevant knowledge. This paper will report the process and outcomes of this study (due for completion in January 2008), with a view to providing conference participants with a current "state of the art" summary. The mapping process has involved systematic literature enquiry drawing on relevant texts within three broad fields: community nursing literature; self care literature; and long term conditions literature. This has included analysis of recent major reviews in each of these fields (e.g. Coulter and Ellis 2006; Jones et al 2006). Through this mapping process a set of core papers are being identified and analysed: thematically in terms of commonalities and divergences; critically in terms of using validated approaches to appraisal of qualitative and quantitative material; and summatively in terms of what can be concluded from the literature. In this way, baseline knowledge of relevance to both practice and policy will be presented for discussion and debate.

Recommended reading list:

- Department of Health (2005) Supporting people with long term conditons. London: DOH
- Coulter, A and Ellis, J (2006) Patient-focused interventions: a review of the evidence London: The Health Foundation and Picker Institute Europe
- Jones, M et al (2006) A scoping review to inform the development of patient-directed self management interventions in people with chronic illness Dundee: Alliance for Self Care Research

72. The role of self-appraised problem solving abilities amongst family caregivers in stroke care

May Lui, Associate Professor, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong, China Co authors: Fiona Ross & Diana T F Lee

Abstract:

Background

In stroke care, family caregivers often report difficulty in managing home care problem. For people with long term conditions, solving problems is therefore, a major concern to caregivers of stroke survivors. Little is known about problem solving abilities amongst family caregivers in stroke care, particularly in the early transition from hospital to discharge home.

Aim of the study

This study aimed to examine their problem solving abilities in the early transition from hospital to three months discharged home.

Method

A longitudinal correlation design was adopted to examine the perceived problem solving abilities amongst Hong Kong family caregivers and its relationships with their physical, psychosocial well-beings and characteristics of the stroke survivors.

Result

A total of 103 and 85 family caregivers of stroke patients with moderate functional disabilities participated in the study. Results suggested that confidence in problem solving; and personal control over emotion and behaviour were found predicting caregiver physical well being and their perceived difficulties towards problems encountered. Caregiver confidence in problem solving was also demonstrated predicting stroke patients' depression level.

Conclusion

The findings contribute to existing knowledge about problem solving abilities in particularly its role in predicting the outcomes of family caregivers and that of the stroke patients at three months post discharge home, giving pointers to the development of a targeted intervention for family caregivers in nursing practice and stroke care.

73. Perceptions of support for people on the Blind and Partial Sighted Register

Marie Dewhurst, Directortae Matron, St Paul's Eye Unit, Royal Liverpool and Broadgreen Hospitals NHS Trust, Liverpool, United Kingdom

Abstract:

Background

Despite substantial advances in the treatment of ocular disease in the last decade, the prevalence of severe vision loss in western society remains significant. The Department of Health (2003) reported that 157,000 people in England are on the "Blind Register" and 155,000 are on the "Partial Sight Register". Obtaining the views and experiences of individuals on such registries is essential if services are to be responsive to their needs.

Aims

The aim of this study was to explore perceptions of people on the "Blind or Partial sight Register" with specific reference to the process of registration and its ability to provide access to support services.

Method

A grounded theory approach using focus group was used to explore the perceptions and experiences of people on the "Blind and Partial Sighted Register". Focus groups have been used successfully in previous studies to elicit the views of the visually impaired, (Owsley, 2006). A sample of eighteen service users participated in three focus groups. Topics discussed included, how people felt about the process of registration and their experiences of accessing support. Data from the groups was analysed using constant comparative analysis, a grounded theory technique and emerging themes were identified.

Results

Early results demonstrate a general satisfaction with the actual process of registration, but some degree of dissatisfaction with the role of Health Professionals. The results also raised issues around body image and how those with a disability are perceived by society in general.

Conclusion

The findings from this important piece of work will be made available to service providers in both the voluntary sector and the NHS. It is hoped that these findings and other similar work will provide a basis for review of the registration process

Recommended reading list:

- Department of Health, (2003). Registered Blind and Partially Sighted People. Year Ending 31 March 2003, London. National Statistics Office Department of Health.
- Owsley, C. (2006). Focus Groups with Persons who have Age-Related Macular Degeneration: Emotional Issues. Rehabilitation Psychology, 51, 23-29

74. Educational needs of patients with Systemic Lupus Erythematosis (SLE)

Claire Hale, Dame Kathleen Raven Professor of Clinical Nursing, School of Healthcare Studies, University of Leeds, Leeds, United Kingdom Co authors: Mwidimi Nodosi & Jackie Hill; Ade Adebajo

Abstract:

Background:

SLE, a chronic autoimmune rheumatic disease, is characterised by symptoms of fatigue, joint pain, muscle aches, anaemia and general malaise. Patient Education is an integral part of the management of chronic diseases but insufficient attention is sometimes paid to addressing the individual educational needs of patients at particular times in the disease trajectory. The Arthritis Educational Needs Assessment Tool (the ENAT) is a self-completed questionnaire which has just been validated for assessing educational needs of people with arthritis and help clinicians to focus education provision. The ENAT comprises 39 items grouped into 7 domains (managing pain, movement, feelings, arthritis processes, treatments, self help measures and support systems). This paper will present and discuss the following study undertaken in 2006/7 and funded by the Arthritis Research Campaign.

Aim

To use the ENAT to assess the educational needs of a group of patients with SLE, attending an outpatients clinic in a tertiary rheumatology centre in the north of England. Method This was a quantitative design recruiting a convenience sample of 144 patients who completed the ENAT while waiting to see their rheumatologist at the clinic. Descriptive statistics were used to analyse the data. Mann-Whitney U and Kruskal-Wallis Tests were used to study differences of educational needs by age, gender and disease duration.

Results

The median age was 46 years and median disease duration of 7 years. Older patients had more educational needs than younger ones. Overall the educational needs of the patients were still high even after having the disease for 7 years. There were no significant difference of educational needs by age or gender.

Conclusion

The findings suggest that health care professionals should not only offer patient education to patients at the onset of their disease but should continue to assess and provide it throughout their disease trajectory.

Recommended reading list:

- Bishop P, Kirwan J, Windsor K (1997). The ARC patient literature project – brief report. Arthritis and Rheumatism Council for Research Chesterfield.
- Hardware B, Lacey EA, Shewan J (2004). Towards the development of a tool to assess educational needs in patients with arthritis. Clinical Effectiveness in Nursing 8,111-117.

75. The outcomes of a phenomenological enquiry exploring the lived experiences of patients with advanced osteoarthritis whilst awaiting total hip/knee joint replacement surgery

Gail Parsons, Nurse Consultant in Trauma and Orthopaedics, Russells Hall Hospital, Dudley Group of Hospitals NHS Trust, Dudley, United Kingdom

Abstract:

Background

Osteoarthritis is a debilitating degenerative disease of the joints, giving rise to symptoms of pain, stiffness, impaired mobility and psychological distress (Salama & Hamer, 2007). The Surgical procedure often performed to treat this condition in the advanced stages is total joint replacement.Many individuals within the UK wait many months on NHS waiting lists for their surgery. With around 50,000 primary hip replacements and 60,000 knee replacements performed annually (NICE, 2002), and a collective total of 1,0000 performed locally, there has been very little emphasis on symptom control for patients awaiting total joint replacement.

Method

Phenomenological interviews (Giorgi, 1985) were conducted. A purposive sample of six patients were selected to explore the lived experiences of this client group, whilst waiting for their surgery. Outcomes of the interviews revealed a deficit in patient's needs within the community in relation to symptom control for advanced osteoarthritis of the hip and knee joint. These included: uncontrolled pain, joint stiffness, immobility, lack of equipment and walking aid, unmanaged stress and anxiety, all contributing to a perceived poor quality of life. The aim was to explore the lived experiences of patients with severe osteoarthritis of the hip or knee joint whilst awaiting joint replacement surgery, promoting patient involvement, whilst utilising this information along with evidence based literature to develop a specific health maintenance intervention. Patient's comments included: " It depends on whether you have a good GP…. If you are fortunate then you can get some relief of pain and cope better"….. No one seems to care, really … you are just left to manage on your own and wait for the postman to call with your letter with the date of operation … life is just put on hold until the date for surgery arrives".

Recommended reading list:

- Giorgi, A. (1985) phenomenology and Psychological Research. Duquesne University Press, Pittsburg, PA, USA
- National Institute of Clinical Excellence (2002) http://www.nice.org.uk
- Salama, A & Hamer,(2007) Degenerative And Rheumatoid Arthritis (including joint replacement) Surgery, 25:4, 160-165. Elsevier Ltd.

76. Difficult decisions: Exploring heart failure specialist nurses' decision making in clinical practice

Dawn Dowding, Senior Lecturer in Clinical Decision Making, Health Sciences (Research), University of York, York, United Kingdom Co authors: Karen Spilsbury, Carl Thompson, Jill Pattendon & Ros McNama

Abstract:

Background:

Heart failure specialist nurses (HFSN) are key to the management of patients with heart failure in the community. HFSNs report that they have difficulty developing decision making skills for their role. This study uses cognitive continuum theory (CCT) to explore in-depth the types of decisions HFSN face and the strategies they deploy to make decisions in clinical practice.

Methods:

A qualitative study using non-participant observation and semi-structured interviews. We observed 6 HFSN carrying out 3 consultations with patients (n = 18) and interviewed 12 HFSN about their decision making in practice. The HFSN participants represented both experienced and newly appointed HFSNs.

Results:

Observations revealed that medication titration was a common decision faced by HFSNs. During interviews, HFSNs identified decisions surrounding the timing of palliative care as particularly challenging. Medication titrations were characterised by a number of features that suggest a 'quasi-rational' approach to thinking would assist in making accurate judgements. Palliative care decisions were characterised by features that would make a more intuitive approach to reasoning appropriate. HFSNs tended to use a mixture of an experimental approach, together with internal guidelines and discussion with others to inform decisions about medication. Palliative care decisions were frequently passed on to other health care professionals.

Discussion:

CCT suggests that for optimum decision making to occur the features of the task and the thought processes used by an individual should correspond. HFSN decision making may benefit from interventions which assist them to use thought processes which match the decision task for medication titration decisions. Further research is required into the nature of palliative care decisions, and how to ensure HFSN feel better equipped with skills in this area of their clinical practice.

77. Factors influencing health preventive practices of Chinese population towards avian flu

Sandra Pun, Clinical Associate, School Nursing, The Hong Kong Polytechnic Universtiy, School of Nursing, Kowloon, Hong Kong Co authors: Sharon Cheung & Katherine Chang

Abstract:

Background:

Avian flu is caused by a highly pathogenic influenza A (H5N1) in birds and poultry animals. In the outbreak from 2003 to 2007, at least 328 cases of avian flu with 200 patients died in 12 countries including Indonesia, Vietnam, Egypt, Thailand and China. It is essential for healthcare professionals to control the outbreak by understanding factors influencing the health preventive practices of the population and enhancing the effectiveness of health promotion programmes.

Aims:

To investigate the prediction of factors including knowledge, perception and perceived importance on the adherence to health preventive practices towards avian flu.

Methods:

An exploratory quantitative survey was performed on a convenience sample (n=672) recruited from the community in Hong Kong using a structured questionnaire. The questionnaire was developed from the concepts of the Health Belief Model with the content validity index ranged from 0.85 to 1 and the correlation of test-retest reliability ranged from 0.50 to 0.83. Demographic data, their knowledge and perception about avian flu, perceived importance and adherence to health preventive practices towards avian flu were collected. Multiple regression was used for data analysis.

Results:

The mean age of the sample was 43 (range: 18-61) with 63% female. Both scores of perception and perceived importance significantly improved the prediction on the adherence to health practices by 13.8% (p<.001) after controlling the effect of age. However, knowledge was not significantly correlated with the adherence to health practices.

Discussion and conclusion:

The findings correspond to the concepts of the Health Belief Model that perceived susceptibility, seriousness and threat to the disease predict the individual's intention to use preventive measures. This study provides information for healthcare professionals to design effective health promotion programmes for the community by considering factors affecting the adherence to health preventive practices including the perception and perceived importance on health practices.

Recommended reading list:

- Kozier, B, Erb, G, Berman, A, & Snyder, SJ 2004, Fundamentals of Nursing: Concepts, Process, and Practice, 7th edn, New Jersey: Prentice-Hall.
- World Health Organization 2007, Cumulative number of confirmed human cases of avian influenza A/(H5N1) reported to WHO, viewed 16 September 2007, http://www.who.int/csr/disease/avian_influenza/country/cases_table_2007_09_10/en/index.html

78. Research study looking at improving safety and quality of life for patients on warfarin

Anita Hanson, Research Nurse, Department of Pharmacology and Therapeutics, University of Liverpool, Liverpool, United Kingdom Co authors: Diane Van Eker, Karen Hawkins, Lisa Stevens & Professor M.Pirmohamed

Abstract:

Background:

Warfarin is the anticoagulant of choice in the UK for the treatment of thromboembolism and as prophylaxis for mechanical heart valves and atrial fibrillation. Currently 1% (600,000) of the population of the United Kingdom are on warfarin. Over the last five years the numbers have doubled and the trend is set to continue (Hirri and Green, 2002). Despite the efficacy of warfarin, the drug has the potential to produce adverse reactions and cause fatal consequences if therapy is not monitored adequately (DOH, 2004). The Major risk of warfarin is haemorrhage: the incidence varies from 10-12 episodes per 100 patients of all bleeds, with 1.2-7.0 episodes per 100 of major bleeds (Lip et al. 2002)

Aim:

To evaluate both genetic and environmental factors that affect how patients respond to warfarin. Objective: To develop a clinically useful algorithm that will help to individualise warfarin therapy.

Design:

Using a prospective multi centred study design, 1007 patients commenced on warfarin have been recruited from a cohort in three NHS Trusts in Liverpool. 30 of the recruited patients and 10 anticoagulation health professionals have taken part in qualitative interviews conducted by the University of York, to examine clinician and patient acceptance of pharmacogenetic testing. Recruitment of 400 patients from a primary care setting in Birmingham is nearing completion.

Discussion:

The potential benefits of this would be to:

- Improve the safety of warfarin therapy
- Improvement in patient quality of life
- Improvement in cost effectiveness of warfarin therapy
- Improve the uptake of warfarin, particularly for atrial fibrillation.

Recommended reading list:

- Hirri, M.H. and Green, J.P. (2002) Audit of anticoagulant therapy and acute hospital admission Clinical and Laboratory Haematology. Vol 24. 43-45
- Department of Health (2004) Building a safer NHS for patients: Improving medication safety DOH, London
- Lip, H.Y.G. Hart, G, D. and Conway, G.S.D. (2002) Antithrombotic therapy for atrial fibrillation British Medical Journal. Vol 325. 1022-1025

79. Using the Edinburgh Postnatal Depression Scale when screening for postnatal depression: The views of health professionals

Helen Poole, Senior Lecturer, Faculty of Science, Liverpool John Moores University, Liverpool, United Kingdom
Co author: Linda Mason

Abstract:

Postnatal Depression (PND) is a serious condition that impacts not only the sufferer, but can impair their relationships with others and negatively effect the cognitive and emotional development of their children. In primary care, fewer than half the cases of PND are detected (Hearn et al., 1998) and the use of screening tools has been advocated. The Edinburgh Postnatal Depression Scale (EPDS)(Cox et al., 1987) is the most widely used of these. The acceptability of the EPDS when screening for PND has been examined from the perspective of mothers, but to date, the views of health professionals' in this context have not been considered. The current qualitative study aimed to address this issue. In-depth interviews were conducted with 19 health professionals to ascertain their views on PND and use of the EPDS. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis (Smith, 1996). Major themes to emerge from the data were: training in using the EPDS, incorporating the tool into practice; difficulties in its use, and variations in screening practice. The EPDS was seen as useful by informants, but this was primarily in the context of its utility for opening up discussion around PND. Some limitations of the EPDS were evident. In particular these related to item content, and specifically the item on self harm. Variance from the Primary Care Trusts PND pathway and National guidelines were evident, with workload pressures frequently cited as the primary reason for this. Based on these results recommendations for changes in organisation and individual practice were made.

Recommended reading list:

- Hearn G, Illiff A, Jones I, Kirby A, Ormiston P, Parr P, Rout J, Wardman L. (1998) Postnatal depression in the community. British Journal of General Practice 48: 1064-1066
- Cox JL, Holden JM & Sagovsky R (1987) Detection of postnatal depression: development of the 10 item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150: 782-786
- Smith JA (1996) Beyond the divide between cognition and discourse: using interpretative phenomenological analysis. Psychology and Health 11: 261-272

80. Effectiveness of a peer-led mutual support group for family caregivers of Chinese schizophrenia sufferers: Process and outcome evaluation

Wai-Tong Chien, Associate Professor, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong, China

Abstract:

Background:

Studies of common approaches of family interventions for people with schizophrenia have consistently shown improvements in patients' medication and treatment compliance and their relapse rates. However, their effects on family health-related outcomes have been neither carefully examined nor consistently demonstrated.

Aims:

This research to evaluate the effects of a mutual support group for a sample of family caregivers of Chinese people with schizophrenia in Hong Kong on multiple psychosocial health outcomes of both family caregivers and patients and to identify the therapeutic factors influencing the success of the program.

Methods:

This was an evaluation research on a mutual support group program, using both a randomized controlled and a qualitative exploratory design. The 12-session support group for a randomized sample of 38 families was conducted over 6 months and their psychosocial outcomes were compared with another 38 families who received routine psychiatric care only, at recruitment and one week and 12 months after intervention. All group sessions and 30 interviews of the support group participants were audio-taped and content analyzed.

Results:

Results of repeated-measures MANOVA test showed that the mutual support group experienced significantly greater improvements in family functioning and patients' relapse rate than the standard care group at two post-tests. The process data supported these statistical findings that the participants with regular attendance to the support group also reported more positive changes in caregiving attitudes and skills and family functioning and perceived social support and other benefits for group participation.

Conclusion:

The study provided evidences that mutual support group is an effective intervention to improve the psychosocial burden and functioning of families of schizophrenia sufferers in a Chinese population. The findings also added knowledge to therapeutic components of a family-led mutual support group.

Recommended reading list:

- Chien WT., Norman I, Thompson DR. A randomized controlled trial of a mutual support group for family caregivers of patients with schizophrenia. International Journal of Nursing Studies 2004;41:637-49.
- Chien WT, Norman I, Thompson DR. Perceived benefits and difficulties experienced in a mutual support group for family carers of people with schizophrenia. Qualitative Health Research 2006;16:962-81.

81. Is the geriatric depression scale a reliable screening tool for depressive symptoms in elderly patients with cognitive impairment?

Michael Van Buggenhout, Phd Student, Teacher at the University College of Antwerp (Bachelor in Nursing) and at the University of Antwerp (Master in Nursing), Department Neurology and Behaviour / nursing sciences, University of Antwerp, Antwerp, Belgium Co authors: Hans Debruyne, Nathalie Le Bastard, Marcel JH Aries & Peter Paul De Deyn

Abstract:

Introduction:

The Geriatric Depression Scale (GDS) was developed to rate depression in elderly. Its major advantages are that it is simple and fast (max. 10 min) to administer and that it does not require a trained interviewer. However, its reliability and validity in patients with cognitive impairment remains a matter of debate.

Aim:

In order to determine the reliability and validity of the 30-item GDS for the assessment of depressive symptoms in Mild Cognitive Impairment (MCI) and probable Alzheimer's disease (AD) as compared to the Cornell Scale for Depression in Dementia (CSDD), we set up a prospective study.

Methods:

Diagnosed according to strictly applied diagnostic criteria, patients with MCI (n=156) and AD (n=247) were enrolled. At inclusion, depressive symptoms were assessed by means of the GDS and the CSDD. Patients underwent a neuropsychological examination that consisted of amongst others a Mini-Mental State Examination (MMSE) according to which the AD group was subdivided in mildly (MMSE≥18) (n=117), moderately (MMSE<18 and ≥10) (n=89) and severely affected (MMSE<10) (n=38) AD patients. As a CSDD total score of 8 or more suggests significant depressive symptoms (Burns et al., 2004), this cut-off score was applied to dichotomise the patients included for ROC curve analysis.

Results:

In MCI, moderate but highly significant correlations were found between GDS and CSDD scores (Spearman: r=0.615; P<0.001). In mildly (r=0.313; P<0.001), moderately (r=0.229; P=0.031) and severely (r=0.336; P=0.039) affected AD patients, only weak correlations between GDS and CSDD scores were calculated. ROC curve analysis showed that sensitivity and specificity values of respectively 95% and 67% were achieved when a GDS cut-off score of 8 was applied in MCI patients. In AD patients, too low sensitivity and specificity values did not allow selecting an optimal cut-off score by means of ROC curve analysis.

Conclusion:

The GDS is a reliable screening instrument for depressive symptoms in MCI patients. Using a cut-off score of 8, sensitivity values of 95% were achieved.

82. Nurse prescribing in mental health

Austyn Snowden, Lecturer Mental Health Nursing, School of Health Nursing & Midwifery, University of Paisley, Paisley, United Kingdom

Abstract:

Mental health nurse prescribers differ from their non RMN nurse prescribing colleagues. Analysis of a questionnaire sent to all nurse prescribers in NHS Greater Glasgow and Clyde (N=767) revealed that mental health nurse prescribers (n=11) are younger, more likely to be male, less likely to work in primary care, less likely to prescribe but more likely to utilise supplementary prescribing when they do. They are more senior in role yet not as academic or experienced in terms of years prescribing or years nursing. They are more likely to look up drug interactions and drug reactions, possibly as a result of their comparative inexperience. They appear to differ in their conception of the therapeutic relationship (author reference 2007). The poster expands on this quantitative and qualitative evidence by illustrating the research process in this study. Questions for further study are raised, and a constructivist grounded theory approach is suggested as an appropriate methodology for exploring these issues with GPs, mental health nurse prescribers, patients, administrators and consultant psychiatrists (author reference in press).

 Findings can then be contrasted with the stated aims of nurse prescribing:

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible team working across the NHS (DH 2006, p4)

Recommended reading list:

- Snowden A (In Press) Quantitative analysis of mental health nurse prescribing. Journal of Psychiatric and Mental Health Nursing.
- Snowden A (2007) Is mental health nurse prescribing qualitatively different? Nurse Prescriber 5 (2) 67-76
- Department of Health (2006) Improving patients' access to medicines:a guide to implementing nurse and pharmacist independent prescribing within the NHS in England http://www.dh.gov.uk/assetRoot/04/13/37/47/04133747.pdf

83. Dromokaeiteio psychiatric hospital: 150 years of suppression

Dimitrios Theofanidis, Staff Nurse, Nursing, TAP-OTE, Thessaloniki, Greece Co authors: Xenofon Fitsioris & Ourania Paediaditaki

Abstract:

Introduction:

Dromokaeiteio psychiatric hospital was founded in Athens, capital of Greece, in 1870. It was the first organized attempt to treat mental illness in the newly founded Greek state of the time. According to the definition of mental health and deviation of that era, many people were institutionalized there, for the majority of their life, and died there. Among them were great Greek scholars such as the famous poet Georgios Vizyenos, the sculpturer Gianoulis Halepas and the writer Napoleon Lapathiotis.

Aim:

The aim of this presentation was to systematically analyze and record the formal diagnosis of hospitalized Greek scholars from 1870-1920 and compare this with their artistic work.

Results:

The commonest diagnosis for hospitalization was neurosis and manic-depression state. However, these diagnoses did not correspond to their true symptoms. It was attributed to special characteristics of these patients' personality and to clashes with their extended family and social environment, and disagreements with the dominant social values of the time.

Discussion:

Historically, a mental illness diagnosis has been frequently used as a tool of suppression. However, the writings and the rest of the artistic work produced by institutionalized scholars of that era, show that in many cases the true reason for forced hospitalization lies somewhere around the personality of those people rather than their true symptomatology.

Conclusions:

This presentation illustrates the effect of forced hospitalization at a psychiatric hospital on the artistic work and creativity of a whole generation of Greek scholars as all of them did not stop working until late life.

Recommended reading list:

- Hoffman-Richter U., Finzen A. (1997) The stigma of mental illness. The psychosis of Emilie Kempin-Spyri and its interpretation. Psychiatr Prax. Vol 24(1):22-27
- Horsfall J. (2003) Consumers/service users: is nursing listening? Issues Ment Health Nurs. Vol 24(4):381-396
- Goodwin G., Geddes J. (2007) What is the heartland of psychiatry? Br J Psychiatry, vol 191:189-191

84. Nursing home placement in Taiwan: The ethical issues for family caregivers

Szu-Yao Wang, Registered Nurse, Phd Candidate, The University of Queensland/Blue Care, School of Nursing The University of Queensland, Brisbane, Australia

Abstract:

Nursing home placement of older relatives can be described as painful and stressful. Literature that addresses the decision making for nursing-home placement from the USA, Australia and other Asian countries, underscores how difficult it is to make this decision. Particularly, family caregivers in Asian have to be challenged by traditionally culture value such as filial piety. This paper provides preliminary findings that map out the social-cultural factors influencing family caregivers' decision and roles when they deciding nursing home placement of older parents. These findings stem from an in-progress, phenomenological study, conducted in two nursing homes in Taiwan. Data were collected by interviews, focus groups and observations amongst family caregivers and nursing home staff. Data were thematically analysed consequent on the reading and re-reading of field notes and interview transcripts. Nursing home placement of older parents remains a 'last choice' in a Chinese culture that dictates children should look after their parents. Preliminary results reveal that family caregivers of nursing home residents in Taiwan were confronted by pressures from society in respect of their role and responsibility to their parents. However, these society values were seen to be emerging as Taiwanese society was undergoing changes. These preliminary results will be further compared with relevant literature.

85. The hidden work involved in providing person centred care within intermediate care services

Valerie Thomas, Tutor – Health Policy, School of Health Science, Swansea University, Swansea, Wales, United Kingdom Co author: Huw Dylan Owen

Abstract:

Background:

Intermediate care is a concept familiar to many people working in health and social care in the UK. Governments have high expectations of such services to improve quality of life (QoL) for older people and to solve the system pressures within the acute hospital sector (Stevenson and Spencer 2002). Developing an evidence base of the effectiveness of a model of care that is characterised by diversity and difference in practice is problematic (Martin et.al 2004).

Aim:

The aim is to explore the perceptions of staff working in and referring to community based IC teams.

Methods:

The paper draws on results from a Doctoral study (data collection from mid 2006 to mid 2007). Methods included 2 focus groups (n=6, n=10) and observations with IC teams (n=6), face to face interviews with referrers (n=17) and an evaluation of the outcome measures. Data were coded and analysed within and across data sets to identify themes.

Results:

There is evidence of interprofessional working, confirmed by shared responsibility, coordinated rather than parallel services, understanding of other organisations and recognition and resolution of conflict areas. The teams mange to improve QoL and avoid unnecessary referrals to other parts of the health/ social care system. However, this generates work within the teams which traditional measures would not identify.

Discussion:

Evaluation is inherent in the work of nurses and other healthcare professionals and they need to be aware of the systems and structures within which they are required to work. This depth of understanding is particularly is important for intermediate care services as the heterogeneity contributes to the challenge of describing their services and measuring their effectiveness.

Conclusion:

Evidence from this project contributes to knowledge on the hidden work within person centred intermediate care for older people and will inform future planning and provision of services.

Recommended reading list:

- Martin, G.P., Peet, S.M, Hewitt, G.J, Parker H. (2004) Diversity in intermediate care. Health & Social care in the community, 12(2):150-155
- Stevenson, J and Spencer, L.(2002) Developing Intermediate Care. a guide for health and social services professionals. London: Kings Fund
Source of Funding: N/A

86. Perceptions of health and independence and factors that influence quality of life for older people following stroke

Dympna Casey, Senior Lecturer, Nursing and Midwifery, School of Nursing and Midwifery, National University of Ireland, Galway, Galway, Ireland Co authors: Kathy Murphy, Eamon O' Shea & Adeline Cooney

Abstract:

Introduction:

In Ireland there are 30,000 individual living with residual disability. It is therefore important to ascertain their experiences so that health care structures and policies may be devised and implemented which are appropriate to and meet the needs of this vulnerable group.

Aim:

The aim of this study was to explore older people's perception of their health and level of independence following a stroke as well as illuminate the factors that enhanced or diminished their ability to maintain quality of life after their stroke.

Methods:

Semi structured interviews were used to collect data and a grounded theory approach was used to guide sampling and analysis. Twenty participants over the age of 65, who were living with a stroke, were interviewed in March 2006. Data were analysed using the constant comparative technique. Open codes were grouped into axial codes to form tentative categories. The criteria devised by Lincoln and Guba (1985) were used to maintain rigor.

Results:

The analysis of the data revealed three main categories, concepts of health and independence, sense of loss and environmental factors.

Discussion:

Many factors moderated perceptions of health including the extent to which a performance function was retained in relation to self-caring activities. Loss of independence led to reduced self-confidence, depression and helplessness, fear of becoming a burden or of being forced to move into care. Environmental factors including the availability of transport and social connections had a significant impact on quality of life.

Conclusion:

Most stroke survivors were still struggling to adapt to their disability in a climate far from supportive. The need for health professionals to counsel stroke survivors and support them as they advance through stroke trajectory is therefore of vital importance. There is a need to target more resources on enhancing the social environment for older adults with a disability.

Recommended reading list:

- Lincoln, YS. & Guba, EG. (1985) Naturalistic Inquiry. Newbury Park, California: Sage

87. Functional status and inflammatory profiles of older people admitted to hospital with collapse, an 'ill-defined condition'

David Voegeli, PhD Student, School of Nursing and Midwifery, University of Southampton, Southampton, United Kingdom Co authors: Katherine Hunt, Bronagh Walsh & Helen Roberts

Abstract:

Background:

Admissions among older people are rising with older people now occupying two thirds of hospital beds (DH 2001). The largest growing subset of admissions is those for signs and symptoms. These admissions are not assigned a diagnosis and are often called 'ill-defined conditions' (Chapter 18, International Classification of Diseases). As a result, The Department of Health has suggested that this type of admission could be avoidable (DH 2000) although there is currently no evidence to support this view. These patients are thought to be less acute with frailty being a potential driver for admission. In this study, collapse, the presenting symptom most unlikely to receive a diagnosis, has been used as a model of an ill-defined condition. This allows investigation of the physiological/functional differences between patients with and without a diagnosis in order to assess whether these admissions really are 'avoidable'. Sample 100 patients over 70 years admitted to hospital with collapse. Patients retrospectively assigned to two groups – defined group/ill-defined group dependent upon ICD disease code.

Methods:

Physiological measurement of body composition, hand grip strength, peak expiratory flow rate and vital signs combined with questionnaire data on functional and psychological status provide quantitative information on acuity and chronicity/frailty. A count of present inflammatory conditions, cytokine profiles, cortisol, vitamin D and other important parameters taken from blood samples add data on the role of inflammation in acuity of symptoms and development of frailty (Puts et al 2005).

Analysis:

This study is ongoing (n=61) but univariate analysis of variables within groups will be performed to establish associations between frailty, inflammation and diagnosis. Differences between groups will be analysed through logistic and multiple regression modelling. Data analysis will be completed by time of presentation.

Recommended reading list:

- Department of Health (2000), Shaping the future NHS: Long term planning for hospitals and related services, HMSO, London
- Department of Health (2001), National Service Framework for Older People, HMSO, London
- Puts, M.T.E., Visser, M., Twisk, J.W.R., Deeg, D.J.H., & Lips, P. (2005), Endocrine and inflammatory markers as predictors of frailty, Clinical Endocrinology, vol. 63, no. 4, pp. 403-411

88. Reducing uncertainty and regret: People's treatment decisions after TIA or minor stroke

Josephine Gibson, Vascular Nurse Consultant, Department of Surgery, Southport and Ormskirk Hospital NHS Trust, Southport, United Kingdom Co author: Caroline Watkins

Abstract:

Background:

After a transient ischaemic attack or minor stroke, people are at high risk for another, perhaps major, cerebrovascular event. The UK National Stroke Strategy (DoH, 2007) has placed great importance on medical and surgical interventions to reduce stroke risk in such individuals. However, little is known about people's individual responses to the impact of a transient ischaemic attack (TIA) or minor stroke.

Aims:

The aims of this study were to explore how people reach decisions about treatment options to reduce their stroke risk in the light of their personal experience and in the context of the scientific evidence, and to explore the effect of anticipated regret in this process. Methods: A qualitative interview-based approach was used with 20 individuals who had had recent TIA or minor stroke. Data were analysed using a grounded theory, constant comparative technique.

Results & discussion:

People's treatment decisions tended to be deterministic in nature, rather than employing a systematic evidence-based approach. It is proposed that people's primary aim after TIA is to reduce their perception of uncertainty about the threat of stroke and the potential for regret, rather than to reduce their stroke risk itself.

Conclusions:

The implications of these findings in the context of evidence-based health care will be discussed.

Recommended reading list:

- Department of Health (2007) A New Ambition for Stroke: a consultation on a national strategy. London; DoH

89. Undernourishment in the hospital

Ana López, Clinical Nurse Specialist, Docencia, Hospital Santa Maria, Lleida, Spain Co authors: Antonieta Bernadi & Teresa Cortés

Abstract:

Background:

Wretlind (1920-2003), one of the pioneers of the intravenous nutrition said "the undernourishment in the towns is a poverty sign; in the hospitals it is an ignorance sign". This affirmation is the one that has motivated us to initiate a study on the hospital nutrition in our hospital. In the studies reviewed between 30% and 55% of the patients which entered the hospitals undergo undernourishment as a result of the hospitalization by itself, the organization of the own hospital and/or a bad professional praxis.

Purpose:

To know if the patients who enter the medicine unit of the Hospital Santa Maria de Lleida undergo undernourishment during their hospital stay.

Methods:

Longitudinal descriptive study.

Duration:

6 months

Population:

All the patients who enter with a hospital stay superior to 72 hours. Registry of initial data in the hospital admission and discharge (sex, age, diagnosis, chronic pathology, social, variable conditions related to its feeding, index of Barthel and stay). Nutricional evaluation in the hospital admission and discharge (weight, height, plasmatic albumin, lymphocytes, arm circumference, tricipital fold, nutritional diagnosis). Data processing; SPSS 12.0. Results and conclusions: Study in course. Provisional analysis (85 cases): The 49,4% of the studied patients are men, the 30,3% belongs to the service of cardiology, the 30,3% to neumology, the 22,7% to digestive and the 16,7% to internal medicine. Considering an average age of 76,9 years (SD 14,3) the prevalence of undernourishment at hospital admission is 77,3%. We've detected a nutricional worsening in the 18,2% of the patients. It exists Statistical significant association between the hospital undernourishment and the chronic respiratory pathology.