Royal College of Nursing
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Monday 23 – Wednesday 25 April 2012

Grand Connaught Rooms, London, UK

Royal College of Nursing of the United Kingdom

The 2012 International Nursing Research Conference

Book of
abstracts

Contents

Keynote presentations

Nursing work environments and workforce issues: Current challenges

Dr Linda McGillis Hall, Professor and Associate Dean of Research, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Abstract

A great deal of policy attention globally has been directed towards the shortage of nurses. Much of the work in this area has focused predominantly on issues related to the supply and demand for health human resources. While these efforts are of great importance for the nursing profession, less attention has been directed to the environments in which nurses' work. At the same time, changes to health care over the past decade have resulted in a number of new challenges for hospital nurse executives, health care leaders and nurses. In response to fiscal constraints and funding reductions, many health care settings have restructured and downsized in an effort to reduce costs and improve the efficiency of services provided. Change has occurred at all levels within the organization, as settings reconfigured their services and structures, redesigned patient care systems and processes, and introduced new staff mixes and models for providing patient care. These changes, coupled with an impending nursing shortage, have prompted concern in the nursing community regarding the quality of the work life environment for nurses. Recent reports suggest that the complex environments in which nurses' work can have an impact on nurse, system and patient outcomes. This presentation will provide an overview of the state of the science on nursing work environments and the challenges faced in this area in the future.

Biography

Linda McGillis Hall, RN, PhD, FAAN, FCAHS, is a Professor and the Associate Dean of Research & External Relations in the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. She is a recognized leader in nursing health services and systems research and is the first Canadian nurse to be inducted as an American Academy of Nursing International Fellow (2007), is the inaugural recipient of the Canadian Nurses Association Order of Merit for Nursing Research in Canada (2008), and was inducted as a fellow of the Canadian Academy of Health Sciences in the fall of 2010. Her research has also earned her a Ministry of Health and Long-Term Care [MOHLTC] Nursing Senior Career Research Award (2009-2012), a Canadian Institutes of Health Research [CIHR] New Investigator Award (2002-2007), and a Premier's Research Excellence Award from the Government of Ontario (2003-2008). She is a co-investigator with the Nursing Health Services Research Unit.

Intended learning outcomes

At the end of this session, participants should be able to:

- will have an understanding of factors influencing quality work environments for nurses.
- will have an understanding of the impact that the work environment can have on nurse recruitment and retention.
- will have an understanding of the interventions to consider in improving the quality of work environments for nurses.

Randomised controlled trials: Still going for gold in 2012?

Professor Vivien Coates, Professor Nursing Research/Assistant Director Nursing (R&D), University of Ulster /Western Health and Social Care Trust, Institute for Nursing Research, University of Ulster, Coleraine, Northern Ireland, UK

Abstract:

Nurses are expected to use evidence as a basis for practice whenever possible and randomised controlled trials (RCTs) are viewed as the gold standard design in the hierarchy of research to produce robust evidence. While the strengths of the design are not disputed when testing new medications, trials to evaluate the efficacy of complex interventions pose a number of challenges. Complex interventions are those with behavioural and interacting components and often contribute to fundamental aspects of nursing care. The complexity may relate to the intervention, the outcomes or the target population (MRC, 2008).

My presentation will focus on some of the issues to be faced when designing RCTs to determine the efficacy of complex interventions in health care and will draw on examples from several RCTs in which I was involved. Issues to be considered include; the dynamic and messy health service in which the trial is conducted, the need for clarity of the intervention to be tested, gaining a representative randomised sample, placebos and control groups. Overcoming these challenges to deliver a trial free from systematic bias, has been and still remains, a source of fascination and frustration.

A balance between internal and external validity has to be negotiated and will have implications for the rigour of the trial and for translation of results to practice; these implications will be considered.

Randomised controlled trials have the potential to deliver gold but only if the practical issues and snags that are often encountered when designing and evaluating complex interventions can be overcome.

Biography:

Vivien Coates: Professor of Nursing Research, jointly appointed between University of Ulster and the Western Health and Social Care Trust in Northern Ireland. She completed her nurse training in Newcastle upon Tyne and most of her post-registration clinical nursing experience was at St. James University Hospital, Leeds. Since coming to Northern Ireland her work was mostly in education and research focusing on the management of chronic illness. She leads the Research Centre 'Managing Chronic Illness'. Her work in the Trust has a broader range with a remit that includes developing the culture of evidence based practice amongst the nursing work-force.

Intended learning outcomes:

At the end of this session, participants should be able to:

- Identify limitations in an RCT designed to evaluate a complex intervention.
- Explore the appropriateness of clinical trial methodology for their own research in relation to the Medical Research Council's guidance for developing and evaluating complex interventions.
- Evaluate the 'trade off' between internal and external validity when designing an RCT.

Recommended reading:

Torgerson, D.J. & Torgerson, C.J. (2008) Designing randomised trials in health, education and the social sciences. Basingstoke: Palgrave Macmillan.

Medical Research Council (2008) Developing and evaluating complex interventions: new guidance. http://www.mrc.ac.uk/complexinterventionsguidance

Lawton, J., Jenkins, N., Darbyshire, J., Farmer, A., Holman, R. & Hallowell, N. (2012) Understanding the outcomes of multi-centre clinical trials: A qualitative study of health professional experiences and views. Social Science and Medicine 74; 574-581.

Research and Nursing: The Natural History of an Ideal

Professor Daniel Kelly, RCN Chair in Nursing Research, School of Nursing & Midwifery Studies, Cardiff University

Abstract:

Colleagues who pushed against the doors of the academy learned to form allegiances with the social sciences, medicine or public health. In the forthcoming Research Excellence Framework, Nursing and Midwifery are located alongside other academic health disciplines suggesting that we may finally have achieved academic maturity. However, these relationships may prove problematic and, beyond the academy, the nature of everyday work for nurses and midwives presents a number of enduring, and perplexing, challenges.

Concerns about the essential nature of nursing and the level of academic preparation needed abound, with skills of enquiry, compassion and competence being demanded by society on the one hand - whilst the need for degree-level education questioned on the other. The scepticism applied to the academic basis of nursing education is greater than for any other health care discipline. Importantly, this scepticism also impacts on perceptions about nursing research and the value of the work that we, as a community of researchers, are engaged in.

In this presentation the natural history of research as an 'ideal' will be examined. Tracing some key milestones it is possible to identify a timeline emerging that mirrors social and political shifts; up to the present day where 'research excellence' and 'impact' have emerged as the new ideologies.

Within this landscape the ideals of early pioneers who sought to advance the status of nursing knowledge may have been achieved - but perhaps only in part, and at what cost? The new ideologies emphasise competition and homogeneity and may place creativity at risk.

A key challenge now exists to consider the status of contemporary nursing research? What does it offer to society, as well as the academy, and what more could we do in this regard? Within the realm of league tables, results are King, but whose ideals are now being served?

Biography:

Professor Daniel Kelly took up the post of RCN Chair at Cardiff University in 2011. His clinical and research interests are in cancer care, particularly young oncology and prostate cancer.

He has recently been researching the history of academic nursing at Cardiff University, and the RCN Chair in Nursing Research that was established by member donations. This led to questions about the relationship between nursing research, society and the academy.

Prior to Cardiff he spent over twenty years working and living in London (and returns to the city most weekends). He is also proud to live south of the river!

Intended learning outcomes:

At the end of this session, participants should be able to:

- Recognise the ideals that have shaped contemporary nursing & midwifery research.
- Consider future challenges facing nursing & midwifery research in the academy, and beyond.
- Question the impact of 'impact'.

Recommended reading:

Collini S (2012) What are Universities for? Penguin

Weir R (1996) A leap in the dark. The origins and development of the Department of Nursing Studies, the University of Edinburgh, University of Edinburgh Press.

http://www.prostatecouples.com/Couples.html

Concurrent sessions
Monday 23 April 2012

1.1 Theme: Qualitiative processes

1.1.1

Ensuring rigour in qualitative research: The audit trail and NVivo

Catherine Houghton, School of Nursing and Midwifery, Aras Moyola, National University of Ireland, Galway, Galway, IRL
Co author: Dympna Casey; David Shaw; Kathy Murphy

Abstract:

The primary aim of this PhD research was to explore the role of the Clinical Skills Laboratory (CSL) in preparing student nurses for the real world of practice. The study employed a qualitative multiple case study design, located within an interpretivist paradigm. Five case study sites were selected from the 13 Higher Education Institutions across Ireland that offer the Bachelor of Nursing Degree Programme. Data were collected, in 2008, by semi-structured interview (n=58), non-participant observation in the clinical setting and documentary analysis. The data analysis process was managed by Computer Assisted Qualitative Data Analysis Software (CAQDAS): NVivo, version 8.

There are many terms used in qualitative rigour. However, the most commonly used criteria are those proposed by Lincoln and Guba (1985): credibility, dependability, confirmability and transferability. There were a number of strategies used to demonstrate these criteria of rigour. These were: Prolonged engagement and persistent observation, triangulation, peer debriefing, member checking, audit trail, reflexivity and thick description.

One strategy, the audit trail, involves outlining the decisions made throughout the research process to provide a rationale for the methodological and interpretative judgments of the researcher. It is an essential component in a rigorous study (Ryan-Nicholls and Will, 2009). CAQDAS can enhance the rigour of the research by providing a comprehensive 'trail' of decisions made during the analysis (Silverman, 2010). Furthermore, through the use of 'query tools', CAQDAS guards against excessive emphasis on rare findings that happen to suit the researcher's preferred argument (Silverman, 2010). This presentation will provide an overview of steps used to ensure rigour in this research with an emphasis on how to provide an audit trail, facilitated by NVivo, version 8. This will provide practical guidelines for qualitative researchers who wish to demonstrate the rigour of their research.

Recommended reading:

Lincoln, Y.S. and Guba, E.G. (1985) Naturalistic Inquiry Beverley Hills, CA: Sage Publications.

Ryan-Nicholls, K.D. and Will, C.I. (2009) Rigour in qualitative research: mechanisms for control Nurse Researcher 16(3), 70-85.

Silverman, D. (2010) Doing Qualitative Research (3rd ed) London: Sage Publications.

Research purpose:

Doctoral programme

1.1.2

The pragmatic problem with paradigms

Austyn Snowden, Lecturer in Mental Health Nursing, School of Health Nursing and Midwifery, University of the West of Scotland, Paisley, UK

Abstract:

There is increasing recognition that the concept of research paradigms is flawed. Despite this, these concepts continue to drive research hierarchies. Unless research practices actively reject paradigmatic dogma, this situation will persist. This paper introduces concurrent analysis, a new method of narrative analysis originating in the rejection of paradigmatic presuppositions. The paper is divided into 3 sections

1. Philosophical limitations of paradigms. Paradigms are essentially systems of thought built around declared worldviews. As such, they are grounded in value judgements. Many analytic errors can be considered a function of extending these value judgements too far. For example, grounded theory's confusion over treatment of the literature can be viewed as a conflation of quality criteria grounded in positivist and constructivist paradigms. These tensions disappear altogether if paradigms are rejected as invalid.

2. Pragmatism as a practical solution. Rorty's pragmatism discards the dualist assumptions underpinning the basis of these enduring debates. He suggests instead focusing on the practical by prioritising the moral purpose of research. Nursing is a moral enterprise, and therefore suits methods that prioritise utility. This does not require ontological declarations, however modest. Instead Rorty suggests that research should fulfil its emancipatory potential by prioritising axiology.

3. Concurrent analysis as pragmatism in practice. Concurrent analysis was initially developed in order to construct a coherent interpretation of a wide range of narrative data in a study of competence in mental health nurse prescribing (Snowden

& C. Martin 2010). This success led to its subsequent use in an explanatory study of choice in childbirth (Snowden et al. 2011). This section illustrates the mechanics of the method and shows that if coherence is prioritised over methodological dogma the results can be extremely useful (Snowden & Atkinson 2011).

Prospects for and limitations of the method are discussed.

Recommended reading:

Snowden, A. & Atkinson, J., 2011. Concurrent Analysis: a pragmatic justification. Nursing Philosophy, in press.

Snowden, A. & Martin, C., 2010. Concurrent analysis': towards generalisable qualitative research. Journal of Clinical Nursing. doi: 10.1111/j.1365-2702.2010.03513.x

Snowden, A. et al., 2011. Concurrent analysis of choice and control in childbirth. BMC pregnancy and childbirth, 11(1), p.40. Available at: http://www.ncbi.nlm.nih.gov/pubmed/21631910 [Accessed June 9, 2011].

Research purpose:

Post doctoral work

1.1.3

A nurse researcher's experience of planning a clinical trial of a medicinal product

Margaret McCann, School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland
Co authors: Michael Clarke; Fidelma Fitzpatrick

Abstract:

Background: Nurse researchers undertaking a clinical trial of a medicinal product for human use are at a considerable disadvantage when planning such trials, when compared to those from the medical profession. As part of my PhD studies I conducted a clinical trial that compared the effects different preparations of chlorhexidine gluconate have, as an antiseptic cleansing agent, on central venous catheter-related infections in haemodialysis patients. Following initial enquires with the national competent authority (Irish Medicine Board), it came to light that the proposed trial was a clinical trial of a medicinal product and had to be planned and implemented in accordance with national and EU legislation.
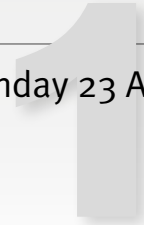
Objectives of Presentation: To explore barriers encountered during the planning of this trial;

• To highlight to nurse researchers strategies that can be utilised to overcome such barriers.

Methodological Issues: A number of barriers were encountered, including:

• Under EU legislation a clinical trial of a medicinal product is required to have a sponsor and an investigator (medical practitioner or a dentist);

• Authorisations is required from the National Competent Authority and an Authorised Research Ethics Committee;

• Suspected Unexpected Serious Adverse Reactions must be reported to the Eurovigilance database.

Conclusion: Planning and implementing a clinical trial of a medicinal product for human use is challenging for nurse researchers worldwide, as national and international legislation direct that medical practitioners have a primary role in this type of research. Various strategies can be utilised by nurse researchers, to overcome barriers encountered when planning such trials. Networking and forming collaborative relationships with nursing and medical practitioners in the clinical area is essential for effective and successful planning of clinical trials involving medicinal products.

Recommended reading:

Funding:

No Funding

Research purpose:

n/a

1.2.1

How well are we measuring patient-centred outcomes following traumatic hip fracture? A systematic review of patient-reported outcome measures (PROMs)

Kirstie Haywood, Senior Research Fellow (Patient Reported Outcomes), Royal College of Nursing Research Institute, School of Health and Social Studies, The University of Warwick, Coventry, UK
Co authors: Jo Brett; Elizabeth Tutton; Sophie Staniszewska

Abstract:

Background: Hip fracture is the most common serious injury of older people, often resulting in reduced mobility and loss of independence (Department of Health, 2007). The use of well-developed PROMs in this patient group would provide nurses with evidence that may be used to enhance patient-centred health care (Barham and Devlin, 2011).

Aim: To review the quality and acceptability PROMs used in the assessment of patients with traumatic hip fracture.

Method: Systematic literature searches of major databases (1980-2011) were made to identify published evidence to document the availability, current application and quality of PROMs used with hip fracture patients. Evidence of measurement (reliability, validity, responsiveness, interpretability, data quality/precision) and practical properties (feasibility, acceptability), and the extent of active patient involvement, was sought (Haywood et al, 2011).

Results: 118 articles relating to 34 clearly defined PROMs (Generic n=8; Domain-specific n=22; Population-specific n=3; Site-specific n=1), evaluated for reliability and/ validity following completion by hip fracture patients were included in the review. The SF-36 and EuroQoL EQ-5D were the most widely evaluated measures with acceptable evidence of measurement properties, but limited evidence of practical properties. The remaining measures had mostly limited evidence of essential measurement and practical properties. There was limited reporting of test-retest reliability and few studies assessed relevance or comprehensiveness of PROM content with hip fracture patients. Hypothesized associations between variables were infrequently evaluated, limiting interpretation of construct validity. Evidence of measurement responsiveness, interpretation, acceptability and feasibility was also limited. Active patient involvement was not reported.

Discussion: The review has highlighted the poor quality and limited acceptability of all reviewed PROMs, and initial recommendations are difficult.

Conclusion: To support nurses in appropriate PROM selection, further research which focuses on both the methodological quality of PROMs development and evaluation, and seeks to incorporate the patient perspective more actively, is urgently required.

Recommended reading:

Department of Health (2007) Urgent Care Pathways for Older People with Complex Needs: Best Practice Guidance. London: DH. November 2007. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080135

Barham L, Devlin N. (2011) Patient-reported outcome measures: implications for nursing. Nurs Stand. Jan 5-11;25(18):42-5.

Haywood KL, Staniszewska S, Chapman S. (2011) Quality and acceptability of patient-reported outcome measures used in chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME): a systematic review. Qual Life Res. 2011 May 18. [Epub ahead of print]

Funding:

No Funding

Research purpose:

Internally funded programme of work

1.2.2

Person centred care, myths and meaning: A grounded theory study

Michelle Howarth, Lecturer, University of Salford, School of Nursing, Midwifery and Social Work, Manchester, UK

Abstract:

Background: Chronic back pain is a global phenomenon and is one of the foremost reasons why people seek help from health professionals. Unresolved chronic back pain can distort the persons 'being' and lead to loss of control and increased vulnerability. Chronic pain is seen as a threat to personhood, hence inter-professional person centred care is advocated as a strategy to empower individuals through using humanistic approaches to develop choice through partnership working (McCormack 2004).

Aims: This aim of this study was to explore person centred care from the perspectives of people with chronic back pain and the inter-professional teams who cared for them.

Methods: A Grounded Theory approach (Corbin & Strauss 2008) was used to explicate meaning about the experience of person centred care. The sample was drawn from four multi-professional pain centres across the North West of England. In total, 17 people with chronic back pain and four multi-professional pain teams volunteered to participate in the study. Data were collected using semi-structured interviews from September 2008: 2012 and were analysed using a constant comparative approach.

Results: The analysis revealed nine categories which later formed a theory about how conditional partnerships are used to ensure person centred approaches to care. The conditional partnership enabled teams to work alongside people with chronic back pain to restore the(ir) person and regain control of their pain.

Discussion: The conditional partnership was predicated on a co-validation process that authenticated the existence of pain and empowered people with chronic back pain to regain control of their pain.

Conclusion: The findings from this study highlight the need for all professionals to believe in the person's pain and work in partnership to ensure that the person and not 'a patient' is at the centre of care

Recommended reading:

McCormack B. (2004) Person-centredness in gerontological nursing: an overview of the literature International Journal of Older People Nursing in association with Journal of Clinical Nursing 13, 3a, p31-38

Corbin J, Strauss A (2008) Basics of Qualitative Research 3e. Sage Publications London.

Funding:

No Funding

Research purpose:

Doctoral programme

1.3.1

Understanding development in the context of R&D?

Tanya McCance, Mona Grey Professor of Nursing R&D, University of Ulster/Belfast HSC Trust, Belfast, UK
Co authors: Liz Henderson; Christine Boomer

Abstract:

The R&D landscape in nursing and midwifery has undergone significant developments in the last decade. One aspect that is receiving increasing attention is how nurses and midwives are enabled to use evidence in practice that contributes to improvements in quality of patient care. This brings to the fore a range of development activities such as practice development and service improvement that are central to a modernisation and reform agenda. The challenge, however, is how these activities are described and whilst the terms 'research' and 'development' are frequently used as a single phrase, the explicit focus strategically and politically is generally on 'research', with little attention given to what constitutes development activity.

This paper presents work undertaken within Northern Ireland, aimed at clarifying the meaning of 'development' in the context of R&D. Critical and creative approaches were used to systematically work through a process of analysis, the aim of which was to generate a shared understanding. This involved engagement with a community of senior nurses familiar with the concept in their everyday work and who had experience of developing practice. The process comprised: a concept analysis; generating a definition; testing definition against specific examples of development activity; drafting a conceptual framework; critical dialogue and co-creation of a refined definition and framework; and using the framework to illustrate relationship between R&D.

This work has generated a conceptual framework that embraces a continuum of activity that reflects on the one hand, a traditional notion of research, whilst on the other embraces development activity as that which encompasses approaches to improving practice through knowledge transfer and research utilization. This has particular relevance for building capacity for R&D, for developing clinical academic careers and for lobbying for funding that can maximise impact at practice level.

Recommended reading:

Gerrish, K (2005) Research, audit, practice development and service evaluation: implications for research and clinical governance. Practice Development in Healthcare, 4(1): 33-39.

McCance, TV; Fitzsimons, D; Keeney, S; Hasson, F; McKenna, HP. (2007) Building capacity for nursing and midwifery R&D: an old priority with a new perspective. Journal of Advanced Nursing, Vol.59, No.1: 57-67.

NRES Ethics Consultation E-Group(2006) Differentiating audit, service evaluation and research. Accessed from www.hqip.org.uk/what-is-the-difference-between-clinical-audit-and-research/ November 2011.

Funding:

No Funding

Research purpose:

not applicable

1.3.2

Essentials of care: Can a values-led, empowerment-focused practice development program support evidence-based practice change?

Lin Perry, Professor of Nursing Research and Practice Development, Faculty of Nursing, Midwifery and Health, University of Technology Sydney; Prince of Wales, Sydney and Sydney Eye Hospitals, South Eastern Sydney Local Health District, Sydney, AUS
Co authors: Suzanne Murray; Mary Mulcahy; Cailin Lowry

Abstract:

Background: Since 2006 the New South Wales Essentials of Care (EOC) Practice Development program has developed from a single-site quality initiative into a state-wide enterprise involving over 600 units (NSW Health 2011). Within 2-year cycles, EoC provides a systematic approach for nurses and the healthcare team to examine their work environment and practices (Clarke et al 2010). The aim is to create effective workplace cultures where staff engage in open dialogue and critical inquiry and are empowered to identify, lead and implement changes in practice (McCormack et al 2007).

Descriptive and anecdotal accounts of success abound. This presentation uses data from the original hospital site to examine success criteria in relation to care processes and outcomes.

Aims: 1. To interview local facilitators and identify their perspectives of EoC success criteria;

2. To conduct secondary analyses with 2-year cycle reports from 5 wards to identify care processes targeted for practice change and outcomes achieved.

Methods: Twelve EoC facilitators identified themes of facilitation delivery (individual and team preparedness, preparation, personal development; communication and motivation); cultivation of the team (team identification, team support and leadership) and ward culture change.

Results demonstrated activities targeted as: environment management (e.g. housekeeping), basic care redress (e.g. deficits in routine observations/ monitoring), process reconfiguration (e.g. medication rounds) and patient interface (e.g. dealing with difficult behaviours). Patient outcomes were sometimes directly attributable (such as reduced

falls rates), more often inferred (e.g. from reduced medication errors). The dominant staff outcome, reported from all five wards, was increased engagement, willingness to participate, and an increased sense of 'can do' amongst ward nurses.

Conclusion: EoC is undergoing a maturation process as staff learn to use it to enable and empower them to make sustainable change. To date examples of conventional 'knowledge transfer' are few, but increasing as staff broaden their EoC horizons.

Recommended reading:

NSW Health (2011) Essentials of Care (EoC) Program. At http://www.health.nsw.gov.au/nursing/projects/eoc.asp

Clarke T, Kelleher M, Fairbrother G. Starting a care improvement journey: focusing on the essentials of bedside nursing care in an Australian teaching hospital. Journal of Clinical Nursing 2010, 19, 1812-20

McCormack B, Wright J, Dewar B, Harvey G, Ballantine K. A realist synthesis of evidence relating to practice development: Methodology and methods. Practice Development in Health Care 2007 6(1) 5-24

Funding:

No Funding

Research purpose:

Evaluation of state-wide program

1.3.3.

Fistula First in Belfast – delivered through a practice development approach

Avril Redmond, Nurse Development Lead, Belfast Health and Social Care Trust, Belfast, UK

Abstract:

Background: To deliver the Department of Health and Social Services and Public Services in Northern Ireland service improvement outcomes (2008) for dialysis access, the Belfast Health and Social Care Trust Dialysis Unit undertook a practice development project (February 2010-September 2011). Funding was secured from Foundation of Nursing Studies.

Aim: The aim of the project was to enhance the patient experience by increasing and maintaining the number of patients who dialyse via an arterio-venous fistula.

Method: The project team utilised a systematic, rigorous and continuous process, which focussed on working in ways that enabled participation, inclusion and collaboration of staff and patients (Manley, McCormick & Wilson 2008). . This project demonstrates the effectiveness of using a practice development approach to bring about sustainable change in the clinical setting through engaging all key stakeholders using a range of facilitated activities focussing on four themes:

Theme 1: Raising awareness of current practice

- Cafe style workshops engaged the multiprofessional team (n=80% attended) and identified areas of good practice, areas of concern and issues to be taken forward

Theme 2: Determining current practice from a patients perspective

- Comment sheets provided information on the patients lived experience

Theme 3: Identify areas for improvement

- Data collected from themes one and two informed the areas for practice change which were discussed and agreed with patients and staff

Theme 4: Evaluate changes in practice

- A systematic and rigorous evaluation process was developed to capture the impact of the practice changes for patients, staff and the organisation

Conclusion: While a range of practice changes have been implemented eg: elimination of fistula clamps post dialysis, the cultural change arising from this project has resulted in enhanced engagement with patients, application of theory into practice and increased satisfaction with care by both patients and staff.

Recommended reading:

Department of Health Social Services and Public Safety (2008) Priorities for Action 2008-2009. Accessed at www.dhsspsni.gov.uk/pfa0809.pdf

Manley, K., McCormack, B., Wilson, V. (2008) International Practice Development in Nursing and Healthcare. Blackwell Publishing: England

Research purpose:

Service Improvement

1.4 Theme: Renal

1.4.1

The development of a program for promoting quality of life of chronic kidney disease patients receiving haemodialysis in Thailand

Wanicha Pungchompoo, Faculty of Nursing, Chiang Mai University, Thailand, Chiang Mai, Thailand
Co authors: Linchong Pothiban; Derek Bunnachak; Kannik Thiankhanithikun; Kesorn Kumdee; Kittiya Sattaya; Yuraporn Chransuwon

Abstract:

Hemodialysis patients usually face the impacts of disease and its treatment resulting in decreased quality of life. Development of a program for promoting quality of life, therefore, is necessary.

This study aims to determine the effectiveness of a program for promoting quality of life in enhancing self-management self-efficacy, self-management, 6-minute walking distance, quadriceps muscle strength, quality of life, hemodialysis, and the adequacy of hemodialysis patients.

The repeated measures experimental design was used. The sample consisted of 40 people aged between 20-80 years diagnosed with end stage of CKD receiving hemodialysis at three hospitals in Chiang Mai province. The subjects were purposively selected and were randomly assigned equally into experimental and control groups.

The experimental group received the program consisting of three consecutive weekly teachings, advising, and skill trainings of self-management skill pertaining to food, water, medication, and exercise followed by monthly individual monitoring and counselling for 5 months. The control group received routine nursing care. Data were collected at baseline, and 3 months and 6 months after the intervention. The instruments used consisted of: 1) the Self-Management Scale, 2) the Self-Efficacy Scale, 3) SF-36 Thai version, and 4) recording forms for quadriceps strength, six minute walking distance and hemodialysis adequacy. Data were analyzed using descriptive statistics and inferential statistics.

The results revealed that the overall self-management and vitality quality of life were significantly higher in the group receiving the program at 6 months after the intervention ($p < .05$). It was also found that the 6-minute walking distance and quadriceps strength of the group receiving the program were significantly higher at both 3 months and 6 months after the intervention ($p < .05$). The study results will be used as baseline information for nurses to adapt and use in caring for chronic kidney disease patients receiving hemodialysis in Thailand.

Research purpose:

Externally funded research

1.4.2

Findings from ethnography of peritoneal dialysis in the home

Jessica Baillie, Cardiff University, Cardiff School of Nursing and Midwifery Studies, Cardiff, UK

Abstract:

Background: Peritoneal dialysis (PD) is a life-saving treatment for end-stage renal disease, undertaken daily at home. There are increasing numbers of individuals with end-stage renal disease and PD has been promoted as an important treatment to manage this increase (Lamiere and Van Biesen 2010). However, few studies have qualitatively explored how individuals and their families live with this treatment, particularly from a United Kingdom perspective.

Aim: The aim of this study was to explore the experience of undertaking home PD, from the perspective of the individual, their family and healthcare professionals in the United Kingdom.

Methods: Ethical approvals were gained in November 2010 and data were collected between January and October 2011. Ethnographic methodology was employed, which has not been previously used with this population. Semi-structured interviews (n=16) were undertaken with purposively selected adults, with observation of PD in the home. Additionally, nine willing family members and seven specialist healthcare professionals were interviewed. Data were analysed thematically using Wolcott's (1994) three stage framework.

Results: The complex world of living with PD was revealed, including participants' daily lives, their self-care skills and learning, being creative to maintain control, staying positive and the importance of familial and professional support. Furthermore, participants considered their diagnosis and choice of treatment, and the future.

Discussion: The findings of this study support previous literature regarding self-care and the importance of support, but also revealed new insights into how individuals and their families live with PD.

Conclusions: This study illuminated an in-depth understanding of how PD is perceived and lived by individuals, their families and healthcare professionals. Recommendations for nursing practice will be discussed. Moreover, utilising ethnographic methodology with this population reveals rich data and demonstrates the efficacy of this methodology to understanding how people live with home medical treatments.

Recommended reading:

Lameire N and Van Biesen N (2010) Epidemiology of peritoneal dialysis: a story of believers and nonbelievers. Nature Reviews Nephrology, 6, pp 75-82.

Wolcott H (1994) Transforming Qualitative Data: Description, Analysis and Interpretation. Thousand Oaks, California: Sage Publications.

Research purpose:

Doctoral programme

1.4.3

Participants' experiences of kidney transplant failure

Paul Gill, Post Graduate Research Training Coordinator, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, oUK

Abstract:

Background: Kidney transplant failure often has profound impact on patients and their families (Gill and Lowes 2009). Feelings of grief, loss and depression are common. However, the personal dimensions of transplant failure have been poorly researched and are poorly understood.

Aim: To provide an in-depth exploration of participants' experiences of kidney transplant failure.

Methods: A phenomenological, longitudinal approach was used to conduct the study. Sixteen participants (8 recipients and 8 'significant others') were purposively recruited from a regional renal transplant centre and 3 NHS Trusts in South-West England in 2008-9. Data were collected through a series of 3 recorded, semi-structured interviews, in the first year post-graft failure. Interviews were transcribed verbatim and analysed using a process of thematic analysis.

Findings: The impact of graft failure was devastating for all participants, regardless of time since transplantation. Feelings of shock, anger, grief, loss, guilt, depression and even suicidal ideations were common. Participants also appeared to mourn for the life they used to have when the transplant was functioning and the future they imagined they would have had with a functioning transplant. The ability to cope and adjust was informed by a number of factors; particularly improved physical health, time, having a perceived sense of control over life and treatment (especially dialysis) and, especially, family/spousal support. While healthcare services were generally well evaluated, several aspects were criticised, such as the lack of formal support post-graft failure and being inadequately prepared for transplant failure.

Discussion and Conclusions: The impact of renal transplant failure is devastating and the primary source of grief and depression appears to be related to a perceived 'loss of an imagined past and future'. This presentation will highlight participants' experiences of transplant failure and discuss the implications for clinical practice and related research.

Recommended reading:

Gill P, Lowes L (2009) The kidney transplant failure experience: a longitudinal case study. Progress in Transplantation 19 (2) 114-121.

1.5.1

'They are tired, they are grumpy': The health system consequences of agency nursing and moonlighting in South Africa

Sue Armstrong, Centre for Health Policy, University of the Witwatersrand and South African Medical Research Council, Johannesburg, ZA
Co author: Laetitia Rispel

Abstract:

Background: Recent health policy attention has focused on the twin challenges of agency nursing and moonlighting in the South African health sector. This paper reports on the health system consequences of moonlighting and agency nursing, done as part of a larger research project examining casualisation in nursing in South Africa.

Method: A stratified random sample of 80 hospitals was selected from the public and private sectors in four South African provinces. All nurses working in intensive care, theatre, casualty, maternity and general medical and surgical wards on the survey day completed a self-administered questionnaire after obtaining informed consent. In addition to demographic information, the questionnaire focused on the prevalence of overtime, moonlighting and agency nursing in the previous year, and indicators that measured possible health system consequences of agency nursing or moonlighting. Survey data were analyzed using STATA version 10.

Results: Survey participants (n=3 784) were predominantly middle-aged (median 42 years). The prevalence of agency nursing in the previous year was 44.5% [95%CI: 43.1-46.3], while moonlighting prevalence was 34.1% [95%CI: 32.6-35.6]. There were many reported negative consequences of moonlighting or agency nursing with almost one in two nurses (47.9%) reporting feeling too tired to work while on duty, 9.5% reporting that they took sick leave when not actually sick, and 3% reporting a medico-legal incident in the previous year.

Conclusion: There is need for improved management of nursing agencies; open debate about moonlighting, ethics and accountability; and improved monitoring and evaluation to reduce negative health system consequences in South Africa.

1.5.2

Verbal abuse targeting nurses: Findings from an observational study

Marie Hutchinson; University of Technology; Southern Cross University; University of Western Sydney, Lismore; Sydney, AUS
Co authors: Debra Jackson; Lauretta Luck; Lesley Wilkes

Abstract:

Background: It is widely recognised that nurses are exposed to unacceptably high levels of violence and verbal abuse. However, few observational studies have been undertaken to explicate the nature of verbal abuse targeting nurses.

Objective: This paper reports findings from an observational study of the violence experiences of Australian nurses during their routine work. The presentation will describe the categories of abuse identified and link these to broader questions about the public image of nurses and nursing.

Design: A mixed methods observational study resulted in 1150 hours of observation, 220 patients displaying cues for violence and 210 notes for violence and abuse. Content analysis of the observational notes revealed categories of verbal abuse: gendered sexualised abuse; demeaning insults, ridicule, unreasonable demands, and threats of physical violence.

Main Results: Findings from this study suggest that, in their everyday work, nurses can be exposed to potentially damaging levels of verbal abuse. This abuse is highly offensive, demeaning and largely sexual. It is often accompanied by hostility, threats and physical violence enacted to gain power over, humiliate or dominate – forming a dense pattern of abuse.

Conclusion: The offensive nature of the abuse experienced suggests that the personal safety of nurses is placed at risk through widely held stereotypes and poor public images of nurses and nursing. In light of the widely debated public opinions about the state of nurses and nursing we believe it is timely to ask whether the profession is losing its previously well regarded status and whether unbridled media debate potentially places nurses at risk of increased exposure to verbal abuse.

1.5.3

Working appreciatively in end-of-life care: An intervention to promote collaborative working between care home staff and health care practitioners

Caroline Nicholson, National Nursing Research Unit, Florence Nightingale School of Nursing and Midwifery, King's College, London, UK
Co authors: Elspeth Mathie; Ina Machen; Sarah Amador; Claire Goodman

Abstract:

In England the majority of care homes that provide long-term care to older people with dementia (PWD) have no on-site registered nursing, relying on primary care for end-of-life support. This paper presents the piloting of a modified Appreciative Inquiry (AI) approach (1) to promote integrated working between care home staff and health care practitioners.

A two-phased study began by tracking events and care received among 133 PWD in six residential care homes (2). Three homes participated in the intervention phase, holding three hour-long modified AI sessions in the care home over six months that were informed by phase one's findings. Sessions brought together care home staff with the visiting District nurse and General Practitioner. Sessions were facilitated by a nurse researcher with experience of AI. Session transcripts and post intervention interviews with AI participants and staff were analysed using NVivo7.

AI fostered rapid engagement between participants who did not have a history of working together, and did not increase NHS costs. Appreciation of existing capabilities and specific knowledge enabled greater understanding of respective roles in caring for the older person. Participant developed interventions that complemented existing palliative care tools, included a script for discussing end-of-life wishes with relatives of care home residents, a checklist for use in approaching general practitioners with no prior knowledge of the resident and a GP led audit of resuscitation wishes among residents and are indicative of attempts to create a decision making 'scaffold' for PWD at end-of-life.

A care home based intervention using a modified AI approach can effectively foster a shift in care home culture grounded in participant driven and context specific collaborative working practices that mitigate uncertainties inherent to end-of-life care of PWD.

Recommended reading:

Cooperrider, D.L. & Whitney, D.K. (2005) Appreciative inquiry: A positive revolution in change. Berrett-Koehler Publishers.

Goodman, C., Baron, N. L., Machen, I., Stevenson, E., Evans, C., Davies, S. L. & Iliffe, S. (2011). Culture, consent, costs and care homes: Enabling older people with dementia to participate in research. Aging & Mental Health, 15(4), 475-481.

1.6 Theme: Cardiac care

1.6.1

Exploring decision delay in patients presenting with myocardial infarction in Kingdom of Saudi Arabia (KSA)

Hassan Alshahrani, University of Ulster at Jordanstown, The Faculty of Life and Health Science, School of Nursing, Newtownabbey, UK
Co authors: Donna Fitzsimons; Roy Mcconkey; Julie Wilson; Mustaf Youssef

Abstract:

Previous research in Western countries has found that there are many factors that can affect decision making to seek care among patients who experience the symptoms of MI; including cognitive, social, cultural and emotional factors. These factors may differ in other cultures. This study is designed to explore the factors that contribute to prehospital delay among patients in KSA.

The current study uses a non-experimental design, combining both qualitative (semi-structured interview) and quantitative methods to achieve the study objectives. This cross sectional study was comprised of a convenience sample of research participants (n=311) who presented with a diagnosis of MI to three hospitals in Riyadh city over a five month period from 15th March 2011 to 2nd August 2011. Across 189 eligible patients, (19% female and 81% male), the median time delay was 2.5 hours, the median delay time for male= 2 hours, female =3 hours. In all 21% of participants tried a self-help remedy when they first noticed their symptoms. Only 45% of the participants thought the problem was related to their hearts. Also 87% of the patients had not heard of thrombolytic drugs. Moreover, 41% of the total participants delayed because they did not realize the importance of their symptoms.

The following factors significantly influenced prehospital delay: participants without a past history of MI had longer delay times (U= 1312, N1=22, N2= 167, p=0.029, two-tailed); participants who were alone when they had MI symptoms delayed more than others ($\ddot{I}\ddagger \hat{A}^2$ =13.66, df=5, p= 0.018); participants who were asleep when MI symptoms began delayed more than those who were sitting or performing some activity ($\ddot{I}\ddagger \hat{A}^2$ =7.802, df=2, p= 0.020).

These findings allow comparisons to be made with other cultures and provide important evidence to help inform the development of health promotion strategies to minimise delay times for patients with MI symptoms in KSA.

1.6.2

To compare the efficacy of blood pressure reduction with or without the biochemical profile

Praba Rabasse, Stockport NHS Foundation Trust, Stepping Hill Hospital, Stockport, UK

Abstract:

In a longitudinal study of outpatients with resistant hypertension, two cohorts were assessed simultaneously in hospital's specialist clinics, one (site A) doing routine aldosterone renin testing prior to changing therapy and the other (site B) making treatment decisions based on British Hypertension Society guidelines.

Of 213 patients recruited over a 20 month period 109 came from site A of which 58 (53%) were male and of the 111 patients from site B 58 (52%) were male. The mean age for each site was 53.6 and 55.1 respectively (=/ – 15.5). In site A 12.9% were smokers, 6.8% had diabetes, 54.1% had hyperlipidaemia and 61.1% had a family history of coronary heart disease whilst in site B the numbers wer 18.21%, 15.3%. 79.3% and 83.3% respectively. Blood pressure (BP) control was defined as systolic less thatn 140mmHg. this was achieved in 30.5% from site A and 32.5% from site B at the end of the 20 month priod. Interim assessments of control at 3, 6 and 9 months were 10.5% versus 16.2%, 20% versus 22.2% and 26.3% versus 23.2% at each site respectively. 29.5% at site A and 36.4% at site B achieved control in patients less than 55 years and 22.5% versus 30.5% in patients greater than 55 years. No statistical difference in BP control was found between the two sites.

Conclusion: Routine aldosterone renin testing has not been shown to improve overall levels of control compared with following conventional British Hypertension Society guidelines.

Recommended reading:

1.6.3

Establishing an evidence base for an effective individualised self-care management programme for heart failure patients following discharge from hospital: A cohort study using questionnaires in the first six months after discharge

Helen Goodman, Royal Brompton and Harefield NHS Foundation Trust, London, UK
Co authors: Ashi Firouzi; Margaret Lau-Walker

Abstract:

Background: Heart failure is a chronic illness which benefits from patients monitoring and self-managing their symptoms. Providing education is not sufficient to ensure adequate self-management and behaviour change. Understanding patients' perceptions of their illness allows staff to address anxieties, misconceptions about their illness

Aims: To examine relationships between perception of illness and self-care behaviour and quality of life in patients admitted for treatment of heart failure.

Methods: A questionnaire survey was conducted at three time points, on admission to hospital, and 2 and 6 months after discharge in 2009-10 to three London hospitals. The questionnaires used were the Revised Illness Perception Questionnaire, Self-Care Heart Failure Index, Hospital Anxiety and Depression scale and Minnesota Living with Heart Failure Questionnaire. A convenience sample of 88 patients (68% male, Mean age 70 years) was recruited on admission to hospital for treatment of exacerbation of heart failure symptoms. Results: Patients' heart failure symptoms improved over time (Minnesota score mean change at 6 months – 11.5, co-efficient (95%CI) – 0.915 (-1.581, – 0.250), p 0.001). Patients suggested that many of the causes of their illness were outside their control (chance/bad luck 46.7%, ageing 55.6% and hereditary 39.5%). Self-care maintenance improved over time (mean change at 6 months 7.0, co-efficient (95%CI) 0.962 (0.436, 1.490), p ⇐ 0.0001) but this did not translate into more involvement in self-care management (p = 0.51). Those who identified more negatively in an emotional way with their illness were less likely to have self-care confidence (at 6 months self-care confidence was associated negatively with emotional representation p ⇐ 0.0001, Adj, R2 0.36, and positively with illness coherence p =0.001, Adj. R2 0.22).

Conclusions: Six months following discharge patients feel less symptomatic. However, the realisation of the serious nature of their illness appears to affect their emotional response and confidence to manage their own care.

Recommended reading:

National Institute for Clinical Excellence (2010): CG 108 Chronic Heart Failure Management of Chronic Heart Failure in adults in primary and secondary care NICE: London

Sneed NV, Paul SC. 2003. 'Readiness for behavioural changes in patients with heart failure'. American Journal of Critical Care 12, 5: 444-453

Baker DW,et al (2005). 'Differences in education, knowledge, self-management activities, and health outcomes for patients with heart failure cared for under the chronic disease model: the improving chronic illness care evaluation'.Journal of cardiac f

Research purpose:

Externally funded research

1.7 Theme: Cancer care

1.7.1

A mixed-method exploration of informal carers' experiences and needs during patients' chemotherapy

Emma Ream, Professor of Supportive Cancer Care, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK
Co authors: Vibe Pedersen; Catherine Oakley; Alison Richardson; Cath Taylor; Rebecca Verity

Abstract:

Background: Patients having chemotherapy in outpatient settings and their informal carers (relatives/friends) assume responsibility for monitoring and managing side effects at home. This study investigated informal carers' needs and experiences whilst supporting patients through chemotherapy.

Materials and Methods: An exploratory mixed methods study design was used. Data were gathered (Oct 2009 – May 2010) first by self-completion questionnaires which were analysed descriptively. These data then informed semi-structured interviews conducted with a subsample of survey respondents. Interviews were digitally recorded, transcribed and analysed using the 'Framework' approach.

Results: Forty-eight informal carers returned questionnaires (RR: 70%) and13 carers were interviewed. They reported their needs met in relation to information on chemotherapy and its side-effects, but a large proportion had unmet needs regarding financial support and their own needs as carers.

Informal carers adopted 4 roles in support of patients: 'advocate', 'protector', 'symptom monitor' and 'assertive companion'. Interaction between patients and informal carers influenced the roles carers adopted. Assertiveness was important; it enabled carers to enhance patients' accurate and early reporting of concerning symptoms, communicate effectively with health professionals and contribute to decision-making regarding patients' care. Not all carers felt sufficiently empowered to be assertive.

Discussion: The mixed-method approach used in the research proved highly informative; the potential of such designs will be discussed.

Conclusion: Informal carers are important for patient safety during chemotherapy yet their contribution is generally poorly recognised by health professionals. Carers can be ill-prepared to undertake the roles they adopt during patients' treatment. Lack of preparation for, and clarity regarding, their caring role and high unmet need for support can impact negatively on carers and the support they provide patients. Research is needed to develop interventions which prepare informal carers thoroughly for their carer role. This will enhance their experience, improve carer involvement and may enhance patient outcomes.

Research purpose:

Externally funded research

1.7.2

Nursing interventions in gynaecological oncology: The challenges of reviewing the evidence

Gwen Marples, Senior Research Assistant, Northumbria University, Newcastle upon Tyne, UK
Co author: Karen Roberts

Abstract:

Research by nurses into the field of gynaecological oncology appears limited. Within the UK patients undergoing treatment for gynaecological cancer are usually managed with specialist tertiary centres using a biomedical 'curative' model of healthcare.

Such patients may have unmet needs which are infrequently addressed. Many women are now living longer due to improved diagnosis and treatment with a significant number developing immediate or late onset problems. Clinical nurse specialists (CNSs) in gynaecological oncology are ideally placed to 1. offer women supportive care so they are able to maintain optimal health and wellbeing and 2. work between the primary, secondary and tertiary care interface.

As part of a wider research project we are concerned with the needs of such patients and how best they might be met by interventions undertaken by specialist gynaecological oncology nurses.

Originally we planned to undertake a Cochrane systematic review but it soon became apparent that this approach was inappropriate to the literature being reviewed; a situation increasingly being highlighted across a range of disciplines.

The challenge then arose of how best to review and synthesis the evidence. We eventually settled on an adaptation of Pawson's realist synthesis methodology, suitable for the synthesis of research having an exploratory focus (Pawson et al (2004) and allowing for findings from a wide range of research and evaluation approaches to be drawn on (Pawson et al (2005).

Blackwood (2006) suggests that many interventions undertaken by nurses are complex; with many interventions having behavioural change as a resultant outcome.

Whilst this realist evaluation based approach offers an alternative framework for the evaluation of complex interventions it is neither a simple or easy option. This presentation will focus on the challenges of undertaking such a review within such a specialised area of practice and highlight lessons learnt along the way.

Recommended reading:

Pawson, R., Greenhalgh, T., Harvey, G. and Walshe, K. (2004) Realist synthesis: an introduction. ESRC Research Methods Programme. University of Manchester. RMP Methods Paper 2/2004.

Pawson, R., Greenhalgh, T., Harvey, G. and Walshe, K. (2005) Realist review: a new method of systematic review designed for complex policy interventions. Journal of Health Services

Blackwood, B. (2006) Methodological issues in evaluating complex healthcare interventions. Journal of Advanced Nursing. 54 (5), 612-622.

Funding:

UK – Health Service (National)

50,001 – 100,000

Research purpose:

Externally funded research

1.7.3

Developing and testing TEAM (Team Evaluation and Assessment Measure) a tool for team self-assessment of cancer MDT performance

Cath Taylor, Kings College London, Florence Nightingale School of Nursing and Midwifery, London, oUK
Co authors: Katrina Brown; Nick Sevdalis; Ben Lamb; James Green

Abstract:

Background and Aims: Cancer multidisciplinary teams (MDTs) are established in many countries but there is wide variation in function. We aimed to develop and test an MDT self-assessment tool underpinned by the 'Characteristics of an effective MDT' (NCAT, 2010): recommendations based upon consensus from over 2000 UK MDT members.

Methods: Questionnaire items relating to all Characteristics were developed by an expert panel.

These particularly focussed on 5 of the 17 sub-domains: Leadership & Chairing; Teamworking & Culture; Patient-centred care; Clinical decision-making process; and Organisation & administration during meetings. Acceptability, feasibility and psychometric properties were tested by on-line completion of the questionnaire by 23 MDTs (637 members) from 4 NHS Trusts and team member interviews. 10 MDTs also completed questionnaires that comprised a direct translation of each 'characteristic' (for the five domains above) to test content validity.

Results: 47 items were created, each rated for agreement on a 5-pt scale. 329/637 (52%) team members completed the questionnaire, including representation from medical, nursing and clerical MDT members. Responses correlated well with domain-specific questionnaires (r⋯≻0.67, p=0.01), most domain-scales had good internal consistency (Cronbach alpha ⋯≻0.60), and good item discrimination (majority of items r≺⋯0.20). When used within a team assessment process (including synthesis of team responses into a feedback report and discussion in a facilitated team meeting) immediate improvements to teamworking were evident, including enhancing involvement of the CNS. Team members were positive about its value.

Discussion: 360 degree assessment is increasingly common in medicine and is an effective method of team assessment. Integration within other assessment processes such as the cancer Peer Review Programme and MDT annual review meetings may enhance outcomes.

Conclusion: Self-assessment of team performance using this tool may support improvements to MDT functioning, and ultimately improve patient care.

Recommended reading:

NCAT (2010) The Characteristics of an Effective MDT. National Cancer Action Team: London

Funding:

UK – Health Service (National)

100,001 – 500,000

Research purpose:

Externally funded research

1.8.1

The impact of social identity on role jursidiction

Elaine Maxwell, Visiting Fellow LSBU, London South Bank University/Florence Nightingale Foundation, London, UK

Abstract:

Background: Internationally there has been a consensus for the need to restructure the healthcare workforce to meet changing population needs. Much work has been conducted in defining new work jurisdictions for nurses but empirical

studies show that implementation has been variable.

Focus: This paper presents the findings of a PhD study (data collected during 2007 and 2008). The focus of the study was the social processes that occur after a new role has been implemented and their impact of the jurisdiction in practice.

Methods: A critical realist epistemology, using multiple case study, examined new nursing roles in acute NHS Trusts. Qualitative data were collected through interviews, observations and documentary review. Two Trusts were selected for maximum variation. The data was analysed using Spencer and Ritchie's (1994) 'Framework'

Results: Analysis using Social Identity Theory identified that new practice was allowed if a shared social identity with workplace stakeholders could be demonstrated. Four significant identities found; professional, speciality, organisational and personal.

Two distinct types of new nursing role were identified. Fixer roles, introduced in support of specific policy objectives, appeared to have high discretion, however this was shown on deeper examination to be high novelty and these role holders found it difficult to develop shared identities. Niche roles were developed opportunistically and were more likely to establish shared identities.

Discussion: Individuals may share a number of identities, however one will be most salient is a given circumstance, depending on local context. Introducing new roles is therefore dependent on establishing a shared identity salient to each particular circumstance.

Conclusions: Competency is a necessary but not sufficient condition for introducing new nursing roles. Employers and post holders need to assess the local contexts and develop strategies to maximise salient shared identities for the local context in order to enact new jurisdictions in practice

Recommended reading:

Read, S., Lloyd Jones, M., Collins, K., McDonnell, A., Jones, R., Doyal, L., Cameron, A., Masterson, A., Dowling, S., Vaughan, B., Furlong, S., Scholes, J. (2001) Exploring new roles in practice (ENRiP) final report http://www.shef.ac.uk/content/1/c6/01/3

Haslam, S. A. (2001) Psychology in Organization – The Social Identity Approach. London: Sage

Sanders, T. and Harrison, S. (2008) Professional legitimacy claims in the multidisciplinary workplace: The case of heart failure care, Sociology of Health & Illness, 30 (2), pp. 289-308.

Funding:

UK – Research Charity/Foundation

1,000 – 10,000

Research purpose:

Doctoral programme

1.8.2

Mental health service users conceptualisations of mental distress following psychiatric hospital admission: Findings from a grounded theory study

Brian Keogh, Lecturer in Psychiatric/Mental Health Nursing, School of Nursing and Midwifery, Trinity College, Dublin, Ireland

Abstract:

Background: This study presents the findings from a grounded theory (GT) study which explored mental health service users' experiences of going home from hospital. Central to this experience was the participants' sense of devaluation following their admission to hospital. This paper presents the participants conceptualisations of mental distress prior to their admission to hospital. It also describes how these conceptualisations were reinforced and validated following their admission and subsequent discharge from hospital.

Method: Classic GT methods were used and participants were recruited from three urban Mental Health Services as well as from Voluntary Organizations. Data was collected initially using unstructured interviews which became more focused and structured as the data collection and analysis progressed. 35 interviews with individuals who experienced psychiatric hospitalisation were completed. In line with GT methods, constant comparative analytic procedures were used.

Findings: The findings are divided into four categories. The first category, 'Absorbing Preconceived Expectations' describes how prior to the participants' contact with the mental health services they had already formed a negative conceptualisation of mental distress and psychiatric hospitalisation. The second category 'Acquiring Preconceived Expectations' describes how, when the participants were admitted to hospital, they acquired additional conceptualisations of mental distress which impacted negatively on their experience and reinforced the conceptualisations that they already had. The third and fourth categories 'Validating Preconceived Expectations' and 'Maintaining Preconceived expectations' describe how, when the participants were discharged from hospital, the negative perceptions of mental distress that they had absorbed and acquired were validated and maintained through their interactions with their social audience.

Conclusion: The findings reveal that not only is psychiatric hospitalisation a stigmatising experience for service users, it also inadvertently contributes to some of these negative stereotypes. Mental Health Nurses and other health professionals need to be sensitive to these experiences and strive to minimise their impact.

Recommended reading:

Goffman, E. (1963) Stigma: Notes on the Management of a Spoiled Identity. Penguin Books, London.

Link B., Struening E., Neese-Todd S., Asmussen S. & Phelan J. (2002) On describing and seeking to change the experience of stigma. Psychiatric Rehabilitation Skills, vol 6, no 2, pp 201: 231.

1.8.3

Supporting clinicians practically in their approach to evidence based practice

Irene Mabbott, Practice Development Co-ordinator, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK
Co authors: Members of the STHFT Evidence Based Council

Abstract:

Background: Evidence Based Practice (EBP) can be seen as the gold standard of care in clinical practice but convincing and supporting clinical staff in the application of EBP principles is not always easy. (McGeehan et al, 2009) Clinical staff do not always realise that they possess the requisite skills to develop a clinical question through to changes or confirmation of practice. Supporting and developing these skills can help clinicians satisfy their professional curiosity.

Aim: Gilsenan, (2011) states that it is not always the problem of the plethora of evidence available or academic resources to support EBP that clinical staff have issues with, moreover, it is fear and lack of confidence in their own skills. This project looked specifically at practical, clinician friendly ways in which EBP could be supported in clinical practice through the development of a toolkit aimed at practitioners. The project group felt that educational courses and staff with EBP skills were not always available at the crucial time of the clinical question and because of this; the premise for the work was how to support the junior staff nurse on night duty at a weekend wanting to answer a clinical question.

Methods:

A scoping exercise was undertaken to examine whether there were any existing toolkits available within the UK. Using a multidisciplinary approach, the baseline objectives of what this toolkit / supportive resource should look like was developed. This was then taken to clinical partners and progressed to be a single resource in different formats for easier access.

Results and Discussion: Clinical staff need a variety of resources to be able to engage in EBP activities. The development, evaluation and review of this toolkit encourages and enhances clinician's confidence to take part in EBP activities embedded in their own areas.

Recommended reading:

Gilsenan, I, (2011) The realities of Evidence Based Practice in Clinical Practice, International Journal of Ophthalmic Practice, Vol. 2, No. 5, pp224 – 228.

McGeehan, B, Debbage, S, Gilsenan, I, Jennings, A, Jennings, C, Laker, S, Thompson, S, & Beastall, H, (2009) Supporting clinical innovation: An organisation wide approach to practice based development, Practice Development in Health Care, Vol. 8, No. 1,

Ryton, B, Grant, V, Little, A, & Gilsenan, I, (2007) Step tpo it: A toolkit for Evidence Based Practice, Practice Development in Healthcare, Vol. 6, No. 4, pp213-220.

Research purpose:

Practice Development initiative

2.1 Theme: Creativity

2.1.1

Writing to learn and to heal

Tessa Muncey, University of Leeds, Leeds, UK
Co author: Dawn Freshwater

Abstract:

There is a widening interest in the use of creative or expressive writing in healthcare and a growing body of evidence that supports its contribution. Story telling not only allows someone to construct a new life narrative from the 'narrative wreckage' of serious illness or injury (Frank, 1997) but at a more subtle level contributes to a greater psychic flexibility, increased inner freedom and clearer sense of personal identity (Bolton, 1999). Building on the concept of writing as a therapeutic endeavour, educationalists and professionals from a wide range of health disciplines, have adapted techniques and principles in the development of reflective writing. Reflective writing refers to the processes involved in writing that can be used as a vehicle to help individuals learn from experience, more specifically, a way of raising consciousness and self-awareness. Taking the stance that writing is a method of experiential learning, researchers studying the practice of reflective writing suggest that rather than writing for other people, that is learning to write: we write to learn. Reflective writing then is viewed as writing therapy and can be construed as a dialectical recursive process, rather than a linear sequential one. In recent years, researchers, in explicating the underpinning epistemologies and ontologies of emerging research methods, include writing as a method of collecting data, both biographical and auto-ethnographical, highlighting the therapeutic nature of such research processes. This paper will examine writing as part of the research process not simply as an interaction but an intervention with potential therapeutic benefits (Freshwater and Cahill, 2010)

Recommended reading:

Bolton, G. (1999). The Therapeutic Potential of Creative Writing: Writing Myself. London: Jessica Kingsley.

Frank, A. (1997). The wounded storyteller: body illness and ethics. London: The University of Chicago.

Freshwater, D. and J. Cahill. (2010). Care and Compromise: Developing a conceptual framework for work related stress. Journal of Research in Nursing, 15 (2), pp.173-83.

Research purpose:
Literature Review

2.1.2

Harnessing creativity to ensure quality in healthcare interventions: PPI in participatory workshops to develop content for interactive videos for first time hearing aid users

Heather Wharrad, Reader and Associate Professor in Education and Health Informatics, School of Nursing, Midwifery and Physiotherapy, Medical School, University of Nottingham, Nottingham, UK

Abstract:

Patient and public involvement (PPI) is important in research and in e-learning design. Studies have identified that participants can benefit from being involved in the research process (Staley, 2009). Hearing aid (HA) users are often under-represented in healthcare research and yet lack of HA use has a major effect on communication. In a study to investigate whether interactive educational videos (reusable learning objects, RLOs) benefit first-time hearing aid (HA) users, participatory RLO design workshops comprised part of phase 1 of the research which was to develop the evidence-based RLOs. Participants were HA users (some non-compliant). Here we present outputs from the workshops, the views of workshop participants about being involved in the research and the impact this has had on their own attitudes and behaviour towards HA use.

30 HA users and non-users took part in workshops, the format of which was adapted from a well established elearning methodology (Boyle et al, 2006). In small groups, participants designed RLO storyboards focusing on strategies for addressing the common reasons for not wearing a HA, identified by an expert panel of 33 hearing professionals. 14 Ao storyboards were produced containing ideas and analogies that were later incorporated into the RLOs through an iterative production cycle involving a specialist PPI panel as quality reviewers.

26 participants returned a post-workshop questionnaire (July 2011). Thematic analysis was carried out on the open question responses. Reasons for taking part included curiosity, altruism and for group support. Over half the participants had changed their attitude or behaviour in relation to their own HA use, eg using HAs more regularly, persevering more with their HA, having more confidence using HAs or being more assertive in asking for help.

Eight RLOs have now been developed, these are being evaluated in an RCT of 170 first time HA users.

Recommended reading:

Boyle,T, Cook, J, Windle, R, Wharrad, H J, Leeder, D & Alton, R (2006) An agile method for developing learning objects. in Markauskaite, L., Goodyear, P. & Reimann. P. (Eds.) (2006).

Staley K. (2009) Exploring Impact: Public involvement in NHS, public health and social care research. INVOLVE, Eastleigh.

Research purpose:
Externally funded research

2.1.3

Exploring the issue of creativity in nursing research: Five thinking hats?

Oliver Rudolf Herber, School of Nursing and Midwifery, University of Dundee, Dundee, UK
Co author: Caroline Bradbury-Jones

Abstract:

Striving for excellence has long been at the heart of academia. In the current academic environment however, research metrics mainly consisting of quantitative measures have become overly important in assessing such excellence. Hence, nurse researchers' 'thinking' is predominantly influenced by this metric-driven agenda. Edward de Bono's Six Thinking Hats method (de Bono, 2000) will be used to theoretically inform the discussion. De Bono proposed the hat method as a means for thinking more effectively. Coloured hats are used as metaphors for six different states of mind: objectivity, emotions, critical thinking, creativity, control and constructive thinking. None of the hats are 'good' or 'bad'; they all serve a specific purpose in certain situations. Their application to different contexts in nursing research will be demonstrated by way of example.

In this presentation we draw on our own work (the authors, 2010) by putting forward the content that the creative hat is metaphorically worn less frequently than others. Using metrics rewards excellence in research that is within prescribed narrow boundaries, which are typically focused on output, impact and environment. We argue that contemporary nursing research is supressed in an environment that does not recognise innovative ideas and where there is overemphasis on extrinsic motivation. Moreover, historic and contemporary examples will be presented to demonstrate the longevity of creativity as an essential component of research and of the environments in which creativity can flourish. Thus, nursing research needs to break from the shackles of research metrics and generate a spirit of creativity where all six thinking hats can be worn, rather than five in order to greater contribute to human flourishing. The presentation should appeal to active researchers who are seeking ways to incorporate creativity into nursing research.

2.2 Theme: Careers

2.2.1

Managing careers as a strategy for developing a dynamic nursing workforce

Julia Philippou, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK

Abstract:

Background: The provision of high-quality care is an important aim of healthcare services internationally and the people who work in healthcare are at the very heart in achieving this goal. A continuing organisational challenge in healthcare has been the retention of vital employees. Worldwide policies are calling for more dynamic ways of managing nurses' careers, in order to improve recruitment and retention and address the threats of nurses' shortages to patient safety and quality of care.

Aim: This paper reports findings of a UK study examining the perceptions of nurses and their employers about their responsibilities in managing nurses' career development and the implications these views may have on workforce retention.

Methods: Data were collected between September 2007 and August 2008 via a cross-sectional questionnaire survey. 813 nurses and 58 employers working in five NHS Trusts across London returned a completed questionnaire.

Results: Career motives and satisfaction with support for career development and management feature prominently in nurses' reasons for choosing nursing and their intentions to remain in or leave the profession. Nurse employers and nurse employees indicated a shared approach with regard to nurses' career management, with short term career development responsibilities to lie primarily with the employers and long term career development responsibilities to lie with nurse employees.

Discussion/Conclusion: Effective career management and development is fundamental to containing the challenges associated with a changing healthcare environment and a changing landscape of nursing careers with diverse roles and responsibilities. Helping talent grow in organisations requires time investment and constant

attention. The urgent need to address and meet contemporary changes in the healthcare environment creates important opportunities to advance nurses' careers creating a workforce fit for the 21st Century.

2.2.2

New evidence in the implementation and evaluation of clinical supervision

Edward White, Director, Osman Consulting Pty Ltd, Sydney, Osman Consulting Pty Ltd, Sydney and the School of Psychiatry, University of New South Wales, Australia, Sydney, AUS
Co author: Julie Winstanley

Abstract:

Clinical Supervision [CS] is a formally structured arrangement to support staff employed in human service agencies and has an established history in many health care professions, including nursing. It has shown promise internationally as a positive contribution to the health governance agenda. Two recent CS-specific research studies have made incremental progress towards establishing an evidence base for best practice development and the robust evaluation of Clinical Supervision outcomes.

Described as 'one of three studies conducted over the last 30 years, that provide the best and clearest directions for further thought about conducting future successful research in the supervision-patient outcome area' [Watkins 2011], the first study is the pragmatic randomised controlled trial of CS [White and Winstanley 2010]. This showed that, where certain identifiable conditions in the practice environment were met, positive causal relationships could be demonstrated to show an increase in the quality of care provided by nurses and an improvement in patient outcomes.

The second study re-tested the original factor structure and response format of the Manchester Clinical Supervision Scale©, for goodness of fit to the Rasch Model, using RUMM 2030 software [developed in Western Australia] and rigorously investigated the validity of this unique instrument. Using data from eight selected licensed CS evaluations conducted recently in Australia and New Zealand, detailed Rasch analyses confirmed the established psychometric properties and indicated that the original 36-item version could be reduced to 26 items, and from seven to six subscales, with improved fit statistics. The latest version has been re-named the MCSS-26© [Winstanley and White 2011].

This presentation will draw on both interrelated research studies and discuss fresh theoretical insights which have emerged and the strengthened method by which CS effects can be measured, to address the challenges that face the development of effective nursing practice, within the context of improvement science.

2.2.3

Capturing the impact of nurse consultant roles: possibilities, practicalities and pitfalls

Ann McDonnell, Reader, Sheffield Hallam University, Sheffield, UK
Co author: Kate Gerrish; Fiona Kennedy

Abstract:

Background: There is little robust evidence on the impact of nurse consultants (NCs) on patients, staff or healthcare organisations (Kennedy et al 2011). This may be because the impact of these multi-faceted roles is inherently hard to capture (Guest et al. 2004). A clear understanding of the challenges would inform the growing body of international literature on how to demonstrate the contribution of advanced nursing roles.

Aims: To explore the challenges associated with capturing the impact of NCs on patient, professional and organisational outcomes

• To identify factors which facilitate or act as barriers to capturing the impact of NC roles in practice

Methods: A series of case studies of six NC roles in two acute NHS foundation trusts in England, undertaken throughout 2010. Case studies involved interviews with the NCs, healthcare staff, patients and carers to examine perceived challenges to capturing impact and barriers/

facilitators, followed by specialist panels comprising key stakeholders for each NC to identify important areas of impact relevant to the role and the ways that this might be captured. Individualised approaches to capturing impact were then developed and piloted with each NC.

Results: Challenges include:

- impact is often delayed rather than immediate and achieved indirectly through influencing the practice of other staff
- in the context of multidisciplinary working it is often difficult to attribute an individual's specific contribution to an outcome
- patients' perspectives may be difficult to capture

Barriers include:

- lack of time and resources
- lack of expertise in evaluation or research
- difficulty in identifying suitable outcome measures or appropriate comparators

Capturing impact can be facilitated by:

- using existing data
- adapting existing data collection mechanisms or tools
- collaborating with academic departments

Conclusion: Capturing the impact of NC roles is inherently challenging and practical guidance is needed.

Recommended reading:

Guest D.E., Peccei R., Rosenthal P., Redfern S., Wilson-Barnett J., Dewe P., Coster S., Evans A. & Sudbury A. (2004) An evaluation of the impact of nurse, midwife and health visitor consultants. King's College London, London.

Kennedy F., McDonnell A., Gerrish K., Howarth A., Pollard C. & Redman J. (2011). Evaluation of the impact of nurse consultant roles in the United Kingdom: a mixed method systematic literature review. Journal of Advanced Nursing. DOI: 10.1111/j.1365-2648.2

Stake R. (1995) The Art of Case Study Research. Thousand Oaks: Sage.

Funding:

Research purpose:

Externally funded research

2.3 Theme: Patient experience

2.3.1

Understanding obesity from an obese perspective – improving targeting and personalisation of interventions

Nicola Crichton, Pro Dean Research, London South Bank University, London, UK
Co authors: Jane Wills; Ava Lorenc; Muireann Kelly; Elena Schmidt

Abstract:

Background: Amongst London boroughs Barking and Dagenham has the highest prevalence of adult obesity at 28.7%; the lowest level of healthy eating and of physical activity (Department of Health 2011). Encouraging positive health behaviour and behavioural change can be complex and challenging (Butland et al 2007). People have varied needs, wants, motivations, and reasons for what causes the problems and influences the desired behaviour.

Aim: To gain insight into the attitudes, motivations and priorities of people who are obese or overweight.

Methods: During August-October 2011, 210 obese or overweight people were recruited through visual identification in public thoroughfares in Barking and Dagenham. 181 street-intercept and 52 in-depth interviews were conducted. Thematic analysis was followed by psychographic values segmentation (French et al 2009).

Results: Preliminary analysis shows that 85% of participants had tried to lose weight, 25% of whom used structured weight-loss programmes. Motivations included getting a job, getting a partner, looking 'smart' and looking after children/grandchildren. Many expressed difficulty losing weight; structural and financial issues restricted implementation of dietary and activity recommendations. Those with a BMI→40 were more likely to attribute obesity to a lifelong, habitual problem. Participants perceived others in the borough as 'big': these social norms made tackling obesity less of a priority.

Discussion: Obesity was not a sensitive issue and easily discussed with researchers. Individuals recognised their obesity but did not call themselves 'obese', preferring 'heavy' or 'big'. The dominant emphasis of policy and practice on the health consequences of obesity may not reflect these individuals' priorities. These findings suggest new approaches to when, where, how and by whom obesity could be addressed.

Contribution to healthcare

The insight from this study will help to develop a population segmentation model to improve targeting and personalisation of services that are supportive, accessible and relevant to the target audience.

Recommended reading:

Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J., Parry, V. (2007) Foresight Tackling Obesities: Future choices: project report (2nd Edition), http://www.bis.gov.uk/assets/bispartners/foresight/docs/obesity/17.pdf [Accessed 3

Department of Health (2011) Health Profile 2011 Barking and Dagenham, http://www.healthprofiles.info [Accessed 3 Nov 2011]

French, J., Blair-Stevens, C., McVey, D, Merritt, R. (2009) Social marketing and public health: theory and practice, Oxford University Press: Oxford.

Funding:

Research purpose:

Externally funded research

2.3.2

Research participants' experiences in a new NIHR Respiratory BRU Clinical Research Facility

Sharon Fleming, Head of Research in Nursing, Royal Brompton and Harefield NHS Foundation Trust, London, UK
Co authors: Emily Guilmant; Tracy Higgins

Abstract:

Background: Previous studies have evaluated participants' experience of research but these tend to focus on one part of the research process such as recruitment. These studies were also limited to mainly cancer (e.g. Knifed et al. 2008) and psychiatric patient groups. Few studies have examined participants' experiences across the whole research process.

Aim: To explore the experiences of research participants at a new NIHR Respiratory Biomedical Research Unit (BRU) Clinical Research Facility (CRF) at a central London NHS Trust.

Methods: Twenty-five participants of 3 research studies using the CRF were interviewed in their own home, by a researcher not employed by the CRF. Interviews took place from May to December 2011. Topics explored included: perspectives about research and reasons for taking part; recruitment, consent and data collection procedures; organisational factors and areas for improvement. Analysis using grounded theory (Charmaz 2006) with Atlas ti.6 software identified common themes raised by the participants.

Results: The main themes were:

1) Reputation – 'I felt safe at (study site). It gave me a lot of confidence to take part'

2) Medical MOT-'I get a virtual top to toe check out'

3) Transport Provision – 'If they hadn't sent a cab there is no way I would have done it, no way!'

4) Painful Procedures – 'The muscle biopsy was the worst thing ever'

5) Comfort and Dignity – 'It was good to be away from the general public, away from the view of others'

6) Team work – 'you knew you were really part of that team'.

Discussion: This study has highlighted factors that are important to participants taking part in research. Having a dedicated research environment has improved the quality of the research participants' experiences. The themes raised such as the importance of providing transport are applicable to the design of all research studies.

Recommended reading:

Knifed E., Lipsman N., Mason W., Bernstein M. (2008) Patients' perception of the informed consent process for neurooncology clinical trials. Neuro-Oncology 10, (3) 348-354.

Charmaz K. (2006) Constructing Grounded Theory: A Practical Guide through Qualitative Analysis. Sage Publications: London.

Funding:

UK – Health Service (Local)

10,001 – 50,000

Research purpose:

NIHR BRU funded research

2.3.3

Improving the patient experience through nursing and midwifery key performance indicators

Tanya McCance, Mona Grey Professor of Nursing R&D, University of Ulster/Belfast HSC Trust, Belfast, UK
Co author: Christine Boomer

Abstract:

Background: There is continuing demand to demonstrate effectiveness and efficiency within healthcare and to communicate this at a senior level within organisations. Whilst there is substantial international literature on the use of clinical indicators and nursing metrics, there is less evidence relating to indicators that reflect the patient experience.

Aim: To identify key performance indicators (KPIs) that are relevant for nursing/midwifery practice in the current policy context, and to develop a framework for measurement.

Methods: This study comprises 2 phases. Phase one identified a set of KPIs for nursing/midwifery using consensus methodology and the development of a measurement framework. The second phase involved a period of pilot testing using fourth generation evaluation, to assess the feasibility of using the KPIs and the measurement methodology across different settings (completed in September 2011).

Results: Eight KPIs were prioritised, which included, for example: patient's confidence in the knowledge and skills of the nurse/midwife; patients involvement in decisions made about their nursing/midwifery care; time spent by nurses and midwives with the patient; and nurse/midwife's understanding of what is important to the patient. Outputs from the measurement framework comprised triangulated qualitative and quantitative data for each of the KPIs. Findings indicated that participants viewed the evidence generated as significant for benchmarking and informing continuous quality improvement, but also enabled profiling of the contribution of nursing/midwifery.

Discussion: The findings from this study identify a different but complimentary set of indicators for nursing/ midwifery, which confirms the importance of some fundamentals aspects of practice that impact on the patient experience. As a consequence measurement of the KPIs require an alternative approach that challenges traditional ideas regarding the nature of evidence.

Conclusion: The KPIs identified are strategically aligned to national and international work on the patient experience, and can provide important diagnostic evidence for improving quality of care.

Recommended reading:

The Intelligence Board (2010) Patient Experience. London, Kings Fund.

McCance, TV; Telford, L; Wilson, J; MacLeod, O; Dowd, A (2011) Identifying key performance indicators for nursing and midwifery care using a consensus approach. Journal of Clinical Nursing – in early view (D.OI number:10.1111/j.1365-2702.2011.03820.x)

National Nursing Research Unit (2008) State of the art metrics for nursing: a rapid appraisal. London, Kings College London.

Funding:

Nursing Group, Department of Health and Social Services and Public Safety

No funding

Research purpose:

not applicable

2.4 Theme: Surgery

2.4.1

Post-anaesthetic discharge scoring criteria: A systematic review

Nicole Phillips, Senior Lecturer – Director of Undergraduate Studies, School of Nursing and Midwifery, Faculty of Health, Deakin University, Melbourne, AUS
*Co authors: * Maryann Street; Bridie Kent; Emily Haesler*

Abstract:

Background: The time immediately following general anaesthetic is a critical period for patient recovery, requiring intensive observation to enable
early detection of complications from surgery. Since its introduction in 1923, the Post-anaesthetic Care Unit (PACU) is the preferred location for the immediate recovery of the postoperative patient.1 In 1970 Aldrete was the first to propose a scoring method to evaluate patient readiness for discharge from the post-operative recovery area.2 Other scoring systems have also been developed and tested.

Currently there is no international consensus regarding the variables that should be used to assess readiness for PACU discharge. There is also a particular need to establish criteria to assess patients' 'home readiness' given the increasing frequency of day surgery procedures.1

Aim: Investigate the essential components of an effective and feasible discharge scoring system to assess patients in PACU.

Method: A systematic review (SR) of quantitative research (1970 to 2010) conducted in adult populations on post-anaesthetic discharge assessment strategies used in PACUs, following any type of surgical procedure. The SR protocol was approved by the Joanna Briggs Institute.

Results: A total of eight studies were included. One randomised controlled trial and four observational studies provided evidence on the effectiveness and feasibility of discharge assessment tools. Two additional observational studies and a retrospective records analysis provided data on psychomotor and cognitive recovery. There was variation in specific vital signs included within each discharge assessment tool.

Discussion: Essential components of a PACU discharge tool include assessment of pain level, conscious state, blood pressure, nausea and vomiting. This SR informs a subsequent study aiming to obtain international expert consensus on effective assessment criteria to ascertain patient readiness for discharge from PACU, thereby enhancing patient safety and ensuring timely and appropriate discharge. The SR will be presented and how the findings relate to obtaining international consensus.

Recommended reading:

Aldrete J & Kroulik D, 1970 'A postanesthetic recovery score', Anesthesia and Analgesia, vol. 49, no. 6, pp. 924-934 .

Truong L, Moran J & Blum P, 2004 'Post anaesthesia care unit discharge: a clinical scoring system versus traditional time-based criteria', Anaesthesia and Intensive Care, vol. 32, no. 1, pp. 33-42.

Funding:

Deakin University's Strategic Research Centre for Quality and Patient Safety

1,000 – 10,000

Research purpose:

Funded by Deakin University's Strategic Research Centre for Quality and Patient Safety

2.4.2

'Balancing risk' after fall-induced hip fracture: The older person's need for information

Laura McMillan, Lecturer, University of the West of Scotland, School of Health, Nursing and Midwifery, Paisley, UK

Co authors: Joanne Booth; Kay Currie; Tracey Howe

Abstract:

Background: In the UK there are an estimated 60,000 hip fractures annually (Department of Health, 2001) and incidence is projected to rise worldwide. Despite hip fracture being one of the most significant causes of mortality and morbidity in the over 65 year age group (Roder et al., 2003), there is little published research highlighting the patient's experience of this traumatic injury.

Aims: This paper will draw on the findings of a recent grounded theory study which explored the post-discharge concerns of older people after fall-induced hip fracture and generated a theory of 'taking control'. 'Balancing risk' emerged as one of the key strategies that older people employed to help them to take control after discharge home.

Methods: Glaserian (1978) grounded theory methods were applied. Theoretical sampling guided interviews conducted with 19 older people between December 2007 and April 2009, when data became saturated.

Results: Older people attempted to control or 'balance' risk of future falls by 'protective guarding' and by 'following orders'. These strategies necessitated the provision of information. Older people miscalculated risk where they experienced information deficits which left them 'grasping to understand'.

Discussion: Our study suggests that engaging older people in discussions to acknowledge their perceptions of future risk and to provide tailored information on managing risk is crucial, as this will impact on how they attempt to take control. Older people need information to take control, rebuild their damaged confidence and ultimately regain their independence.

Conclusions: Our study re-iterates the importance of the vital role that healthcare professionals play in providing information to patients and their families. Enhancing understanding of how older people attempt to balance risk will enable healthcare professionals to improve their care of older people who sustain this traumatic injury and help them to maximise the potential for recovery after fall-induced hip fracture.

Recommended reading:

Department of Health (2001) National Service Framework for Older People, Department of Health: London.

Glaser, B. G. (1978) Theoretical sensitivity: Advances in the methodology of grounded theory, Sociology Press: Mill Valley, CA.

Röder, F., Schwab, M., Aleker, T., Mörike, K., Thon, K. & Klotz, U. (2003) Proximal femur fracture in older patients – rehabilitation and clinical outcome, Age & Ageing, Vol. 32, no. 1, pp. 74-80.

2.4.3

The HipEx study – Patient Experiences of Hip Fracture: A systematic review of qualitative evidence

Jo Brett, Royal College of Nursing Research Institute, School of Health and Social Sciences, University of Warwick, Coventry, UK

Co authors: K Haywood; S Staniszewska

Abstract:

Aim: To identify qualitative evidence of older peoples experiences after hip fracture.

Background: With an aging population, the impacts of hip fracture on the individual, on families and carers, and on healthcare in England are daunting and research is required to explore this problem to inform policy. Awareness of the patient experiences is an important aspect of policy development and healthcare provision for this vulnerable population.

Methods: Systematic searches were conducted in electronic databases (Medline, Cinahl, Psychinfo, Embase, Cochrane, and Assia) from 1980 to 2011. After reviewing title and abstracts, 37 papers were identified and 22 were included. These papers were data extracted, quality assessed, and thematic synthesis of the data was conducted.

Results: The review provides insight into patients' experiences of hip fracture that extends beyond a broken bone, and highlights a transition often from independence to different degrees of dependency, physical limitations and discomfort, resulting in long-range adjustments in lifestyle. However, there is a paucity of understanding with regards to patient experiences after hip fracture in the current healthcare service in England. The majority of studies were conducted 1980s and 1990s, yet policy changes in recent years, such as closure of community hospitals and payment by results, have resulted in significant changes in the delivery of healthcare in this patient group which may have a significant impact on patient experiences. Furthermore, many of the studies were conducted in countries with different health care models, and the results may not be generalisable to hip fracture patients in contemporary England.

Cnclusions: The review highlights the devastating affect that having a hip fracture can have on older people. However, recommendations from this evidence are limited, and there is a need to explore the experiences of older people after hip fracture in the modern-day healthcare service to inform care provision from the patient perspective.

2.5 Theme: Diabetes

2.5.1

The role of family members in diabetes self-care and diabetic crises

Lee Gunn, Royal College of Nursing Research Institute, School of Health and Social Studies University of Warwick, Coventry, UK

Co authors: Kate Seers; Natasha Posner; Vivien Coates

Abstract:

Background: The treatment and care of diabetes is a major challenge for health care systems across the world. In recent years there has been increased emphasis on improved self-care and partnership working. Family support has been identified as an important factor in self-care, but little attention has been paid to ways in which family members may be involved in everyday diabetes self-care and in diabetic crises, or to the particular needs of people without access to family support.

Aims: This study explored patients' perceptions of the involvement of family and friends in diabetes self-care and in crises, as part of a wider study investigating pathways to urgent or emergency care for people with diabetes.

Methods: Forty-five semi-structured interviews were carried out with people admitted to hospital for urgent or emergency treatment in connection with type 1 or type 2 diabetes, in two contrasting sites in the UK, between summer 2009 and spring 2010. Interviews were transcribed and analysed thematically.

Results: Family members played an important role in looking out for the person with diabetes and taking action in crises, in influencing everyday self-care, and in some cases carrying out specific tasks such as giving injections. The range of family members involved was diverse, including both resident and non-resident family members. People without family support were especially vulnerable in times of crisis.

Conclusion: It is important that the role of family members in diabetes self-care and crises is appreciated, and that appropriate support is provided to help them carry out this role effectively.

Recommended reading:

Piette J.D. (2010) Moving beyond the notion of 'self' care, Chronic Illness 2010; 6; pp 3-6

2.5.2

Supply-demand mismatch: Current experiences and future demand for insulin pump therapy in adult diabetes services in regional and rural Hunter New England, Australia

Lin Perry, Professor of Nursing Research and Practice Development, Faculty of Nursing, Midwifery and Health, University of Technology Sydney; Prince of Wales, Sydney and Sydney Eye Hospitals, South Eastern Sydney Local Health District, Sydney, AUS
Co authors: Julia Lowe; Kate Steinbeck; Janet Dunbabin; Helen Phelan

Abstract:

Background: Insulin pump therapy is a mainstream treatment for type 1 diabetes (T1DM) in paediatric services within Hunter New England (HNE), Australia, with 30-50% of children and adolescents using pumps compared with around 5% of adults with T1DM in Australia (NDSS, 2008). Rural young people perceive inequities in service provision (Perry et al 2011).

Methods: We mapped the scope, scale and potential future resource use/ requirements of pump therapy in five HNE adult diabetes services in 2010-11, estimating numbers of paediatric patients using pumps and likely to transition with them to adult services via an anonymous postal survey to patients aged 12 years and above and their parents. Diabetes educators identified participants (n=295) and distributed questionnaires, with n101 (34%) response.

We interviewed and report the experiences of 11 young adults using insulin pumps under the care of metropolitan and rural adult services.

Results: Of those who indicated their intentions, n60 (42%) from regional Newcastle, n29 (38%) from rural areas planned to use insulin pumps in adult services, while 42% and 45% respectively, either didn't know or hadn't thought about it.

Young adults generally expressed themselves as satisfied with the support at pump initiation, but particularly those in rural areas found ongoing access to support services problematic. The need for ongoing support, access to health professionals and motivation to maintain effective pump use was raised.

Conclusion: The insufficiency of adult services to initiate, support and monitor people seeking and using insulin pumps outside of metropolitan areas and in the face of growing demand was confirmed.

Increasingly, effects will be greatest in rural areas, where service support is lowest (Perry et al., 2010) and shortages of specialist healthcare professionals and expertise in pump management most acute. Innovative responses and service reconfiguration are required to match burgeoning demands and needs to diminished resources.

Recommended reading:

National Diabetes Supply Scheme (2008). In Kilmartin G, Kilmartin J, Wilkinson J. (2008) Providing CSII care outside a major metropolitan centre. Infusystems Asia, 3,4,25-29

Perry L, Steinbeck KS, Dunbabin J, Lowe J. (2010) Lost in Transition? Access, uptake and outcomes of services for young people with Type 1 diabetes in regional New South Wales. Medical Journal of Australia, 193, 8, 444-9.

Perry L, Lowe J, Steinbeck KS, Dunbabin J. (2011) Services doing the best they can: service experiences of adult diabetes services of young adults with type 1 diabetes mellitus in rural Australia. In press Journal of Clinical Nursing.

2.6 Theme: Leadership

2.6.1

Nursing leadership and quality improvement: An empirical study and conceptualisation

Elizabeth Morrow, National Nursing Research Unit, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK
Co authors: Jill Maben; Glenn Robert

Abstract:

Background: Historically notions of leadership in healthcare have focused on the actions of senior organisational leaders and improvements in efficiency and/or quality have tended to be attributed to 'top-down' directives. More recently it has been recognised that staff engagement and capacity for quality improvement work are important facilitators of change. The aim of this paper is to explore the contribution of nurse leaders to the local implementation of a national quality improvement programme.

Methods: We draw on recent findings from two evaluations of the implementation and spread of The Productive Ward: Releasing Time to Care ProgrammeTM in English hospitals. Study 1 used multiple methods (national survey, interviews with 15 key stakeholders, and five NHS hospital case studies) to explore why the programme was adopted and how it has been implemented and assimilated into routine nursing practice in English hospitals (Robert et al. 2011). Study 2

used a literature review of the theory of spread of organisational innovations and eight in-depth organisational case studies to examine particular processes which hindered the adoption of The Productive Ward within NHS acute trusts: discontinuation, improvement evaporation and islands of improvement (NHS Institute & NNRU 2011).

Results: A conceptualisation is developed which shows nursing leadership of local quality improvement as comprising four interrelated components: role (clearly defined leader roles), style (leaders adopt leadership styles that are appropriate to their role and staff are engaged through both formal and informal organisation), control (leaders know when to take or relinquish control), and connections (organisations support leadership connections). The impact of these components upon hospital nurses' perceptions and experiences of implementing change are presented.

Conclusions: The conceptualisation of nursing leadership developed here could usefully be employed to inform nurse education, leadership development strategies, and to improve the implementation of quality and efficiency initiatives in healthcare.

Recommended reading:

Robert, G., Morrow, E., Maben, J. and Griffiths, P. (2011) The adoption, local implementation and assimilation into routine practice of a national quality improvement programme: The Productive Ward in England. Journal of Clinical Nursing (available early

NHS Institute & NNRU (2011) NHS Institute for Innovation and Improvement & National Nursing Research Unit joint report. Improving healthcare quality at scale and pace. Lessons from The Productive Ward: Releasing time to care. NHS Institute: Warwick.

2.6.2

Changing clinical leadership for senior charge nurses and midwives: A mixed methods study

Ashley Shepherd, Lecturer, University of Stirling, Stirling, UK
Co authors: Kathleen Stoddart; Carol Bugge

Abstract:

Background: The senior charge nurse/midwife (SCN/M) role is evolving and is driven by major policy in Scotland. Leading Better Care (LBC, Scottish Government Health Department 2008) aimed to enhance clinical nursing/midwifery leadership in four key areas (1) ensuring safe and effective practice, (2) enhancing the patient expe-

rience, (3) managing and developing team performance and (4) delivery of organisations objectives.

Aims: To evaluate the implementation and achievements of LBC from the SCN/M perspective. Specifically to (1) explore the experience of SCN/M in relation to the implementation of LBC and investigate the views and impacts upon patient care, their own role and their colleagues and (2) to examine the views of SCN/M about their achievements in changing practice.

Methods: A mixed methods design utilising an electronic survey to all SCN/M (n=93) from one health board area in Scotland and semi-structured interviews with a sub-sample (n=9) of SCN/M.

Results: Survey responses were received from 50 SCN/M (54%). The majority of SCN/M reported that they believed LBC had led to improvements in patient care (78%), had improved their performance as an SCN/M (72%), and had improved colleagues' performance (59%). SCNs reported in interviews that they welcomed the responsibilities specified in LBC and facilitating change and decision-making held few fears for them. Being a role model and creating positive staff was fundamental in making progress with LBC capabilities

Discussion: LBC provides SCN/M with clarity about their role particularly in relation to their accountablity and responsibilities. It offers a much needed framework to guide and inform activity and what SCN expect of others.

Conclusions: Our data suggest that SCN are committed to LBC and they believe that it has already led to improvements topatient care, their own performance and that of their colleagues.

Recommended reading:

Scottish Government Health Department, Leading Better Care, 2008

Funding:

UK – Health Service (Local)

10,001 – 50,000

Research purpose:

Externally funded research

2.6.3

A framework for leadership and management decision making

Elaine McNichol, University of Leeds, Leeds, UK

Abstract:

Decision Making is recognised as an essential characteristic of effective leadership (Marquis & Huston 2009). Therefore developing knowledge and skill in this area is important and like other skills, can be broken down into its component parts, learned and integrated into practice (Scott et al 2010).

The framework that will be presented was established from the findings of an interpretive case study that adopted an inductive approach to elicit the lived experience of leadership and management decision making of Modern Matrons working within an acute NHS Hospital Trust. The data was generated through two sets of 1:1 semi-structured interviews which were audio recorded and transcribed. A process of co-construction was used to facilitate an evolving understanding of the data between the researcher and the study participants.

The findings of this study show the importance of the interplay between individual and organisational characteristics in regard to a Modern Matron's approach to leadership and management decision making. Specifically a Modern Matron's level and range of power bases, the authority that they hold and the credibility with which they are viewed are essential pre-cursors to the range of decision making strategies that they can then employ. These factors are then strengthened or weakened by the level of active reflection engaged in by the Modern Matron and the structures and processes an organisation puts in place to support both the role of the Modern Matron and the establishment of a culture of empowerment and decentralised decision making

A framework of decision making is proposed that could be used to underpin the global emphasis in healthcare on de-centralised decision making (Saltman et al 2007). It offers a structured approach to developing and informing, at both an Individual and an organisation level, an understanding of what factors and strategies support effective leadership and management decision making.

Recommended reading:

Marquis,B., Huston,C.J. (2009) 6th edn Leadership roles and management functions in nursing. Theory and application. Lippincott, Williams and Wilkins

Scott,P., MacNeela, P., Clinton, G., Pontin, D (2010) Judgement & Decision Making in Sellman, D., Snelling, P (2010) Becoming a Nurse a textbook for professional practice. Harlow, Pearson Education Lt

Saltman, R., Bankauskaite, V., Vrangbaek, K. (2007) (eds) Decentralization in Healthcare. World Health Organisation, Open University Press, Berkshire.

Funding:

No Funding

Research purpose:

Doctoral programme

2.7 Theme: Breast care

2.7.1

An anticipatory perspective on supported self-care in women with lymphoedema associated with breast cancer

Anne Williams, Edinburgh Napier University, Edinburgh, UK
Co author: Catriona Kennedy

Abstract:

Background: Lymphoedema, commonly presenting as arm swelling, affects around one in five women who undergo treatment for breast cancer, placing various demands on women who self-care with this long term condition.

Aim: The research aimed to analyse the nature and construction of supported self-care in the context of women who had lymphoedema associated with breast cancer treatment, contrasting the experiences of different women, observing and describing the work of lymphoedema practitioners (Williams 2011).

Methods: Drawing on a feminist-informed, social constructionist standpoint, qualitative data were generated through: small group discussions with women who had lymphoedema for more than two years (n=7); field observations (n=16) of lymphoedema clinic appointments; interviews (n=15) with eight lymphoedema practitioners from nursing or physiotherapy backgrounds; and a series of three interviews with women who had newly developed lymphoedema (n=10). Data were subject to thematic and narrative analysis. Approval from an NHS Multi-centre Ethics Committee, and relevant Research and Development units underpinned the research.

Results: Lymphoedema influenced women's self-identity. Swelling was dynamic and not always readily controlled. Women developed individual wisdom within the corporeal reality of lymphoedema and self-care. Lymphoedema practitioners worked from bio-clinical structures of care, influenced by educational, organisational and disciplinary contexts. Experienced practitioners focussed their supportive approaches on enabling women with lymphoedema to anticipate and respond to change.

Discussion: The study drew on relational autonomy theory (Mackenzie & Stolijar 2000), and evidence relating to anticipatory care (Kennedy et al. 2011), exposing the influences on individual approaches to self-care and support, and the central importance of reflexive discovery to women and practitioners.

Conclusions: Key findings related to a proposed anticipatory model of supported self-care are presented in this concurrent session, emphasising the embodied experience of lymphoedema, and the relevance of tacit self-wisdom to self-care and support.

Recommended reading:

Kennedy, C., Harbison, J., Mahoney, C., Jarvis, A. & Veitch, L. (2011) Investigating the contribution of community nurses to anticipatory care: a qualitative exploratory study. Journal of Advanced Nursing, 67 (7), pp.1558-1567.

Mackenzie, C. & Stoljar, N. (eds) (2000) Relational Autonomy. Feminist perspectives on autonomy, agency and the social self. New York: Oxford University Press.

Williams, A.F. (2011) A qualitative study of supported self-care in women with lymphoedema associated with breast cancer. PhD thesis, Edinburgh Napier University.

2.7.2

An exploration of the cultural framework of Saudi women's experience of breast cancer

Howaida Saati, PhD Student, Health, Community and Education Studies, Northumbria University, Newcastle upon Tyne, UK

Abstract:

This qualitative study explores Saudi women's experiences on breast cancer, identifies barriers to understanding breast cancer and proposes educational strategies for nurses taking into consideration the influence of culture in women's experiences. A review of relevant literature was conducted. The methodology is based on Symbolic Interactionism and the Health Belief model to guide a study using case studies of women with Breast Cancer in Saudi Arabia and drawing upon Grounded Theory. Data was collected from 60 participants whose consent was freely obtained. They were selected via purposive sampling. Data collection used semi-structured face-to-face interviews. The data were carefully compared and analyses resulting in the identification of several key themes. The interviews were conducted between July 2010 and December 2010. Data was also collected from two focus groups with nurses completed during March 2011, which asked them to reflect on the perspectives that were gathered from the patients' interviews. Initial findings reveal that culture has a big impact among Saudi women with breast cancer. They have a unique strength, which they obtain from their Muslim faith and from the social support inherent in social and cultural dimensions of life in Saudi Arabia. On the other hand, this study also indicated that there is a great need for improved breast cancer care services especially with regard to information dissemination and proper screening taking into consideration the unique cultural beliefs of Saudi women.

Nurses' communication skills need to be enhanced to allow them to provide better nursing care. This research study indicates the importance of culture and religion in caring for breast cancer patients. Moreover, it points out the indispensability of well skilled nurses and the proper distribution of resources as a means to improve oncology nursing care.

Recommended reading:

Saati,H(2012)An exploration of the cultural framework of Saudi women's experience of breast cancer.PhD student at Northumbria University (3rd year)

Principle supervisor Professor Pauline Pearson

2.7.3

Triple negative breast cancer: perceptions of prognosis, psychological impact and care needs

Jo Armes, Research Fellow in the Florence Nightingale School of Nursing & Midwifery at King's College London
Co author: Vibe Hjelholt Pedersen,

Abstract:

Background: Breast cancer with negative receptors for oestrogen, progesterone and HER2; 'triple negative breast cancer' (TNBC), is associated with poorer prognosis as treatment options are limited to conventional combination chemotherapy (1) and radiotherapy. A diagnosis of TNBC may therefore be associated with less hope of a good therapy outcome (2), and with greater distress, especially as women come to the end of chemotherapy/ radiotherapy when their peers are offered further treatments.

Aims: This longitudinal qualitative study aimed to compare perceptions of diagnosis and prognosis, and explore distress and support needs over time of women with TNBC as compared with women with HER2+ breast cancer.

Methods: Participants were recruited from two London cancer centres. In-depth, semi-structured, audio-taped interviews were conducted at the start (T1) and end of chemotherapy/radiotherapy treatment (T2). Transcribed interviews were coded and analysed using Framework Analysis to identify individual and between-group differences at T1, and changes between T1 and T2.

Results: Ten women were interviewed for the comparator group at T1 and T2. Ten women with TNBC were interviewed at T1, whilst 9 were interviewed at T2 (one withdrew).

Discussion: Interviews showed that whilst women understand the relationship between receptor status and treatment options, they do not think about implications for prognosis. Emotional distress was, therefore, not linked to receptor status. At T1 the potential negative impact of the disease and treatment on their lives was more distressing, while fear of recurrence was the main source of distress at T2. Coping with emotional distress required women to interpret and manage information about these factors from health professionals, other breast cancer patients and the Internet to minimise uncertainty. Being able to access health professionals with questions or worries made women feel less alone.

Cnclusions: Person-centred treatment helped women cope with the impact of disease and treatment on their everyday lives.

Recommended reading:

Early Breast Cancer Trialists Collaborative Group. Adjuvant chemotherapy in oestrogen-receptor-poor Breast cancer: patient-level meta-analysis of randomised trials. Lancet (2008). 371: 29-40.

Winer EP, Carey LA, Sledge GW, Frank ES (2008). Triple negative breast cancer: Current approaches and new frontiers. [online] Available; www.http://cme.medscape.com/viewarticle/587288 [accessed 29.1.09]

2.8 Theme: Children and young people

2.8.1

Longitudinal evaluation of the Action for Children UK Neglect Project

Tony Long, Professor of Child and Family Health, School of Nursing, Midwifery and Social Work University of Salford, Salford, UK
Co authors: Joan Livesley; Debbie Fallon; Patric Devitt; Michael Murphy; Alison Cavanagh; Moira McLoughlin

Abstract:

Background: Public inquiries repeatedly show that following early identification of neglect, some children and families fail to receive adequate services, sometimes with tragic consequences. Since neglect is the most common category for registration in the United Kingdom, it is vital that intervention is both timely and effective. Successful intervention to improve parenting ability, to establish appropriate intra-family relationships, and to secure positive outcomes for children 'is likely to be costly, requiring intensive, long-term, multi-faceted work by a highly skilled workforce'(1). Managing neglect is complex, and

simple approaches to intervention are likely to be insufficient. The chronic and multi-faceted nature of the problem necessitates a holistic, joined-up approach with a blend of services tailored to individual needs, often over a long period of time(2,3).

Methods: The study included 90 cases of children under 8 years of age in seven centres across the UK. Data was collected between 2008 and 2011 through serial measurement of multiple indicators of neglect (using a modified version of the NE Lincs Assessment Tool) and file review for evidence of impact on children. Data analysis centred on identification of recurring factors and patterns of factors, with correlation of presenting factors, interventions, and outcomes.

Findings: Final analysis is ongoing. The personal relationship developed between practitioners and parents was vital to success. Use of the assessment tool fostered engagement by parents. When neglect was already entrenched, detailed assessment and focussed intervention provided strong evidence of the need to remove children more quickly.

This presentation: This presentation will offer details of the design and conduct of the study as well as analysis of factors which make researching neglect particularly difficult. The presentation concludes with an overview of the main findings. Messages from the study will have international relevance and interim findings are already guiding policy and practice in the UK.

Recommended reading:

Moran P (2009) Neglect: research evidence to inform practice. Action for Children. Available at http://www.actionforchildren.org.uk/policy-research/publications-and-briefings

Daniel B, Taylor J, Scott J (2009) Noticing and helping the neglected child: literature review. DCSF research brief RBX-09-03. London: DCSF.

Blewett J, Tunstill J, Hussein S, Manthorpe J, Cowley S (2011) Improving outcomes for the children who use Action for Children Children's Centres. Kings College London. Also available at http://www.actionforchildren.org.uk/policy-research/publications-

Funding:

UK – Research Charity/Foundation

50,001 – 100,000

Research purpose:

Externally funded research

2.8.2

Playing to see – the Singapore Myopia Research Study

Vicki Drury, Associate Professor, The University of Western Australia, Perth, Australia

Abstract:

Myopia or short sightedness is a common ocular condition in most Asian populations. The increas-

ing prevalence and severity of myopia among Singaporeans resulted in the development of the National Myopia Prevention Program. One of the core strategies of this program is to increase the amount of time Singaporean children spend outdoors as there is evidence indicating that time spent outdoors is a protective factor in the development of myopia.

The aim of this study was to develop and evaluate the compliance to and feasibility of a community-based behavioral intervention program of outdoor activity in a group of fifty school children aged 5-7 years attending a single school in Singapore.

Children were required to wear a pedometer daily, attend weekly outdoor activities in national parks and complete a daily activity diary. The family based intervention program consisted of structured weekend outdoor activities with incentives were provided for children who averaged 10,000 steps per day for 20 days per month and attended at least 2 outdoor activities a month.

Data collection methods included focus groups with parents and children, pedometer data and participant diaries Qualitative data was thematically analysed while quantitative data was analysed using valid statistical tests.

Results suggested that wearing pedometers to increase physical activity with appropriate incentives was a realistic method of getting families and children to increase physical activity. Participants enjoyed the structured weekend outdoor programs and identified that a variety of activities over the month enhanced motivation. Participants were less enthusiastic about self-directed outdoor activities and rambles through parks. Results from the study informed the development of the current FIT project being undertaken with 500 children. This has been funded by an NMRC grant.

Recommended reading:

Fan, D. S. P., Lam, D. S. C., Lam, R. F., Lau, J. T. F., Chong, K. S., Cheung, E. Y. Y., Lai, R. Y. K. and Chew, S.-J. (2004) 'Prevalence, Incidence, and Progression of Myopia of School Children in Hong Kong', Investigative Ophthalmology & Visual Science,

Saw, S.-M. (2003) 'A synopsis of the prevalence rates and environmental risk factors for myopia', Clinical and Experimental Optometry, 86(5), 289-294.

Seet, B., Wong, T., Tan, D., Saw, S., Balakrihnan, V., Lee, L. and Lim, A. (2001) 'Myopia in

Funding:

NMRC Singapore/NUS Singapore

100,001 – 500,000

Research purpose:

Externally funded research

2.8.3

An exploration of school-aged children's experiences in managing their postoperative pain: A descriptive qualitative study in Singapore

Hong-Gu (Linda) He, Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore
Co authors: Qian Wen Sng; Beverley Taylor; Joanne Liam Li Wee

Abstract:

Background: Children's postoperative pain needs to be managed more effectively. School-aged children are able to evaluate their own pain and to declare their preferred pain-relieving methods. However, there is lack of in-depth research exploring the experiences of children in their postoperative pain management.

Aim: The aim of the study was to explore school-aged children's experiences in the management of their postoperative pain in Singapore.

Methods: This is a descriptive qualitative study. Data were collected by semi-structured interviews from 15 school-aged children (6-12 years) who were hospitalised in one of the two paediatric surgical wards in a public hospital in Singapore. The data collected period were from November 2010 to January 2011. Thematic analysis was used to analyse the data.

Results: Children used cognitive-behavioural methods (e.g. distraction, imagery and breathing technique), physical methods (e.g. positioning), sleeping and drinking to relieve their pain. They also seek for other people's help by informing parents and crying and used pain medications. Children perceived that parents helped by assessing their pain, administering pain medications, using cognitive-behavioural, physical methods and emotional support strategies, assisting in daily activities, and alerting health professionals. Children reported that nurses relieved their pain by administering medication, using cognitive-behavioural methods, emotional support strategies and helping with activities of daily living. Children suggested their parents use distraction and being present while they are in pain. Children suggested nurses give them medications, use distraction and position them to promote their comfort.

Conclusions: Children, their parents and nurses used various strategies, including pain medication and non-pharmacological methods especially distraction, for children's postoperative pain relief. This study provides evidence for healthcare professionals to consider using more pain-relief strategies when caring for children postoperatively and provide guidance for children to practice these strategies.

Recommended reading:

He, H. G., Vehviläinen-Julkunen, K., Pölkki, T., & Pietilä, A. M. (2007). Children's perceptions on the implementation of methods for their postop-

erative pain alleviation: An interview study. International Journal of Nursing Practice, 13(2), 89-99.

PÃ¶lkki, T., PietilÃ¤, A. M., & VehvilÃ¤inen-Julkunen. (2003). Hospitalized children's descriptions of their experiences with postsurgical pain relieving methods. International Journal of Nursing Studies, 40(1), 33-44.

Idvall, E., Holm, C., & Runeson, I. (2005). Pain experiences and non-pharmacological strategies for pain management after tonsillectomy: a qualitative interview study of children and parents. Journal of Child Health Care, 9(3), 196-207.

Research purpose:

Honour's project

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Concurrent Sessions

Tuesday 24 April 2012

3.1 Theme: Trials and qualitative issues

3.1.1

The trials of trials: Negotiating the methodological pitfalls of the randomised controlled trial

Susie Aldiss, Researcher in Child Health, Department of Children's Nursing, London South Bank University, London, oUK
Co authors: Faith Gibson; Rachel Taylor

Abstract:

Randomised controlled trials (RCT) are considered the 'elite' study design for evaluating the effectiveness of an intervention. However, they can be complicated, expensive, time consuming and demanding for those involved; this includes researchers and clinical staff. It is becoming increasing acknowledged that the traditional RCT is not necessarily the most effective method for evaluating some interventions; particularly those described as complex.

The ASyMSÂ©-YG (Advanced Symptom Management System-Young people) Phase 4 study commenced in 2008 as an RCT of a mobile phone application to support and monitor young people receiving chemotherapy for cancer. The study was developed with young people and health professionals in the field in line with the Medical Research Council guidance for the development and evaluation of complex interventions (Craig et al 2008). Despite service user involvement in trial design and input from clinical teams to maximise recruitment the trial closed in 2011 after failing to recruit sufficient young people. Recruitment of the required number of patients is central to successful completion of a trial however, it is evident from the literature that poor and slow recruitment to RCTs is a common problem (Watson and Torgerson, 2006). Researchers carrying out RCTs face numerous challenges in addition to the issue of recruitment such as: retention of participants, organisational obstacles, maintaining staff interest, gate keeping and competing demands on clinical staff (Vedelo and Lomborg, 2010).

This paper will draw on our experience of conducting trials of a complex intervention. We will explore and discuss some of the barriers and challenges we faced, along with those reported in the literature, to propose a checklist of issues to be addressed by researchers developing complex clinical trials. We will offer strategies to ameliorate the future design of trials with our top ten tips for success.

Recommended reading:

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., Petticrew, M. (2008)

Vedelo, T. and Lomborg, K. (2011) 'Reported challenges in nurse-led randomised controlled trials: am integrative review of the literature.' Scandinavian Journal of Caring Sciences, vol 25, no 1, pp 194-200.

Watson, J. and Torgerson, D. (2006) 'Increasing recruitment to randomised trials: a review of randomised controlled trials.' BMC Medical Research Methodology, vol 6, no 34, doi: 10.1186/1471-2288-6-34.

Funding:

3.1.2

Working together to achieve ethical approval in participatory research: making reasonable adjustments

Ruth Northway, Professor of Learning Disability Nursing, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK

Abstract:

According to Perez and Treadwell (2009) participatory research methods offer an ethical approach to involving people who tend to be marginalised in research as active participants. However, elsewhere it is noted that the nature of participatory research itself presents particular challenges when seeking ethical approval (Khanlou and Peter, 2005). People with learning disabilities have, over the past decade, become increasingly involved in undertaking research but despite such developments little has been published concerning the ethical approval process in such studies. An exception to this is the work of Ham et al (2004).

This presentation will draw upon both the wider and literature and the experience of working on a recent project to highlight key issues that need to be considered and possible ways of addressing them. The research project presented particular challenges since it involved people with learning disabilities both as researchers and as participants, and the focus of the study was their understandings of abuse. In the context of research ethics the study thus involved people who might be considered 'vulnerable' and a topic which might be considered 'sensitive'.

This study demonstrated the importance of involving people with learning disabilities at all stages of the research process including the process of preparing for and seeking ethical approval. However, it also revealed a number of barriers which can restrict such involvement and the importance of challenging these and making 'reasonable adjustments'. Both the research team and the ethics committee needed to adjust their ways of working but by working together over a period of time rather than viewing ethical approval as fixed point in time approval was obtained.

Recommended reading:

Ham, M. et al (2004) 'I'm a researcher!' Working together to gain ethical approval for a participatory research study, Journal of Learning Disabilities, 8 (4) 397 – 407

Khanlou, N., Peter, E. (2005) Participatory action research: considerations for ethical review, Social Science and Medicine, 60 (10) 2333 – 40

Perez, L.M., Treadwell, H.M. (2009) Determining what we stand for will guide what we do: Community priorities, ethical research paradigms and research with vulnerable populations, American Journal of Public Health, 99 (2) 201: 4

Funding:

3.1.3

Researching small, distinct and a well-differentiated group of nursing professionals: enhancing internal validity through ensuring confidentiality

Elmira Petrova, St James Hospital, Malta
Co author: Michelle Camilleri

Abstract:

Malta is a small Mediterranean country and the culture has a strong influence on nursing care delivery. Over the last 10 years, new advanced and specialist roles were created. With small numbers of nurses employed in these roles, there are numerous difficulties of confidentiality in investigating the roles themselves. Investigating such roles in a country where everybody knows each other is not only ethically challenging, but the internal validity of the study may also be threatened. Thus, protecting participants' confidentiality is of the utmost importance (Ford and Reutter 1990, RCN, 2009). This paper seeks to present

specific ethical dilemmas that were encountered when conducting a qualitative study with a very specific and small nursing population of practice development nurses, as well as the strategies used to address these dilemmas.

The aim of the research studied was to explore the role of the practice development nurses, and for the purpose of this research, an exploratory single case study methodology was utilised. The case of analysis in this study referred to the total accessible population of practice development nurses (N=11) who were currently practicing their profession in the Maltese healthcare settings. The data was collected between October 2010 and February 2011 by using a semi-structured qualitative interview as the method of data collection. The participants were interviewed twice approximately two months apart and the data was analysed thematically.

We will argue that ensuring confidentiality has enhanced the internal validity of the study. Dealing with a small sample in a small country may bring certain ethical burdens to the study, which in turn can cause detrimental effects on the outcome of the research process. Hence, various strategies were adopted throughout the research process, including the presentation of the findings in order to validate participants' confidentiality, hence strengthening credibility of the study.

Recommended reading:

Ford JS, Reutter LI (1990) Ethical dilemmas associated with small samples. Journal of Advanced Nursing. 15, 187-191.

Royal College of Nursing (2009) Research Ethics. RCN guidance for nurses. Royal College of Nursing, London. http://www.rcn.org.uk (Last accessed June 2 2011.)

Funding:

No Funding

Research purpose:

Master degree

3.2 Theme: Older people

3.2.1

A survey of staff-resident interactions and conflicts in residential care settings for older people

Attracta Lafferty, National Centre for the Protection of Older People, University College Dublin, Dublin, Ireland

Abstract:

The quality of care provided to older people in nursing homes and care settings has received increasing attention over recent years. One area however where empirical data is limited is the extent of mistreatment experienced by older people in residential settings. The limited research that does exist suggests that such maltreatment does occur (Pillemer & Moore 1989; Georgen). In the Irish policy document Protecting Our Future (2002), the Working Group on Elder Abuse highlight that 'some people are being looked after in impoverished environments . . . being treated and cared for by over-worked, stressed, burnt-out staff who are too small in number to be able to cater for their needs properly' (Protecting Our Future, Department of Health and Children, 2002, p17).

This paper reports on a national Irish survey undertaken with over one thousand nursing and care staff working in a randomly selected sample of 64 residential care settings for older people. Based on the Conflicts Tactics Scale (CTS), a self-administered questionnaire was developed to collect data from nursing and care staff. This survey explores the extent to which nursing and care staff working in residential care settings for older people experience conflict, as well as the extent to which they observe and engage in potentially abusive behaviours. The study also examines factors associated with the mistreatment and neglect of older people in residential settings such as level of education, stress, burnout, job satisfaction and poor mental health.

This study identifies the abusive and neglectful behaviours prevalent in nursing and care settings for older people, as reported by nursing and care staff, as well as associated factors. The results of the survey will be used to identify ways in which staff-resident interactions can be improved as well as reduce conflicts that may arise in nursing and residential care settings.

Funding:

Health Service Executive (HSE)

No funding

Research purpose:

Externally funded research

3.2.2

Registered nurses views of competences in home care

Carina Furaker, Associate Professor, The Sahlgrenska Academy, Gothenburg University, Institute of Health and Care Sciences, Gothenburg, Sweden
Co author: Agneta Nilsson

Abstract:

Background: Home health care is provided to persons in Sweden who need basic and advanced care in despite of illness and are able to live at home. Home care is performed by registered nurses (RNs) and by enrolled nurses in activities of a personsÂ´ daily living. Nursing care is complicated as the persons are old and have multiple health and severe problems.

Aim: To describe RNs everyday work, their views on what competence they make use of, require and wish to develop when caring for persons in home care.

Method: The participants comprised 20 RNs in home care, ten in a large and ten in small municipalities. Individual interviews were subjected to content analysis.

Findings: RNs describe themselves as a guest in a personsÂ´ home which is both satisfactory and demanding. RNs everyday work comprises advanced nursing care, to make demanding decisions and to solve fundamental nursing problems. RNs considered that to handle technical equipment s is challenging. To communicate with persons with sever cancer and advanced psychiatric illness and to communicate with next of kin they also consider as demanding. RNs have a negative attitude to use evidence-based knowledge. As consultants RNs must rely on second hand information from a less competent staff.

Conclusion: The requirements of advanced nursing care competence has increased. Working as consultants RNs have to delegate and teach the staff in basic nursing care despite of the staffsÂ´ low competences. RNs negative attitude to use evidence-based knowledge will affect the quality of advanced nursing care. They need to develop competences in psychiatric and palliative nursing care and also to improve to handle specific technical equipment s. RNs must have sufficient knowledge to act independently and in relationship to the person, next of kin and the home situation. Competence in home care must continuously be developed.

Recommended reading:

Hansson, H. & Arnetz, J. (2007) Nursing staff competence, work strain, stress and satisfaction in elderly care: a comparison of home-based care and nursing homes. Journal of Clinical Nursing 17, pp 468-481.

Nilsson, K., Lundgren, S. and Furaker, C. (2009) Registered nursesÂ´ everyday activities in municipal health care: A study of diaries, International Journal of Nursing Practice, 15, pp 543-552.

Aresland, S. (2008) Nurses as Guests or Professionals in Home Care. Nursing Ethics, 15 (3), pp 371-383.

Funding:

No funding

Research purpose:

To develop knowledge and Competences in home care

3.2.3

Dying with dementia: A retrospective case note analysis of nursing and care home residents who died in hospital

Karen Waters, Division of Medicine and Community Services, Manchester Royal Infirmary, Central Manchester University Hospitals NHS Foundation Trust, Manchester, UK
Co author: Martin Johnson

Abstract:

Background: It is well documented that older people with dementia who die in hospital receive less palliative care than patients dying with other diagnoses (Hughes et al 2007). During the end stages patients may present with problems seen as acute: such as pneumonia and urinary tract infections which characterise end stage dementia and can lead to acute admissions and invasive treatment which may be inappropriate (Lamberg et al 2005).

Aims: The overall aim of this study was to explore the trajectories of older nursing and care home residents with dementia who died in the acute hospital setting. The study questions which relate to this presentation are:

Were the Gold Standards Framework (GSF) dementia specific prognostic indicators useful in predicting death?

In what proportion of patients were end of life tools such as advance care planning and the integrated pathway for the dying used?

What characterised the end of life journeys for this group of patients?

Methods: A retrospective case note audit analysis was adopted. Data were collected in December 2010 and January 2011 from 32 sets of notes (22 male and 10 female) of patients who died in a teaching hospital in the North West of England, during the period April 2009 – April 2010.

Results: Whilst most patients (68%) demonstrated characteristics of end stage dementia, the GSF prognostic indicator tool was not accurate in predicting death. An end of life pathway was implemented for 75% of patients, but there was little evidence of advance care planning. 78% of the sample was subject to burdensome interventions.

Discussion and conclusion: The findings suggest that end stage dementia could be better recognized and questions are raised about appropriate end of life care in patients dying with dementia in the acute setting.

Recommended reading:

Hughes, J., Jolley, D., Jordan, A and Sampson, E. (2005) Palliative care in dementia: issues and evidence Advances in Psychiatric Treatment 13:251-60

Lamberg, J. Person, C. Kiely, D. and Mitchell, S. (2005) Decisions to hospitalize nursing home residents dying with advanced dementia. Journal of American Geriatrics Society 53:1396-1401

3.3 Theme: Children with learning disabilities

3.3.1

The experience of children with learning disabilities and behavioural needs within services and society

Joann Kiernan, Senior Lecturer, Edge Hill University, Faculty of Health, Ormskirk, UK

Abstract:

Background: The study was conceived through consultation with a national parents group (Partners in Policymaking) to consider how the needs of children with a LD and behavioural needs experience services and their community.

Aims: To consider the 'journey' of a discrete group of children and how families and professionals consider these needs are met.

Methods: A phenomenological approach was taken which considered the 'lived experience' (Silverman 2001)of people living with and providing a service for the children. 20 interviews were conducted, recorded and transcribed to gain data analysed utilising thematic analysis to create 'thematic networks'(Attride Stirling 2001).

Results: 112 data codes were extracted form the data. These codes were 'themed' across and resulted in 8 global themes and networks. Family themes included; child and family complexity of need, community coherence, impact of behaviour and services and support .

Professional themes included; complexity of the child, family holistic support, specialist behaviour support and capacity of services.

Discussion: This will focus on the data sets that contributed to the final global themes. Audio clips of recordings will be included in the presentation to support findings and orientate the data in the 'lived world'. All global themes will be discussed

Conclusions: Two areas will be considered the family data and the professional data with final findings across the two areas highlighted. Families describe a process of exclusion that can be voluntary and often reinforced through attempts at inclusion. Professionals highlight the lack of specialist support and knowledge of behavior issues in services to support children and their families.

Both sets of data discuss the experience of children in relation to exclusive practices and experiences which reduce their ability to progress and have positive meaningful everyday experiences.

Recommended reading:

Attride-Stirling,J.(2001)Thematic networks: an analytic tool for qualitative research. Qualitative Research,Vol,1.Issue3, pg 385-405

Silverman,D. (2001) Interpreting Qualitative Data. Methods for Analysing Talk, Text and Interaction. Sage Publications. London

3.3.2

Devoted protection: Parental perspectives on caring for a child with severe learning disabilities

Kate Oulton, Research Fellow, Great Ormond Street Hospital, London, UK

Abstract:

Background: The numbers of children with severe learning disabilities (SLDs) and complex needs has grown significantly in recent decades and will continue to do so (PMSU 2005). Parents of these children are increasingly expected to combine parenthood with an intensive care-giving role, providing specialised care within the home that was once the sole domain of healthcare professionals (Kirk 1998). Their needs and experiences are likely to differ from families of physically disabled children and those with a mild/moderate learning disability and have not been widely reported.

Aims: The aim of the presentation is to discuss findings from a study of what it means for parents of children with SLDs to combine parenthood with being the primary caregiver to their child.

Methods: A grounded theory methodology underpinned by symbolic interactionism was adopted. In-depth interviews were conducted with twenty parents, fifteen of whom also took part in a focus group.

Results: The findings illuminate a parenting role that is not well scripted in contemporary society, helping to challenge longstanding beliefs that parents of disabled children suffer undue stress and experience their child as a constant burden. Parental feelings of devotion combined with concerns about risk to fuel a sense of ongoing concern for their child, leading to a prioritisation of their safety over autonomy. Parents did not see themselves as being over-protective or irresponsible, good-enough or too-good, but as entirely responsible.

Discussion: A theory of devoted protection was developed to explain parents' sense of having complete, unbounded responsibility for their child's health and well-being; a responsibility unrestricted by temporal, spatial and procedural boundaries.

Conclusions: These findings have important implications for how services are developed and delivered to families of children with SLDs. Unless parents have complete confidence and trust in other care-providers they will not share parental responsibility with them.

3.3.3

Interviewing disabled children and young people

Patricia McNeilly, Teaching Fellow, Queen's University Belfast, School of Nursing and Midwifery, Belfast, UK
Co authors: Geraldine Macdonald; Berni Kelly

Abstract:

Research concerning disabled children has traditionally focused on the perspectives of parents, carers or professionals (Mackelprang and Altshuler, 2004), reinforcing the view of disabled children as vulnerable, passive and dependent. It is thought that disabled children are 'doubly disadvantaged' in terms of expressing their views in research, firstly because of their 'child' status and secondly due to the nature of their impairment or individual ways of communicating. Creative research methods that adopt the language and communication mechanisms preferred by children and young people have been widely discussed in research literature, for example, the use of vignettes, written or picture prompts, drawing and role play (Coad, 2007). The use of such materials has been positive not only in terms of eliciting children's views in ways they prefer and can understand but it has also gone some way to redress the power imbalance between children and adults as researchers (Barker and Weller, 2003). However, those researching with disabled children and young people have additional challenges to consider when engaging in data collection with such participants. This session will focus on lessons learnt in the course of interviewing disabled children and young people for an ESRC funded PhD study about the participation of disabled children, young people and their parents in health and social care decisions. Issues such as the use of reference groups, preparation, rapport building, the use of participatory methods, managing the presence of others and dealing with sensitive issues will be discussed. Experience shared in this session will be of benefit to those planning or conducting similar work locally, nationally and internationally and will ensure that disabled children and young people are given a voice in future research. Both parents and disabled children and young people were involved in the planning and conduct of this research.

3.4 Theme: Team work

3.4.1

People and teams matter in organisational change: Frontline clinical staff and managers' experiences of changing governance and incentives in primary care

Helen Therese Allan, Reader in Nursing, Centre for Research in Nursing and Midwifery Education, Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK
Co authors: Sally Brearley; Richard Byng; Sarah Christian; Julie Clayton; Maureen Mackintosh; Linnie Price; Pam Smith; Fiona Ross

Abstract:

Background: the intermediate processes between the operationalisation of a policy to reconfigure service delivery nationally, in this case governance and incentives, and the experiences of individuals at team level.

Aim: to discuss the experiences of governance and incentives during organisational change for managers and frontline clinical staff.

Methods: an adapted Realistic Evaluation framework was used (Pawson & Tilley, 1997; 2004) for this three-centre, three phase study in England exploring the professional experience of governance and incentive arrangements in relation to the management of patients with long term and complex conditions in health and social care. Data were collected from 2007/8. Phase 1 consisted firstly of Service User Reference Groups (SURG) held in each site to develop vignettes illustrating the experience of living with long term conditions. Service users with long term physical conditions and non-psychotic mental illnesses took part (32 in total). The vignettes were used to inform the interview schedule for interviews with managers (Phase 1) and clinical staff (Phase 2). A single, integrated coding framework, incorporating the concepts of context, mechanism or outcome (Byng et al., 2005) and containing micro codes (Atlas codes) was then developed for cross-case analysis.

Findings: We found that staff experiences of change differ depending on which position they occupy within the English National Health Service (NHS) occupational structure and their role within interprofessional teams.

Discussion: We discuss these findings in relation to the international literature on teamwork in primary health care, governance and incentives.

Conclusions: We conclude that examining change processes allows researchers to illuminate different perspectives on change depending on individual occupational positioning, and the complexities of change for existing and newly formed teams. We propose that interventions such as clinical supervision can facilitate change processes for staff and may make the change itself less disruptive.

3.4.2

Unintended consequences of information technology on teamwork in intensive care

Andreas Xyrichis, King's College London, Florence Nigtingale School of Nursing and Midwifery, London, UK

Abstract:

Background: A strong information technology infrastructure in health care can help manage the burgeoning clinical knowledge base, coordinate patient care across health care professionals and support multidisciplinary teamwork. Despite continuous technological advancements and political support, uncertainty remains regarding the efficacy of information technology in health care concerning either safety or quality of care. Teamwork in particular has been associated with improved mortality rates in intensive care units (ICU), however the extent to which information technology influences this either positively or negatively has been overlooked.

Aims: The current paper reports findings from the analysis of information technology use in ICU and its impact on multidisciplinary teamwork; it forms part of a larger research investigating collaborative practices in ICU undertaken in London.

Methods: An ethnographic ethos guided the overall conduct of the research. Data were collected using non-participant observation and semi-structured interviews from three ICUs in London between April 2008 and March 2009. Over 200 observation hours and 23 interviews were collected. Data analysis followed standard social science procedures of data reduction, data display, conclusion drawing and verification.

Results: Unintended consequences of information technology: positive, negative and perverse: were found to shape teamwork in ICU, fostering or hindering inter-professional interaction. In particular, the instantaneous availability of patient and professional notes facilitated information exchange and care planning, the completion of the electronic patient record took primacy over patient care discussions, while face to face communication was sidelined in favour of remote working.

Discussion/Conclusion: Further development and deployment of information technology in health care would need to hold these issues to better consideration in order to provide technological solutions that support as opposed to threaten teamwork, safety and quality of care.

Recommended reading:

Research purpose:

Doctoral programme

3.4.3

Reconciling participation and privacy: Using reflective diaries to explore issues facing South African nursing unit managers

Loveday Penn-Kekana, Centre for Health Policy, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa
Co author: Sue Armstrong; Laetitia Rispel

Abstract:

Background: There is increasing global recognition of the links between effective management and quality of care. This paper reports on the use of reflective diaries to encourage participation of nursing unit managers in a large research study and to allow them to voice the issues they faced.

Aim: To enable unit managers to raise issues that impact on their ability to ensure quality of care in the units that they manage.

Methods: The approach was guided by Plowman's research using diaries to explore organisational dynamics (2010). Research was carried out in nine hospitals in 2 South African provinces in 2011. In each hospital, four units were selected. The unit managers were requested to keep a diary for six weeks. Weekly text reminders were sent.

A thematic content analysis was carried out on the diary texts. Preliminary results were presented to diaries writers to validate the findings, and participants were given a further opportunity to reflect on their experiences as unit managers and of diary writing.

Results: The majority (32/36) of nursing unit managers completed the diaries. The length and number of entries varied considerably. Key issues that emerged were around staffing levels and behaviour of nurses, poor relationships with doctors, and demanding patients and relatives. Unit managers reported feeling 'frustrated' and 'powerless' to deal with problems they faced, with much greater openness compared to other tools used in the study.

Although managers reported time challenges of keeping a diary, many found the process cathartic and empowering, and confirmed it was easier to admit problems in the 'privacy' of a diary than with other research tools.

Conclusion: Reflective diaries are a useful research tool to complement other research tools, giving participants an opportunity to express their concerns in a less threatening way.

Recommended reading:

Plowman, P (2010). The diary project: revealing the gendered organisation. Qualitative Research in Organisations and Management: An International Journal. Vol 5. Issue 1. P 28-46

Research purpose:

Externally funded research

3.5.1

How emergency department nursing staff conceptualise and define violence and aggression in the clinical area

Terry Ferns, University of Greenwich, London, UK
Co authors: Susie Page; Bill Goddard

Abstract:

Background: Violence and aggression experienced by emergency department (ED) nursing staff is a well recognised, global phenomenon (Lau and Magarey 2006). However, the research literature exploring how ED nursing staff conceptualise and define the nature of violent or aggressive incidents in clinical practice is extremely limited, both numerically and in terms of quality and sophistication.

Aim: The aim of the study was to explore how ED nursing staff conceptualise and define the terms that encompass violence and aggression in the clinical area.

Method: The study was undertaken from August 2007 to May 2009 at a site specific ED in the south of England. Adopting an interpretive paradigm data was collected and analysed based within a grounded theory methodology (Strauss and Corbin 1998). Data triangulation involved conducting a retrospective documentary inspection of ED violent incidents forms completed by ED nursing staff (n=38). Incident form analysis focussed the second and third stages of the research which involved digitally recorded, semi structured interviews with ED nursing staff (n=9) and periods of non participant, unstructured observation (n=17) respectively.

Results: Data analysis identified nine properties and thirty four dimensions relating to how participants conceptualised the terms violence and aggression. Dominant variables included attributing behaviour, diagnosing clinical presentation and defining violence and aggression within a professional context.

Conclusion: This study identified practitioners where influenced by a variety of professional and personal factors when subjectively defining, assessing and managing specific incidents of violence and aggression in the ED studied. These complex factors influence nursing care on a variety of levels and the study raises concerns that the variables identified contribute to inconsistent practice. This can impact upon care delivery, internal nursing team dynamics and policy implementation.

Recommended reading:

Lau, J. B. C. and Magarey, J. (2006) Review of research methods used to investigate violence in the emergency department. Accident and Emergency Nursing, 14: 111-116.

Strauss, A. and Corbin, J. (1998) Basics of qualitative research: techniques and procedures for

developing grounded theory. Newbury Park: Sage Publications.

3.5.2

The nursing role in supporting the health needs of those coming to the attention of the Police: A comparative international literature review

Inga Heyman, Lecturer in Mental Health Nursing, The School of Nursing and Midwifery, Faculty of Health and Social Care, Robert Gordon University, Aberdeen, UK

Abstract:

Background: The level of contact between police and those with co-morbid mental health and substance misuse disorders has greatly increased over the past decade. Reasons given for this include de-institutionalisation, changing substance use trends and the availability and utilisation of psychiatric beds (Mclean and Marshall 2010).

Police officers play an important role in the health care management of this group yet often this goes unrecognised. However, the nursing contribution in this context is seldom made explicit.

Aims: This paper aims to address this by sharing key findings from a literature review exploring UK and international approaches to the care of this group.

Method: A broad literature search of published work was undertaken. The most successful search strategy involved five databases. The main search concepts were mental health, substance misuse, interventions, and police. Additional hand searched materials were included. Papers were critically reviewed and inclusion and exclusion criteria applied.

Findings: The numbers of individuals coming to police attention with complex co-morbidity needs are high. Many officers relate they feel ill-equipped, under resourced and unsupported by health colleagues to do so effectively (Lamb, Weinberger et al. 2002). This in turn impacts negatively on detainees, officers and organisations.

A lack of inter-disciplinary communication and trust can add to the risks for this often voiceless group. Combined police/nursing models have been developed internationally, and to some extent in the UK, to more effectively support officers and staff, diversion from the criminal justice system and supporting the health needs of individuals in custody (MacArthur Foundation 2009).

Conclusion: There is much scope in the UK for developing more collaborative intervention structures and processes within nursing roles, given the evidence of potential benefits emerging internationally.

Recommended reading:

LAMB, H.R., WEINBERGER, L.E. and DECUIR, W.J., JR., 2002. The Police and Mental Health. Psychiatric Services, 53(10), 1266-1271.

MACARTHUR FOUNDATION, 2009. Law Enforcement Responses to People with Mental Illness. A Guide to Research-Informed Policy and Practice. Justice Centre. The Council of State Governments.

MCLEAN, N. and MARSHALL, L., 2010. A front line police perspective of mental health issues and services. Criminal Behaviour and Mental Health, 20, 62-71.

3.5.3

Detecting neurological deterioration: Is AVPU an adequate early warning tool?

Christopher Brunker, St George's Healthcare NHS Trust, London, UK
Co author: Ruth Harris

Abstract:

Background: Altered consciousness is a grave sign of deterioration in acutely ill patients. AVPU (Alert, Voice, Pain, Unresponsive) is widely used within early warning scoring systems on general wards to assess patients' conscious levels. The scale's responsiveness and inter-rater agreement when used in such settings had not been investigated.

Aims: 1) To evaluate the responsiveness (accuracy, sensitivity and specificity) and inter-rater agreement of AVPU when used by general ward staff.

2) To explore the views of those who use the scale.

Methods: Simulations with actors depicting assessments of consciousness were video-recorded. Fifty-two staff from general acute wards were recruited during July and August, 2011. Participants completed a questionnaire and watched the simulations, independently scoring them with AVPU. Scores were compared with levels of function agreed by an expert panel.

Results: Fifty-one participants scored 255 simulations. For all simulations: accuracy = 82.4% (95% CI = 77.7: 87.1%), sensitivity = 0.94 (95% CI = 0.90: 0.98), specificity = 0.74 (95% CI = 0.66: 0.82), agreement (un-weighted kappa) = 0.782. Accuracy was low for simulations depicting an orientated patient whose eyes open to speech (49% correct) and a confused patient with spontaneous eye opening (61.5%). Sensitivity and agreement for AVPU levels A and V were 0.81 (95% CI = 0.69: 0.93) and kappa = 0.506.

Participants expressed a mixed pattern of confidence in AVPU and uncertainty about the scale's use.

Discussion and conclusion: AVPU had low rates of accuracy, sensitivity and agreement at the distinction between A and V, and low specificity overall, suggesting poor performance in detecting early signs of deteriorating consciousness, the essential feature of early warning systems. This study contributes the first evidence of the accuracy of AVPU in general wards and demonstrates the need to agree guidelines for its application, specifically the distinction between A and V levels.

3.6 Theme: Long term conditions

3.6.1

Professionals on tap not on top: A qualitative study of the ongoing support needs of people with long conditions following attendance at self management programmes

Nicola Wright, Research Fellow, CLAHRC NDL, Nottingham, UK
Co author: Sarah Collis

Abstract:

Background: Approximately 80% of care for people with long term conditions is undertaken by the individual themselves or their carer. This has lead to increasing interest in promoting 'self management' strategies. One strategy is self management courses. These have been widely researched and improvements in health outcomes are frequently reported. However, participants have critiqued the highly structured and short term nature of this type of support.

Aim: To explore the ongoing support needs of people with long term conditions who have attended self management programmes.

Methods: Data were collected between May and July 2011 through focus groups. Follow up telephone interviews were also offered to participants to discuss emerging themes and to offer the opportunity to clarify any points of discussion from the focus groups. In total 24 people took part in two focus groups and three people requested follow-up telephone interviews. The data was analysed used thematic content analysis.

Findings: Participants identified the importance of technical skills (e.g. understanding the pain cycle), a structure (e.g. having to be there every Thursday afternoon) and social support from other

attendees as those factors leading to positive outcomes. Although participants felt more in control of their interactions with health care professionals they did not consider themselves to be 'self managers' at the end of the course. To achieve this further social interaction through face to face groups, telephone contact or web based forums was required.

Discussion: Social networks and the support of peers have a buffering which enables individuals to use the technical skills necessary to manage a long term condition. The benefits of friendship to promoting health and wellbeing and reducing social isolation are also confirmed.

Conclusion: For self management programmes to achieve the best outcomes for individuals a strategy for providing ongoing social support after they have finished is required.

Recommended reading:

The Health Foundation (2011) Evidence: Helping people help themselves A review of the evidence considering whether it is worthwhile to support self-management. The Health Foundation: London.

Kennedy A et al. (2004) National Evaluation of the Expert Patients Programme. Assessing Process of Embedding EPP in the NHS. National Primary Care Research and Development Centre: Manchester.

Foster G, Taylor SJC, Eldridge S, Ramsay J, Griffiths CJ. (2007) Self-management education programmes by lay leaders for people with chronic conditions. Cochrane Database of Systematic Reviews Issue 4. [CD005108. DOI: 10.1002/14651858. CD005108.pub2.]

Funding:

No Funding

Research purpose:

Collaborative work with local Third Sector Organisation

3.6.2

The Living Better Project: The challenge of addressing the emotional health of South Asians living with diabetes and CHD in the UK

Eddie Donaghy, Research Fellow, University of Edinburgh, School of Health and Social Science Nursing Studies, Edinburgh, UK
Co authors: Margaret Maxwell; Amy Woodhouse; Stewart Mercer

Abstract:

Minority ethnic communities are among the most vulnerable to the impact of chronic physical illness (1). Ample evidence has been collected showing UK South Asians experience significantly higher rates of diabetes and/or CHD and higher rates of associated morbidity and mortality compared with UK Whites (2, 3). Given the UK is a multiracial society,

its increasing diversity provides a challenge for us all to deliver culturally appropriate and accessible services'.

Research on people with diabetes and CHD indicates higher rates of depression and anxiety than those without these conditions.

In light of the above factors, 4 separate focus groups were organized to gather the views of South Asian people living with diabetes and/or CHD in Glasgow involving Pakistani Muslim males & females, Sikh/Hindu Indian males and females, (n=40). A patient questionnaire survey to assess their mental health and well-being and preferred support was also conducted face to face in Urdu/Punjabi/Kashmiri and Hindi (n=101). Two focus groups with health care professionals working with South Asian people living with diabetes and/or CHD were also held (n=21).

Compared to White Scots with diabetes and/or CHD who participated in the study in five other parts of Scotland the research found that South Asians had (i) greater psychosocial hardship; (ii) greater acute and chronic stress (iii) lower levels of social support; (iv) were more affected by the stigma of mental illness; (v) found adapting lifestyles to help self-manage their condition/s to be more difficult; (vi) mental health and well-being were conceptualised differently.

From a primary care perspective, Practice and Specialist nurses thought they lacked the relevant skills to address emotional issues in South Asians living with diabetes and/or CHD.

Inequalities existed in access to healthcare and provision of emotional and psychological services, with many South Asians poorly served and seldom heard. This must change.

Recommended reading:

Diabetes UK Scotland & NHS Health Scotland (2007) 'Focus on Diabetes: A guide to working with black and minority ethnic communities in Scotland living with long term conditions'. Health Scotland

Fischbacher et al (2009) Is there equity of service delivery and intermediate outcomesin South Asians with type 2 diabetes? Analysis of DARTS database and summary of UK publications. Journal of Public Health Advance Access published on-line February, 2009

British Heart Foundation & NHS (2004) Heart Disease and South Asians: Delivering the National Service Framework for Coronary Heart Disease

Funding:

UK – Health Service (National)

100,001 – 500,000

Research purpose:

Externally funded research

3.7.1

A practical approach to enhance autonomy, dignity and respect within acute mental health settings

Mary Chambers, Professor Mental Health Nursing, St.George's University of London/Kingston University, London, UK
Co author: Mirella Genziani

Abstract:

Community mental health care has resulted in acutely unwell individuals being admitted to in-patient facilities for shorts period of time. Acute in-patient environments are complex, demanding and chaotic, but integral to mental health care provision (Bowers et al 2005). Given these conditions ensuring that service users feel empowered in making choices regarding their recovery pathway is challenging especially for nursing staff.

Gallagher et al., (2008) and the Royal College of Nursing documented that staff attitudes, behaviour and physical care environment have the potential to promote or diminish dignity. Enhancing service user autonomy and dignity are fundamental to the recovery approach that permeates contemporary mental health services.

Based on the outcomes of an action research project where service users were employed as researchers, a mental health Trust introduced a brief intervention aimed at enhancing the interpersonal and clinical competencies of staff, increasing confidence and effecting attitude change. The intervention consisted of Solution Focused Brief Therapy and Heron's Six Category Intervention Analysis.

A pre/post design was employed to capture participant attitudes and beliefs around mental illness, their self confidence and self – efficacy. Focus groups were undertaken at 3 and 5 month intervals to evaluate the effects of the intervention on enhancing service user dignity and respect in daily practice in acute care settings and ascertain if these effects were sustained over time. Data were analysed using statistical procedures and thematic analysis for focus group data.

These findings will be discussed within the context of the ethical dilemmas confronting nurses in acute mental health care environments regarding the tensions associated with providing evidence based care, promoting recovery and autonomy in a climate of constantly depleting resources and financial constraints. It is hoped this work will stimulate a debate around these crucial issues.

Key words: dignity, empowerment, evaluation, mental health care, thematic analysis, dual responsibility

Recommended reading:

Bowers, L., Simpson, A., Alexander, J., Hackney, D., Nijman, H., Grange, A., et al. (2005) The nature and purpose of acute psychiatric wards: the Tompkins

acute ward study. Journal of Mental Health, 14(6), 625-635.

Gallagher, A., Li. S., Wainwright, P., Rees Jones, I & Lee, D (2008) Dignity in the care of older people-a review of the theoretical and empirical literature. BMC Nursing 7,11

Royal College of Nursing (2008) Defending dignity in care: challenges and opportunities for nurses. London: Royal College of Nursing

Funding:

No Funding

Research purpose:

Practice/Service Development

3.7.2

Reusable Alcohol Learning for Public Health (RALPH): Evaluation of an e-learning resource

Heather Wharrad and Mark Holmes, Centre for Integrated Healthcare Research, School of Nursing, Midwifery, and Social Care, Edinburgh Napier University, Edinburgh, UK
Co author: Aisha Holloway,

Abstract:

Background: Alcohol-related harm impacts significantly on global health (World Health Organization, 2011) Nurses and public health professionals (PHPs) are often among the first that many patients with alcohol-related problems come into contact with and have a role to play in the delivery of screening and brief interventions (SBIs) (National Institute for Health & Clinical Excellence [NICE], 2010), however they may not be adequately prepared to respond. E-learning in the form of reusable learning objects (RLOs) is an effective way of delivering healthcare education (Lymn et al, 2008). RLOs are short, multimedia rich, pedagogically designed units of learning accessed easily and used flexibly.

Aims: 1) To develop RLOs in order to establish and elaborate PHPs knowledge and understanding of alcohol as a public health issue with the delivery of SBIs

2) To evaluate the RLOs with PHPs.

Methods: Three RLOs were developed using a quality controlled methodology. The design incorporated presentations containing content delivered as text and audio with accompanying visual assets such as video stories, animations and images.

The completed RLOs have been available to employees (n=700) of a charity via the staff intranet since February 2011. The charity provides specialist accommodation for vulnerable people with a range of health problems. An on-line evaluation questionnaire was available to all users on completion of the RLO.

Results: To date 89 employees have accessed the RLOs and 23 provided feedback. 100% of respond-ents rated the RLOs as Excellent or Good and found them easy to use. 21 would recommend them to others. Users valued the 'interactivity and cases people can relate to'.

Discussion: The preliminary and forthcoming results from the study will be presented.

Conclusion: Preliminary results suggest that the RLOs provide an accessible and cost effective way of delivering education to public health workers with potential for impact globally.

Ethics Approved.

Recommended reading:

World Health Organization (2011) Global status report on alcohol and health. WHO. Geneva

NICE (2010) Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE public health guidance 24. London

Lymn,J., Bath-Hextall, F. & Wharrad, H.J (2008) Pharmacology education for nurse prescribing students: a lesson in reusable learning objects. BMC Nursing, 7(1), 2

Research purpose:

Externally funded research

3.8 Theme: Parent and patient involvement

3.8.1

Evaluation of a patient and public involvement in research model

Pam Moule, Professor of Health Services Research (Service Evaluation), University of the West of England, Bristol, UK
Co author: Katherine Pollard; Cathy Rice; Michele Lima

Abstract:

Background: A model for Patient and Public Involvement (PPI) in Research, developed with service user and professional involvement (Pollard et al 2010), was implemented and tested. The model supported the involvement of two young stroke survivors as active researchers in all stages of a project. One stroke survivor coped with communication challenges including aphasia, whilst the second suffered from fatigue. The project evaluated a development programme for leaders and managers in a local hospital, delivered by university staff.

Aims: To implement and test the newly developed guidelines for Patient and Public Involvement (PPI) in Research.

Methods: Learning from the implementation of the model was captured by an academic team member, for whom this was the main remit of work. At three meetings during the project, the model was reviewed, mapping service user experi-ences against nine specific guidelines. Service user involvement in the data collection phase was recorded through observations.

Results: It was clear that aspects and details of the service user experiences were adequately addressed by the model. Reviewing the nine guidelines, communication issues were enabled through the development of specific ways of working in email. However, analysis of one large research team meeting revealed a lack of oppor-tunity for expression of service user opinions. Further learning emerged on the way the team facilitated ongoing support for the service user with fatigue.

Discussion: The service users felt academic staff had developed a greater awareness of relevant factors, such as effectiveness of communication mechanisms and timing of meetings through the use of the model. This supported the service users as active members of the project team. However, despite using the model, team members were not always attuned to the service user needs.

Conclusion: The model appears fit for purpose and supported PPI in research.

Recommended reading:

Pollard, K. Moule, P. Evans, D. Donald, C. Donskoy A-L, Rice, C. (2010) User engagement in the co-production of knowledge for knowledge exchange in health and social care. Bristol: University of the West of England. http://eprints.uwe.ac.uk/15246/

Research purpose:

Externally funded research

3.8.2

Partners in projects: Training service users as co-researchers

Jacqueline Parkes, Head of Nursing Developments, The University of Northampton, Northampton, UK
Co author: Michelle Pyer

Abstract:

This oral presentation will briefly describe how the Centre for Health & Well-being Research [CHWR] at the University of Northampton has undertaken research training with four groups of participants who might be considered to be vulnerable within the previous 18 months. The presentation will briefly summarise 4 research projects which have involved an element of research training in the project design. The first project incorporated the delivery of reserach training to a group of people with a learning disability, alongside a group of qualified nurses, in order to develop a joint research proposal in which the individuals with a learning disability would work as co-research-ers. The design of the second project specifically

required the training of a group of young people to conduct a series of focus groups in a teenage pregnancy project. The third project, which was commissioned by an independent medium secure mental health hospital, involved providing research training to a group of formally detained female patients so they can work together to identify and develop a research project which can be undertaken within the service. The final project incorporates two training workshops with young people in a Child and Adolescent Mental Health Service in developing research awareness into its design. As an outcome of all of these projects, CHWR has developed a certificated/non-certificated educational module in research training for peer researchers which has successfully completed its first pilot with ten user/carer volunteers. This paper will summarise the structure and content of the research training which has been developed within the Centre, and which has been adapted as appropriate to meet the specific needs of each user group. Ultimately, the overall aim has been to train and develop a group of peer researchers who can confidently and actively contribute to or lead their own research projects.

Recommended reading:

Tuffrey-Wijne I., Butler G. (2009) " Co-researching with People with Learning Disabilities: an Experience of Involvement in Qualitative Data Analysis" Health Expectations, No 13, pp 174-184

Gillard S., Borschmann R., Turner K., Goodrich-Purnell N., Lovell K., Chambers M. (2010)

Kirby P. (2004)

Funding:

UK – Health Service (Local)

10,001 – 50,000

Research purpose:

Externally funded research

3.8.3

The GRIPP 2 checklist: Enhancing the quality and transparency of patient and public involvement reporting

Sophie Staniszewska, Senior Research Fellow, Royal College of Nursing Research Institute, School of Health and Social Studies, University of Warwick, Coventry, UK
Co authors: K Seers, I Simera; D Altman; P Littlejohn; D Moher; J Brett; C Mockford; R Barber

Abstract:

Background: Patient and public involvement (PPI) in research has expanded over the last decade and become an integral aspect of health and social care research. However, reporting of PPI is poor and there is an important need to enhance its quality and transparency to develop a strong PPI evidence base (Staniszewska et al 2011).

Aims: To develop GRIPP 2, a checklist that provides guidance on key information papers must report in order to provide an appropriate description of their PPI study.

Methods: This study is utilising the original GRIPP checklist (Staniszewska et al 2011) to develop GRIPP 2, following EQUATOR guidance on developing high quality checklists (Moher et al 2010). This consensus-based process is drawing together key experts and stakeholders to identify, debate and agree on the key items for inclusion in GRIPP 2, underpinned by updated systematic review evidence (Brett et al 2009, Mockford et al 2009).

Results: The original GRIPP checklist identified key areas of poor reporting in the field of PPI that need enhancement. GRIPP 2 is reviewing these items with key stakeholders. It offers guidance on key areas such as enhancing the quality of impact reporting to ensure its content validity, level of detail and completeness. It also offers guidance on reporting the context and process of PPI. GRIPP 2 is also considering the utility of checklist items for different study designs for example which items an RCT should report, as opposed to a qualitative study.

Discussion: GRIPP 2 provides the first international evidence-based, consensus informed checklist for reporting patient and public involvement. We will encourage journal editors and others to use GRIPP 2 to enhance the quality of PPI reporting.

Conclusion: A stronger PPI evidence base, generated through better reporting, will enable a clearer evaluation of what works, for whom, why and in what context

Recommended reading:

Staniszewska S, Brett J, Mockford C, Barber R (2011). The GRIPP Checklist: Strengthening the quality of patient and public involvement reporting in research. International Journal for Technology Assessment in Healthcare, 27 (4): 391-399.

Mockford C, Staniszewska S, Griffiths F, Heron-Marx S (2011). The impact of patient and public involvement on UK NHS healthcare services, International Journal for Quality in Healthcare. In press

Moher D, Schulz KF, Simera I, Altman DG (2010) Guidance for Developers of Health Research Reporting Guidelines. PLoS Med 7(2): e1000217. doi:10.1371/journal.pmed.1000217

Funding:

Internal funding

50,001 – 100,000

3.9.1

Guidelines for developing a complex intervention for nursing: A systematic review

Margarita Corry, Trinity College Dublin, Ireland
Co authors: Mike Clarke, Joan Lalor, Alison While

Abstract:

Background: When developing complex interventions for health care it is important that the most appropriate guidelines are used. This may vary according to the discipline and the nature of the intervention under construction. We could find no best practice guide to the development of a complex nursing intervention. .

Aim: To review published guidelines for the development of complex interventions and assess how their use impacts on the quality of the eventual intervention.

Search and review methodology

Databases searched include: British Nursing Index, CINAHL, Psychlit and PubMed. The search was limited to English language, peer reviewed articles published between January 2000 and September 2011, because of time and resource constraints. The following search strings were used: brief interventions and 'complex intervention'. Papers were included if they provided guidelines on how to develop an intervention or described the development of an intervention.

Findings: The selection of papers will be described using the PRISMA statement for reporting systematic reviews, where relevant. The search identified 3,680 records and seven papers met the inclusion criteria and provided guidance on the process of intervention development. Six papers described different or modified approaches to intervention development which were presented in terms of levels, phases, stages or building blocks and a series of questions. The similarities and differences between the guidelines will be explored. Papers reporting the application of the frameworks for the development of complex interventions will also be discussed. The potential contribution of other guidelines to supplement the Medical Council Research (MRC) Framework (2000, 2008) will be considered. It will be argued that, although the MRC (framework) provides the most comprehensive guidance, its first phase requires further clarification to inform rigorous intervention development.

Recommending reading:

Medical Research Council (2000) A framework for developing and evaluation of RCTs for complex interventions to improve health, Medical Research Council (UK) available online: http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC003372.

Medical Research Council (2008) Developing and evaluating complex interventions: new guidance, Medical Research Council (UK) available Online:

3.9.2

Advance Directives: Knowledge, attitudes and experience of nurses in Ireland, the US and Israel

Alice Coffey, Catherine McAuley School of Nursing and Midwifery, University College Cork, Ireland
Co authors: Prof Geraldine McCarthy, (Ireland); Prof Joyce Fitzpatrick (U.S.A); Dr Alice Coffey (Ireland); Dr Isobel Fiedman (USA); Prof Mally Ehrenfeld (Israel); Elizabeth Weathers (Ireland).

Abstract:

Advance Care Planning is described as a voluntary discussion between an individual and their care providers regarding their future care preferences (World Health Organisation, 2011). An Advance Directive (AD) is a statement made by a competent adult relating to the type and extent of medical treatments he/she would or would not want to undergo in the future should he/she be unable to express consent or dissent at that time (Irish Council for Bioethics, 2007). A review of literature revealed differences between countries regarding the legal standing of AD and differences in perspectives between health care professionals. Little is known about the perspectives of nurses in an Irish context. Furthermore there is no comparative data with nurses in other countries.

To describe and compare Irish nurses awareness, knowledge, attitudes and experience of Advance Directives with those of nurses in the US and Israel.

A descriptive Correlational design. A survey questionnaire incorporating three case senarios was distributed to a convenience sample of Irish nurses (n=228), nurses in the U.S. (n=344) and Israel (n=150). Data were analysed using SPSS

There were differences in the awareness and previous experience of AD among the different sample groups. On the whole, attitudes to AD were positive with some differences in attitudes between samples. There were some notable differences in chosen treatment options in each case senario and in the influences on choice of option.

More awareness and knowledge among Irish nurses is necessary to inform and to enhance their contribution to the consideration of Advanced Care Directives in an Irish Health Care context.

Recommending reading:

Irish Council for Bioethics (2007) Is it Time for Advance Health Care Directives? Opinion. The Irish Council for Bioethics: Dublin.

Law Reform Commission (2003) Consultation Paper on Law and the Elderly. Law Reform Commission: Dublin.

World Health Organisation (2011) Palliative Care for Older People: better practices available at http://www.euro.who.int/pubrequest.(last accessed 14th Feb 2012)

3.9.3

Thought processes and influences on obesity and weight management decisions: how do you develop an intervention to improve decision making?

Ian Brown, Clinical Academic Nurse, Clover Group Practice Sheffield and Sheffield Hallam University, UK
Co authors: Alex McClimens, Sheffield UK; Josie Messina, Sheffield UK.

Abstract:

Background: Effective weight management interventions are an important element in tackling obesity. However, there is a high non-attendance and drop out attrition from weight programmes. This presentation reports an NIHR Fellowship project in which a patient decision aid about weight management is being developed. Findings from a qualitative study informed the intervention which is to be piloted.

Aims: The study investigated adults' decision making processes and influences with regard to weight management.

Methods: A purposive sample from a population cohort in north of England. Fifty two adults, mean age 56.9 years, all with BMI ⟶ 30, took part in interviews. The study included equal numbers men and women with excellent distribution across income groups. Interviews transcribed, coded and analysed following Framework methods.

Results: Typically weight was perceived as a long standing problem attended by complex and ambivalent thoughts and feelings. Sensitivity to negative stereotypes (a feature of obesity stigma) was common and added to difficulties in decision making. Participants found it hard to identify thought processes behind decisions for weight. Resolving ambivalence to reach a settled state of mind was seen as a necessary element but this was more an emotional acceptance of personal responsibility than a cognitive process. It indicated a general readiness to take action, but not a considered decision about what to do. Typically participants took action with little further considered thought about options. The analysis identified a range of other influences.

Discussion: Reaching good decisions about weight management can be complex and difficult for patients. The findings have implications for how patients are supported prior to referral into programmes.

Conclusions: A decision aid which addresses typical complex and ambivalent thoughts about weight is potentially a useful intervention prior to initiating weight management efforts.

4.1 Theme: Research output

4.1.1

Backing the trifecta: Illustrating the link between research, policy and practice in order to demonstrate the value of research to decision makers

Gabby Fennessy, St Vincent's and Mercy Private Hospital, Melbourne, Australia

Abstract:

Evidence informed policy is not a new concept, despite its presence in the health literature for over a decade, can we demonstrate whether evidence generated by research has actually had an impact on policy making? Following from evidence informed policy, have policies then moved onto being utilised within the health sphere? Real life examples of individual research or indeed specific systematic reviews of the evidence that have often failed to make this link.

This paper discusses a project that aimed to demonstrate the link between policy: practice: patients within an Australian context. In order to demonstrate this link, six cases studies are provided that make a link between health policy, clinicians, patients and the evidence that sits behind policy setting and how this makes its way to the clinical setting.

A methodology that explores possible links between the evidence and policy outputs is discussed. This systematic method of exploration is juxtaposed with a network of researchers and policy makers who are able to advise on the tacit links in the research: policy: practice triad. Topics used to illustrate this exercise include: type II diabetes, stomach cancer, osteoarthritis, influenza pandemic, and cancer treatment in rural locations, cutting waiting times for hip and knee surgery.

The paper concludes that while such a project may be a time intensive activity, case studies provide a rich source for demonstrating how health research makes an impact in health care and how simple stories can bring together a complex range of issues for decision makers.

Recommended reading:

Ham, Chris, Hunter, David & Robinson, Ray (1995) Evidence based policymaking. BMJ 310: 71

Jewell, Christopher & Bero, Lisa L. (2008) The Millbank Quarterly 'Developing Good Taste in Evidence': Facilitators of and Hindrances to Evidence-Informed Health Policymaking in State Government 10.1111

Wells, Robert and Whitworth, Judith (2007) Assessing outcomes of health and medical research: do we measure what counts or count what we can measure? Australia and New Zealand Health Policy 2007, 4:14

4.1.2

Developing and using pen portraits as a research output: Influence on policy and practice

Angela Mary Tod, Reader in Health and Social Care Research, Sheffield Hallam University, Sheffield, UK
Co authors: Catherine Homer; Jo Cooke; Kath McDaid; Jo Abbott; Adelaide Lusambili; Amanda Stocks

Abstract:

Background: Findings from qualitative research are often complex and difficult to summarize. If policy and public health practice are to be informed by evidence, researchers need to be able to find innovative and inviting dissemination methods. This paper uses the experience of the Keeping Warm in Later Life projecT (KWILLT) to demonstrate how to engage target audiences using pen portraits. KWILLT explored factors influencing older peoples abilities to keep warm. The paper presents independent research commissioned by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0408-16041). The views expressed are those of the authors.

Aim: KWILLT examines the knowledge, beliefs and values of vulnerable older people regarding keeping warm at home. Six pen portraits were developed.

Methods: Semi-structured in-depth interviews of 50 older people, indoor temperature measurements and interviews of 25 health and social care staff, Framework Analysis and Social Marketing techniques.

Results: Multiple and complex factors were identified which influence older people keeping warm and well in winter. These include visibility of contextual and attitudinal factors as well as influences. Findings informed a segmentation model to describe six groups of vulnerable older people who are at risk of being cold and ill for different reasons. From this six pen portraits were generated to illustrate the segments and provide information which can assist policy-makers and practitioners to understand the lives of older people at risk. Examples of policy and practice applications and uptake of the portraits will be described and include, e-learning resources, DVD educational tools, leaflets, national policy consultation responses, public health strategy, and drama workshops.

Cnclusions: The study has generated a unique understanding of the complex environment. The pen portraits provided an engaging and constructive format to describe and apply the findings into policy and practice.

Recommended reading:

Liddell C. Morris C. (2010) Fuel poverty and human health: A review of recent evidence. Energy Policy. 38; 2987-2997

The Marmot Review Team., 2011. The Health Impacts of Cold Homes and Fuel Poverty. London: Friends of the Earth. www.marmotreview.org accessed 27 October 2011.

Wright F. (2003) Old and cold: older people and policies failing to address fuel poverty Social Policy and Administration 38(5) 488-503

4.1.3

Establishing 'impact' in research: Concept, methodology and methods

Tracey Williamson, Research Fellow – Public Engagement/User Involvement in Research, University of Salford, Salford, UK
Co author: Sophie Staniszewska

Abstract:

Aim: To explore interpretations of the concept of 'impact' in health-related research and its demonstration.

What will be presented: A summary of definitions and characteristics of impact will be shared along with an overview of commonly used/advocated methodologies and methods for demonstrating such impacts. Participants will benefit by understanding how impact may be better demonstrated within their own research so that they can put strategies in place to maximise impact and its identification. Similarly the sharing of good practice amongst participants will equip them to inform activities by their organisations (e.g. Higher Education Institutions and NHS trusts) in developing impact case studies for the UK Research Excellence Framework assessment in 2014.

Background: Demonstrating implications for policy and practice has long been a requirement of research endeavours such as doctoral level study and funded research projects. The degree to which nurse researchers and others have demonstrated and reported on impact is variable. Yet the impending Research Excellence Framework assessment in 2014 requires production of case studies that illustrate impact. In particular impact on quality of life and society is to be sought. In the absence of clear guidance to-date from the Higher Education Council for England about the composition and presentation of case studies, it is up to members of the research community at an individual and organisational level to develop an interim response whilst such guidance is awaited.

Summary: This presentation will disseminate national and international good practice in the articulation and measurement of impact as identified through the literature and in discussion with participants, and act as a signposting mechanism

to other resources in relation to impact. For example Exploring Impact: Public involvement in NHS, public health and social care research (Staley 2009) and Excellence with Impact (RCUK 2010).

Recommended reading:

HEFCE (2011) Research Excellence Framework 2014. Assessment framework and guidance on submissions. Available at http://www.hefce. ac.uk/research/ref/pubs/2011/02_11/02_11.pdf (accessed 7/11/11)

Research Councils UK (2010) Progress in implementing the recommendations of the Warry Report on the economic impact of the Research Councils

Staley, K (2009) Exploring Impact: Public involvement in NHS, public health and social care research. INVOLVE, Eastleigh.

Funding:

No Funding

Research purpose:

not applicable

4.2 Theme: Older people

4.2.1

Using ICNP® to describe nursing phenomena of older persons discharged from hospital: A point prevalence survey

Davide Ausili, Director of Nursing Research, MultiMedica Group, Milan, Italy
Co authors: Massimo Alberio; Stefania Di Mauro

Abstract:

Background: Measuring nursing practice represent an actual issue for nurses to make visible their unique contribution to health. The use of standardized terminologies facilitates nurses in describing nursing phenomena, outcomes and interventions (Werley, Lang, 1988). The International Classification for Nursing Practice has been developed as a unified language to describe nursing in different cultural and clinical settings (ICNP; ICN, 2009). Although elderly care represents a challenge for health professionals, a lack of description of older persons nursing phenomena has been found in the literature.

Aims: The aim of this study was to describe nursing phenomena of older persons discharged from hospital.

Methods: A point prevalence survey was conducted involving a convenience sample of 258 older patients (age â ¥ 65) discharged from a large Italian hospital. Demographic, epidemiological and nursing clinical data were collected from documentation and a patient assessment was performed to confirm data. The ICNP was used to describe nursing phenomena and an Italian conceptual model to categorize them in nursing needs (MPI; Cantarelli, 2003). Data collection ended in October 2011. Data were analyzed both consider-

ing the whole sample and grouping patients by destination (ex: home, nursing home).

Results: A total of 5938 nursing phenomena were detected (mean per patient = 23,02; IC 95% = 21,83 to 24,20; SD = 9,65). Prevalent ones concerned hygiene, movement, medication adherence and clinical risks like risk for fall, risk for bleeding or risk for malnutrition.

Discussion: Older persons are discharged from hospital with a considerable need for nursing care. Results suggest high level of complexity also for patients going home just with a family or a nonprofessional support.

Conclusion: Results could be considered by academics to explain older persons' nursing needs and by health managers to comprehend the demand for elderly nursing care in family and community settings. Furthermore, results could contribute to the development of an international ICNP Catalogue for elderly care.

Recommended reading:

Cantarelli M. (2003) [Il Modello delle prestazioni infermieristiche] Milan: Elsevier Masson.

ICN: International Council of Nurses (2009) International Classification for Nursing Practice (ICNP®) version 2.0. Geneva Switzerland: ICN Publications.

Werley H. H., Lang N. M. (1988) Identification of the Nursing Minimum Data Set. New York, Springer Publishing Company.

Funding:

No Funding

Research purpose:

Master degree

4.2.2

An international study on factors affecting the professional esteem of health care professionals/ assistants who work with older people

Angela Kydd, Senior Lecturer, University of the West of Scotland, Scotland, UK
Abstract:

Background: Historically, working with older people was viewed as a menial job. Staff not seen as competent were sent to work with older people, as this was an area thought to be one in which knowledge and skills were not important. This fact contributed to poor professional esteem of those working with older people.

Objectives: The aim the research was to explore attitudes. These include attitudes towards working with older people, attitudes towards gerontology as a specialism and attitudes to those who work with older people.

Method: The study involved using a 20 item questionnaire. The questions sought to explore four areas, identified from the literature, as to why

working with older people carried little kudos: ageism, working environment, education and professional esteem. Six countries took part in this work Scotland, America, Slovenia, Germany, Sweden and Japan. The questions were translated for use in non English speaking countries and checked for reliability with the main researcher in America. Views were sought from a range of health care professionals /assistants in the job and also by those who do not have dedicated work with older people.

Results: 4,791 responses were collected and entered onto a statistical computer package database. The results showed that although health care professionals and assistants in America reported a sense of professional esteem, the majority of the respondents in the five remaining countries did not. A large number of the 4,791 respondents stated that other people did not view those working with older people as a specialists.

Discussion: It would appear that working with older people is still viewed as a job and not as a specialism. Further studies are needed to explore methods necessary to improve the image of those who work with older people.

Recommended reading:

Kydd, A. (2009) Values: What older people told us. In: In: Kydd, A., Duffy, T. & Duffy, R. (Eds) The Care and Well-being of Older People. Reflect Press. Newton Abbot, Devon

Mellor, P. (2007) Nurses' attitudes toward elderly people and knowledge of gerontic care in a Mult-Purpose Health Service (MPHS). Australian Journal of Advanced Nursing, 24 (3) 37-41

Department of Health (2006) New Ambition for Old Age: next steps in implementing the National service framework for older people' DH, London.

Funding:

No Funding

Research purpose:

Investigative study

4.2.3

Perceptions of the doctor of nursing practice role in care of older persons in the US

Pamella Stoeckel, Associate Professor of Nursing, Regis University, Denver, USA
Co author: Cheryl Kruschke

Abstract:

Purpose/Background: The purpose of this presentation is to examine the emerging role of the Doctorate of Nursing Practice (DNP) to fill a gap in the care of older persons in the United States. The DNP was developed in response to the call for increased preparation for advanced practice healthcare professionals in order to meet the health care needs in the increasingly complex health care environment. Nurses prepared at the

DNP level with clinical, organizational, economic, and leadership skills are expected to significantly impact healthcare outcomes and show parity with other disciplines.

Methods: Qualitative data was collected through a phenomenological research study. Twelve practicing DNPs were participants. Questions asked of the participants focused on differences in role/practice as a DNP, how their new role impacted the older person, and what challenges they faced providing care to older persons. Interviews were audiotaped and transcribed. Data was coded and themes derived.

Results: The results reflect themes based on the participants' perceptions that the evolving role of the DNP has the potential to positively impact healthcare outcomes of older persons. Challenges were identified as potential roadblocks. Participants shared the realities of being thrust into a leadership role that is in flux, but that has potential to make substantial difference in the care of older persons.

Discussion/Conclusion: This presentation reviewed and defined nursing roles of DNPs in care of older persons. While the impact of the role is not entirely clear, the DNP degree meets the need for expanding clinical competencies to address changing global healthcare practice.

Recommended reading:

American Association of Colleges of Nursing. (2010). The doctor of nursing practice fact sheet. Retrieved from http://www.aacn.nche.edu/Media/FactSheets/dnp.htm

Ellis, L.B., & Lee, N. (2005). The changing landscape of doctoral education: Introducing the professional doctorate for nurses. Nurse Education Today, 25, 222-229. Retrieved from http://www.nurseeducationtoday.com/article/PIIS0260691705000250/fulltext

Institute of Medicine. (2003). Health professions education: A bridge to quality. Washington, DC: National Academies Press.

Funding:

No funding

Research purpose:

Post Doctoral

4.3 Theme: E-learning

4.3.1

Exploring e-learning in nurse education

Odessa Petit dit Dariel, EHESP (Ecole des Hautes Etudes en Santa Publique), Paris, France
Co authors: Heather Wharrad; Richard Windle

Abstract:

Background: Despite e-learning's high profile it has not been readily integrated into teaching practice in nurse education. While previous research exploring e-learning adoption has iden-

tified a number of generic and cross-disciplinary factors such as a lack of time, training and infrastructure, it has left out some of the 'softer' factors such as pedagogical beliefs, social networks and academic culture, and their influence on academics' responses to e-learning.

Aims: The aim of this study was to explore the underlying factors influencing e-learning adoption in a nurse education.

Methods: Q-methodology was used to explore the factors influencing e-learning adoption in a Division of Nursing (DON) located within a Russell group institution of Higher Education (HEI). Between September and December 2009, thirty-eight participants were recruited. The Q-sort data was factor analysed and the interviews were coded to their respective factors to develop in-depth narratives.

Results: Four factors (groups) were identified: the 'e-learning advocates', the 'humanists', the 'sceptics', and the 'pragmatics'.

Discussion: The findings show that the four groups' responses to e-learning reflect deeper concerns related to nursing as a profession in the midst of radical change. Te results expose the variety of views that exist towards the use of technology in nurse education. These perspectives have been shaped by the participants' image of 'the nurse' and what they perceived to be the most appropriate strategies for developing required nursing skills.

Conclusion: The findings point to the variety of responses that exist among nurse academics faced with integrating e-learning into their teaching. Moving beyond the binary labels commonly attributed to those considered either 'early adopters' or 'laggards,' the findings make a contribution to the literature by revealing a wider breadth of views and responses towards technology. Recognising these views can serve to inform future e-learning strategies and lead to improvement in the quality of e-learning use in nurse education.

Funding:

No Funding

Research purpose:

Doctoral programme

4.3.2

Enhancing the management of patients with dysphasia through blended e-learning

Irene Ilott, Sheffield Teaching Hospital, NHS Foundation Trust, Sheffield, UK
Co authors: Kate Gerrish; Bev Bennett; Mandy Jones; Sue Pownall

Abstract:

Background: Dysphagia is a distressing, relatively common and potentially life-threatening problem. Studies in the UK, New Zealand and America have shown that adhering to management recommen-

dations is challenging for people with dysphagia, staff and family members. A collaborative, service improvement project was established between the CLAHRC for South Yorkshire and a Stroke Service. This included evaluating blended e-learning, which comprised a needs analysis, dysphagia e-learning programmes, practical skills about modifying fluids, and action planning to transfer learning into practice.

Aims: To improve nursing staff knowledge and skills about dysphagia; to examine the training effect of blended e-learning; and ultimately to benefit patient care.

Methods: Twelve-month (2010-2011) action research, using a pre-post design, with the population of 22 registered nurses and 10 healthcare assistants on a stroke rehabilitation ward. Data were collected at four time points, using focused observations and questionnaires with attitude (Colodny 2001) and knowledge scales. Mixed method analysis with SPSS.

Results: The training effect was evident in statistically significant differences in attitudes and knowledge held by the same people, using the Wilcoxon signed rank test. The most common changes in practice related to medicines management, thickening fluids and oral hygiene. The dysphagia e-learning programmes were rated as relevant and easy to use. Half recommended them to other staff, students and families; and almost two thirds looked at the programmes again, either at home or at work.

Discussion: Key success factors were designating dysphagia management as job specific training: as a service priority with all nursing staff rostered to attend; and blending e-learning with expert facilitation, which made on-line learning more acceptable.

Conclusions: Six months later, nursing staff are proud of their knowledge and continue to reduce the risks of dysphagia. The success factors are replicable, and could be applied in other settings to enhance dysphagia management and e-learning.

Recommended reading:

Colodny N (2001) Construction and validation of the mealtime and dysphagia questionnaire: an instrument designed to assess nursing staff reasons for non-compliance with SLP dysphagia and feeding recommendations. Dysphagia, 16, 263-271.

Medin J et al (2011) Eating difficulties among patients 3 months after stroke in relation to the acute phase. Journal of Advanced Nursing, doi: 10.1111/j.1365-2648.2011.05759.x

Moule P et al (2011) Issues with e-learning in nursing and health education in the UK: are new technologies being embraced in the teaching and learning environments. Journal of Research in Nursing, 16, 1, 77-90.

Funding:

UK – Health Service (National)

10,001 – 50,000

Research purpose:

Externally funded research

4.3.3

Making a connection: Using video triggers in a problem based learning nursing curriculum

Val Howatson, Glasgow Caledonian University, Glasgow, UK

Abstract:

Background: Traditionally, written scenarios (triggers) are the most predominant method used in problem based learning to engage learners with the subject material and to activate critical enquiry (Price 2003). However, text alone is limited in its capacity to emotionally engage learners with the realities of nursing practice or capture the subjective experiences of the patient/service user.

Aims: The aim of this study is to explore the views and experiences of seven, 3rd year undergraduate mental health nursing students on the use of video triggers, featuring real service users/patients, in PBL.

Methods: A qualitative, exploratory research methodology was utilised. Data was obtained from a purposive sample using a semi-structured focus group interview which was taped and transcribed verbatim. Thematic analysis was utilised to determine key findings.

Results Three strong themes emerged from the data analysis. These were 'making a connection', 'authentic case material' and 'motivation to learn'.

Discussion: Students appear to engage more deeply with the video triggers due to their enhanced authenticity and capacity to portray emotions and behaviours in a way which text based triggers cannot. They are more able to connect their own emotional responses to that of the patient thus developing a more caring and empathic response, placing patient centredness at the heart of learning. This depth of emotional engagement appears to be the driving force behind their intrinsic motivation to learn, both in an active way within the context of the group, but also to engage in self directed learning which results in a more enjoyable and memorable learning experience overall.

Conclusions: Using video triggers can enhance the learning process. Used effectively as reusable learning objects, for example, as an online resource, videos can become a key innovation within a Problem Based Learning curriculum.

Recommended reading:

Price, B. (2003) Studying nursing using problem based and enquiry based learning. Palgrave Macmillan, London.

4.4 Theme: Long term conditions

4.4.1

Attention restorative theory and its potential use in fatigue management

Marilyn N. Y. Kirshbaum, Reader in Nursing, University of Huddersfield, Huddersfield, UK

Co authors: Brigid Purcell; Joanne Graham; Stephen Phillips; Vicky Kaye

Abstract:

Background: Fatigue is a common and distressing symptom of long term illness, palliative care conditions and cancer. Attention Restorative Theory (ART) was developed by Kaplan (2001) following his interest in restoring mental attention within the 'person-environment interaction'. Within this framework, restorative activities have aspects of 'being away' (i.e. distinct from routine), 'fascination', 'extent' (i.e. scope) and 'compatibility'.

Aims: To identify activities enjoyed by fatigue sufferers;

To analyse identified activities within an ART framework to determine core attributes of restoring mental attention.

Methods: An ethnographic approach was used to address the study aims. A consecutive sample of 25 people suffering from fatigue as a result of a long term illness or palliative care condition was selected with the help of contacts within a hospice, podiatry clinic and service user group. People with severe mental illness or under 18 years old were excluded. Semi-structured interviews lasting no more 45 minutes were conducted using an interview guide, where the emphasis was on describing and exploring activities that were enjoyable rather than dwelling on the limitations of fatigue. Data were collected between July-September 2011.

Results: Identified activities included creative arts, baking, reading (various forms), watching motor bike racing, singing, gardening, community involvement and having a facial. Four preliminary attributes emerged; activities had to have an aspect of assured safety, social interaction, achievement or novelty. Further analysis of the findings in relation to ART is currently in progress.

Discussion: The varied range of activities corresponded to diverse individual characteristics of the population, as was expected. Potential implications regarding ART, the cultural context, policy and practice will be considered in the presentation.

Conclusions: The ART approach may be relevant to easing fatigue through encouraging suffers across the globe to engage in 'attention restoring activities'. Additional research is required to explore and test potential practice based interventions.

Recommended reading:

Kaplan, S. (2001) Mediation, Restoration and the Management of Mental Fatigue. Environment and Behavior, 33:480-506.

4.4.2

Locus of control in patients with chronic disease: The seven years following coronary artery surgery

Andrew Rideout, Glasgow Caledonian University, School of Health, Glasgow, UK
Co author: Grace Lindsay

Abstract:

Objectives: This study reports on the seven year follow up of patients undergoing coronary artery bypass grafting.

Design: An observational cohort study using validated tools for well-being, Locus of Control, physiological variables and disease symptoms.

Methods: Initially a convenience sample of 214 consecutive new patients entering the Coronary Artery Bypass Graft waiting list were recruited to the study; no patients refused to be included and 177 patients were followed up at approximately 16 months, and 128 patients at seven years. Data on symptoms, psycho-social factors, risk factors, and physiological measurements were collected at all three stages.

Results: 131 (61%) of patients showed a significant variation in their Health Locus of Control over the progression of their disease. There was an increase in external Locus of Control in 29 patients, and an increase in internal Locus of Control in 117 patients (total is greater than 131 as 15 patients had initial increase in internal Locus of Control, followed by an increased external Locus of Control). This paper examines these patients within the context of the whole cohort, and draws comparisons in predisposing factors and long term outcome.

Conclusions: Whereas Locus of Control is often seen as stable, this long term follow up of patients with chronic disease demonstrates considerable variation over time within the group. This has implications for the understanding and support of patients with chronic disease when providing holistic care.

Recommended reading:

4.4.3

The 'reasoning and regulating' medication adherence instrument: Development and psychometric testing of a new adherence measure

Elaine Lehane, College Lecturer, Catherine McAuley School of Nursing and Midwifery, University College, Cork, Ireland
Co author: Geraldine McCarthy

Abstract:

Background: Medication adherence is a significant healthcare issue given that pharmacotherapy is fundamental to disease management. Many patients experience difficulty taking medications resulting in sub-optimal adherence. Ambiguity surrounding adherence issues for patients with a chronic illness has been exacerbated by a lack of measurement instruments which address adherence in a patient-centred, medication-specific and theoretically-integrative manner. This ambiguity has led to difficulty for practitioners not only in relation to ascertaining key adherence influencing factors but also in determining strategies that can effectively help patients with medication-taking.

Aim: To develop and psychometrically test a new instrument which measures factors that influence adherence in patients prescribed pharmacotherapy for coronary disease.

Methods:

The study was conducted in 2 phases. Phase 1 involved the development of the instrument structure and content. Constructs to be measured were defined through an analysis of adherence literature and qualitative interviews with patients. Phase 2 established the psychometric properties of the instrument with a convenience sample of 404 patients through factor analyses, reliability and validity estimations.

Results: Exploratory factor analyses revealed a logically coherent, 16-item, 3 factor solution, which explained 49% variance. The factors were labelled: 'Medication Planning Strategies', 'Health Risk' and 'Health Protection'. Internal consistency reliability met acceptable standards ($α$ = 0.700 to $α$=0.785). Fair to excellent intra-class correlations for temporal stability were demonstrated (0.498: 0.882). Preliminary construct validity was supported by promising findings in relation to content validity results and factor structure stability.

Discussion & Conclusion: The main outcome of this research is a new adherence instrument which is patient-focused, underpinned by a medication-specific, theoretical framework and has proven preliminary psychometric properties. It is hoped that this measure will be useful in identifying factors that impede or facilitate adherent behavior and contribute to advancing the science of instrument development within adherence research.

Recommended reading:

Horne, R., Weinman, J., Barber, N., Elliot, R., Morgan, M. (2005). Concordance, adherence and compliance in medicine taking. United Kingdom: NCCSDO.

Balkrishnan, R., Jayawant, S.S. (2007). Medication adherence research in populations. Clinical Therapy, 29, pp 1180-1183.

Albert, N.M. (2008). Improving medication adherence in chronic cardiovascular disease. Critical Care Nurse, 28, 54-64.

4.5 Theme: Mental health/Clinical research

4.5.1

Innovations aimed at improving the physical health of the seriously mentally ill: An integrative review

Fiona Irvine, Professor of Nursing, Staffordshire University, Faculty of Health, Stoke on Trent, UK
Co author: Siobhan Tranter; Eve Collins

Abstract:

Background: Despite abundant international literature highlighting the relationship between serious mental illness (SMI) and physical ill health; providing physical health care for people with SMI remains a challenge. Different strategies have been developed across the world to address the poor physical health of people with SMI. However, the success of these strategies is not established.

Aims: We aim to present an integrative review of the literature that focused on innovations to enhance the physical health of people with SMI.

Methods: We searched various electronic data bases in 2011using different combinations of the terms 'serious mental illness', 'physical health', 'intervention' and 'research'.

We adapted Whittemore and Knafl's (2005) review method to appraise the literature. Papers were evaluated for data relevance and theoretical and methodological rigour and scored against a 6 point scale. Of the 57 papers considered we retained a total of 22, set in various countries, that scored 3 or above. We used the constant comparison method to produce categories, and distinguish patterns, themes, variations, and relationships. We compared data, generated codes, categorised and reviewed data and developed final themes.

Results: Three main themes of assessment, health education/health promotion and multimodal interventions were apparent. We uncovered some evidence to demonstrate that health assessments are effective in highlighting physical health

problems. However, small sample sizes, high attrition rates and varied outcome measures created limited evidence to support health education and multimodal interventions.

Discussion: The studies fail to offer clear solutions for enhancing the physical wellbeing of people with SMI. There is some justification for championing physical health assessment and surveillance as these strategies can help nurses to identify threats to physical wellbeing and unmet physical health needs.

Conclusions: Until convincing evidence is available, global policies relating to the advancement of the physical health of people with SMI should be developed cautiously.

Recommended reading:

Whittemore R & Knafl K (2005) The integrative review: updated methodology Journal of Advanced Nursing 52, 2, 546-553

4.5.2

Service user and carer perspectives on medication compliance in mental health services: A qualitative study

Iris Gault, Faculty of Health and Social Care Sciences, Kingston University, Kingston, UK
Co authors: Mary Chambers; Ann Gallagher

Abstract:

This grounded theory study analyses mental health service-user and carer perspectives on medication adherence and experience of compulsory treatment. Data were generated from interviews and focus groups with twenty four mental health service users/carers with a history of repeated admission under the Mental Health Act (1983, 2007). Data collection took place between 2008 and 2010.

Eight categories emerged from qualitative interview and focus group data: the experience of desperation meeting with what is perceived as professional indifference; loss of a credible identity; playing the game; medicalisation of experience; meeting therapeutic competence; enabling collaboration; or alternatively, meeting therapeutic incompetence; disabling collaboration.

Findings suggest service users are initially reluctant to comply with mental health medication, but eventually accept the need for treatment. They seek out services providing acceptable care, avoiding those offering unacceptable care. Categories were subsumed into the core category: Negotiating the Janus Face of Mental Health Care to develop substantive grounded theory explaining how mental health service users manage expe-

riences of positive or negative care. It stresses the significance of mutually respectful relationships with professionals and the importance of communicative competence.

Macro and micro elements of these findings were further analyzed within the Habermasian framework; the Theory of Communicative Action, evolving into Negotiating the Janus Face of Mental Health Care to Locate Communicative Action. Service users feel the need to seek professionals working in communicative and collaborative mode in order to access acceptable medication regimes. Conversely, medication adherence is compromised where professionals do not effectively communicate and collaborate. This indicates a need for policy, practice, education and research to develop and enhance professional communicative effectiveness in dealing with medication issues.

Recommended reading:

Gault, I. (2009) 'Service-user and carer perspectives on compulsory treatment in community mental health services', Health and Social Care in the Community, 17(5), pp. 504-513

Funding:

No Funding

⬦┈┈1,000

Research purpose:

Doctoral programme

4.5.3

Promoting ethical practice in clinical research: The role of the nurse

Leslie Gelling, Reader in Research Ethics, Faculty of Health, Social Care and Education, Anglia Ruskin University, Cambridge, UK
Co author: Joanne Outtrim

Abstract:

Ethical practice should be at the heart of all clinical research but history has demonstrated what can happen when those involved in planning and conducting research do not comply with the ethical standards expected by society.

In the UK rigorous ethical review, both through National Research Ethics Service (NRES) Research Ethics Committees (RECs) and through university RECs, have gone a long way to ensuring that good quality and scientifically strong research is undertaken whilst protecting research participants, as far as possible, from harm. Ethical review, however, has its limitations. It is not unknown for ethically approved research to result in harm or research misconduct, either because researchers deviated from the approved protocol or because of the actions of individuals involved in conducting the research.

Nurses, in their many clinical and research positions, have important roles to play in ensuring the ethical and safe practice of research wherever it happens. This paper will explore some of the many nursing roles and will consider how they might contribute to ensuring high quality ethical research and the minimisation of harm to research participants. The following roles will be considered:

• Clinical Research Nurses

• Chief Investigators

• Nurse Researchers

• Clinical nurses

• Academic nurses and supervisors

• Members of RECs

The nurses in each of these roles has an obligation to comply with 'The Code' (Nursing and Midwifery Council 2008), which states that every nurse must 'make the care of people your first concern'. Furthermore, 'The Code' states that as 'a professional, you are personally accountable for actions and omissions in your practice, and must always be able to justify your decisions'. This paper will demonstrate how nurses can make a significant contribution to safe and ethical clinical research while as the same time adhering to their code of professional practice.

Recommended reading:

Nursing and Midwifery Council. (2008)

Royal College of Nursing. (2009)

Royal College of Nursing. (2011)

Funding:

No funding

Research purpose:

Not research

4.6 Theme: Acute/End of life care

4.6.1

Experiences of carers supporting dying renal patients, managed without dialysis

Helen Noble, Lecturer Health Services Research, School of Nursing and Midwifery, Queen's University Belfast, UK
Co authors: Daniel Kelly; Peter Hudson

Abstract:

Background: Many patients with stage 5 chronic kidney disease (CKD5) and other comorbidities will have a poor prognosis on dialysis and consequently the proportion of patients requiring palliative care is increasing (Chandna et al 2011). These patients have significant physical and psychological symptom burdens similar or greater than those in advanced cancer patients (Murtagh et al 2010; Noble 2010) however little is known about the impact of this situation on their carers.

Aims: To explore the experiences of carers who are supporting people facing death from CKD5 managed without dialysis.

Methods: Thirty patients, managed in a renal palliative care service in the UK, and 19 carers, took part in the study. Data were collected between October 2006 and March 2008, or until the patient's death. Data collection took place at naturally occurring clinical consultations (n=82). Field notes were maintained by the primary practitioner researcher. Thematic analysis using a grounded theory approach was used to highlight key themes

Results: Carers had to manage an uncertain prognostic trajectory and death that sometimes did not occur as expected. They worried that deterioration could occur at any time. Some patients' survival time was considerably longer than the original prognosis leading to carer frustration, anxiety and difficulties in coping. Carers typically avoided talking about death with the patient, in an attempt to foster hope.

Discussion: Uncertainty surrounding the CKD5 trajectory, how a patient will progress to death and when death will occur challenges carers and their ability to cope. Research priorities include identification of suitable interventions and exploration of under researched groups such as those from ethnic minorities and understanding of how all carers of CKD5 patients experience bereavement.

Conclusion: There is a need for significant changes in the way that renal caring towards the end of life is understood and managed.

Recommended reading:

Chandna, S.M., Da Silva-Gane, M., Marshall, C., Warwicker, P., Greenwood, R.N. & Farrington, K. 2011 'Survival of elderly patients with stage 5 CKD: comparison of conservative management and renal replacement therapy', Nephrology Dialysis Transplantation,

Murtagh, F.E., Addington-Hall, J., Edmonds, P., Donohoe, P., Carey, I., Jenkins, K. & Higginson, I.J. (2010) 'Symptoms in the month before death for stage 5 chronic kidney disease patients managed without dialysis', Journal of pain and symptom management,

Murtagh, F.E., Addington-Hall, J., Edmonds, P., Donohoe, P., Carey, I., Jenkins, K. & Higginson, I.J. (2010) 'Symptoms in the month before death for stage 5 chronic kidney disease patients managed without dialysis', Journal of pain and symptom management,

Funding:

UK – Higher Education Institution

50,001 – 100,000

Research purpose:

Doctoral programme

4.6.2

Supporting persons with an intellectual disability and palliative care needs: A descriptive survey to identify the views of Irish community nurses in one HSE region

Maria Bailey, Lecturer, Department of Nursing and Midwifery, University of Limerick, Limerick, Ireland
Co authors: Owen Doody; Rosemary Lyons; Mary Cooney; Jackie Walsh

Abstract:

Background: Care provision care for persons with intellectual disability has changed over the years from a traditional institutional care approach to a community based approach based on the principle of normalisation, inclusion, participation and rights. Contrary to these principles, anecdotal evidence suggests a trend towards a return to institutional care for such persons at 'end of life'.

Aim: To describe the incidence and experience of community nurses supporting people with intellectual disability and palliative care needs.

Objectives: Identify referring patterns, reasons for referral and factors affecting provision of community palliative care for persons with intellectual disability.

Method: June: September 2010 a 26 item self-administered questionnaires were administered to community nurses employed in one HSE region. Data obtained were coded and inputted into PASW 18. Descriptive analysis were conducted to describe frequencies and association between the variables and measured using Chi square tests and symmetric tests. Ethical approval was granted by the author's institution.

Findings: A 32% response rate was achieved. Of the respondents 31.9% had cared for persons with intellectual disability in the last three years. 59.2% of patients were living with family, 20.4% in community houses, 8.2% within intellectual disability services, 12.2% either living alone, in high support units or nursing homes. Reasons for referral included support, therapeutic intervention, assessment and end of life care. Factors impacting on provision of palliative care included nurse's knowledge and experience in intellectual disability or palliative care, previous knowledge of the family and patient, professional skills and attributes and teamwork. With 87.2% of respondents reported requiring education in developing understanding and communicating with persons with intellectual disability and 64.9% requested palliative care education.

Conclusions and implications: This study adds to and supports national research knowledge in this area, highlighting challenges and opportunities for community specialist and non-specialist nurses caring for this patient group.

1,000 – 10,000

Research purpose:

Externally funded research

4.6.3

The relationship between nursing education and patient mortality in Intensive Care Units

Elizabeth West, Director of Research, School of Health and Social Care, Unversity of Greenwich, London, UK
Co author: Anne Marie Rafferty

Abstract:

Background: When the Audit Commission studied Intensive Care in 1998, they found that patient outcomes varied greatly from unit to unit in ways that could not easily be explained and in some units, mortality rates were unacceptably high. The wider international literature suggests that some of the variation might be related to levels of nursing education.

Aims: To assess whether higher levels of nurse education and a richer skill mix are associated with better survival chances for patients in ICU. Data: The data collected by the Audit Commission in 1998 supplied detailed information about nurse staffing, including education levels, from the majority of ICUs across England. Data on patients, including whether they were discharged from the unit alive, and whether they were still alive 30 days post admission, were obtained from the Intensive Care National Audit and Research Centre (ICNARC) as well as information about the patientâ ™s own condition which enabled us to hold this variable constant. The merged dataset contained information on 69 units and on 43,859 patients that had been treated in them. **Methods:** A cross-sectional, observational study using multivariate, multi-level logistic regression.

Results: After controlling for patient characteristics and the workload of the unit we found that the majority of variables measuring different levels of nurse education were not significant. However, a combined measure of education and experience constructed from data in the financial returns, the average cost of each nurse on the unit was significantly related to higher survival rates in some of our models.

Discussion: The significance of the combined measure of both education and experience and its relationship to mortality is important, and suggests that further investigation of the relationship between different aspects of nursing resources should be conducted using more recent UK data.

Recommending reading:

Audit Commission. Critical to Success: The Place of Efficient and Effective Critical Care Services Within the Acute Hospital. London: Audit Commission

West E, Sanderson C, Mays N, Rafferty AM, Rowan K. 2009. Nursing Resources and Patient Outcomes in Intensive Care: A systematic review of the literature. International Journal of Nursing Studies 46(7): 993â "1011

4.7 Theme: Migration

4.7.1

Migration, minorities and maternity: A three country comparison

Gina Higginbottom, Canada Research Chair in Ethnicity and Health and Associate Professor, Faculty of Nursing, University of Alberta, Edmonton, Canada
Co authors: S Salway; B Reime; H Rothgang; K Gerrish; J Friedrich; H Kentenich; B O'Brien; K Bharj; P Chowbey; Z Mumtaz

Abstract:

Background: Large scale (im)migration and consequent ethnocultural diversity is common for most developed countries, presenting opportunities and challenges for public health policy and practice. Poor healthcare experiences and outcomes are a particular concern for migrant/minority women (Bollini, Pampallona, Wanner and Kupelnick, 2009).

Aim: A collaborative, interdisciplinary group from three countries (Canada, Germany and the UK) undertook preliminary studies with the aim to gain understandings of and develop conceptual and methodological frameworks for comparing maternity care services as provided for and experienced by migrants/minorities. The objectives were to establish, a) a comprehensive conceptual framework informed by the three countries, b) a detailed methodological approach to achieve meaningful comparison and operational feasibility across settings, and c) an explicit operational structure that enables effective collaboration and active involvement of policy-makers, practitioners, and users/consumers.

Methods: In fall 2008, a review of key policy documents and published literature, and e-consultation with selected experts, provided for exploration and documentation of relevant terminology and theoretical concepts. Consultation within practice settings and user groups as well as three country-specific workshops and a joint-country symposium (Berlin, Germany) generated substantial insights into the phenomena and provided guidance for comparative study across diverse settings.

Findings and discussion: Four inter-linking areas need consideration in research programs striving to improve international migrant/minority maternal health, including the i) wider socio-political context, ii) health policy arena, iii) constellation, outcomes and experiences of maternity

services, and iv) existing research contexts. Similar challenges of maternity service can exist despite contrasting policy and practice. The adequate availability of evidence supports knowledge syntheses in Canada and the UK, but comprehensive empirical study is necessary to gather data from Germany.

Conclusions: This work suggests that there is significant potential for cross-country learning. Effective mechanisms to engage service users, practitioners, and academic advisors will enhance methodological contributions including the pertinence of research questions.

Recommended reading:

Bollini, P., Pampallona, S., Wanner, P., & Kupelnick, B. (2009) Pregnancy outcome of migrant women and integration policy: a systematic review of the international literature. Social Science and Medicine, 68, 452-461.

Salway S, Reime B, Higginbottom GMA, Bharj K, Chowbey P, Ertan K, Foster C, Friedrich J, Gerrish K, Kentenich H, Mumtaz Z, O'Brien B (2011) Contributions and challenges of cross-national comparative research in migration, ethnicity and health: insights

Higginbottom GMA, Mathers N, Marsh P, Kirkham M. Owen, JM, Serrant-Green L, (2006) The experience of early parenthood amongst young people of minority ethnic origin in England: young parents, grandmothers and service providers' views Social Science and Me

Research purpose:

Externally funded research

4.7.2

The biographical method: A new way of understanding and explaining the drivers of nurse migration

Astrida Grigulis, Research Associate, National Nursing Research Unit, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK

Abstract:

The biographical method has been widely used in migration research. However, it has long been overlooked by nurse migration researchers in favour of traditional research methods. Here I argue that because the biographical method examines a migrant's entire life story and not just decisions and experiences around a migration event – as is typically the case with other methods – (Brettell and Hollifield 2000; Breckner 2002) it can offer new and interesting perspectives into the drivers of nurse migration.

This paper uses data from my doctoral study on Malawian nurse migration which explored the use and applicability of the biographical method. Between 2008-2010 I conducted 36 in-depth biographical interviews with Malawian nurses in the UK and Malawi. These interviews were based around a timeline of life events, for example, career choices and personal milestones like marriage, and I encouraged respondents to discuss their life stories openly without focusing on the migration event.

The interview findings confirmed the importance of well-known reasons for nurse migration such as seeking improvements in salaries. However, it deviated from existing knowledge with the finding that the nurses' context played a significant role in their migration decision. In particular, most nurses revealed that they chose to pursue nurse training solely for the qualification because of limited educational opportunities; this in turn had strong implications on their migration decision. The role of context in migration decisions has been increasingly recognised in the migration literature but remains under-explored in nurse migration research. The biographical method, used sensitively, could help researchers gain a wider perspective on nurse migration. It also has broader applicability and could aid our understanding of nursing career pathways and decisions. This is especially important in light of international concerns about loss of skills (and finance) when nurses move out of the communities that have invested in them.

Recommended reading:

Breckner, R. (2002). 'Migrants': a target category for social policy? Experiences of first generation migration. In P. Chamberlayne, M. Rustin & T. Wengraf (Eds) Biography and social exclusion in Europe: experiences and life journeys (pp. 213-228). Brist

Brettell, C. B. & Hollifield, J. F. (2002). Migration theory: talking across disciplines . New York and London: Routledge.

Research purpose:

Doctoral programme

4.7.3

Enabling the transferability of nursing skills: Developing a European wide quality assurance system

Mary Chambers, Professor Mental Health Nursing, St.George's University of London/Kingston University, London, UK
Co authors: Gary Hickey; Denis Ryan; Carlo Camuccio; Vida Staniuliene; Heli Hatonen

Abstract:

Nurses have increasing opportunities for employment mobility across Europe. Ensuring that these opportunities become a reality depends upon the transferability of skills, knowledge and competence, which, in turn, depends upon the development, in Europe, of standardised quality assurance systems. This issue is of sufficient importance for the European Union to have developed a European Quality Assurance Reference Framework (QARF) for Vocational Education and Training which will help promote 'mutual trust, mobility of workers and learners, and lifelong learning."

European mental health nurses have access to a variety of continuing vocational education programmes but courses lack standardisation with respect to content, academic credits, equity or transferability These anomalies need addressing if nurses are to take advantage of employment mobility opportunities..

This paper will discuss how a European wide quality assurance system, drawing on the principles outlined in QARF, was developed for an e-learning course for registered mental health nurses.

A mixed method research design including semi-structured questionnaires and a Delphi study were used to a) determine the validation and accreditation course requirements in a sample of higher education institutions in seven EU countries and Switzerland and b) establish criteria for the development of a common quality assurance framework. Data were analysed using statistical methods and content analysis.

The findings indicate that variation exists across the countries regarding access, validation, accreditation and quality assurance processes with respect to e-learning courses. These variations will be discussed as well as the consensus reached regarding the essential criteria for inclusion in a quality assurance system. The criteria developed can be used as the building block for the standardisation of quality assurance systems in mental health courses across Europe.

Recommended reading:

European Association for Quality Assurance in Higher Education – http://www.enqa.net/ENQA%20Bergen%20Report.pdf

Research purpose:

Externally funded research

4.8 Theme: Communication

4.8.1

Challenges and best practice: Patient and public engagement in sexual and reproductive health

Nicola Robinson, London South Bank University, London, UK
Co authors: Ava Lorenc; Hong Tan

Abstract:

Background: Implementation of patient and public engagement (PPE) is integral to NHS policy, varying across services and locations (Greenhalgh et al 2010). For sexual health, specific issues limit engagement e.g. stigma, one-off service access and less heard groups (sex workers) (London Sexual Health Programme 2009).

Aims: To explore barriers, challenges and best practice in PPE for sexual and reproductive health and HIV (SRHH) services in London.

Methods: Online survey and qualitative interviews were conducted with key stakeholders, (patients/public, NHS staff (commissioners and clinicians) and voluntary sector representatives).

Results: The survey generated 72 responses, and 25 interviews were conducted. Barriers identified were common to PPE: organisational commitment (lack of dedicated staff, time, money); motivating patients; NHS philosophy; informing patients/public; overcoming stigma, ethnic barriers, anonymity and accessing non-service users. Best practice examples were identified, coordinated strategic approaches were rare. PPE initiatives had attempted to overcome barriers, accessing participants through community, religious and voluntary sector groups, using champions and innovative methods. User-designed, peer researchers and participatory action research, may reduce inequalities and improve services. Peer education and positive role modelling may break down barriers. Little evidence of measuring the impact of PPE was identified. Data informed the development of an online resource for patients, commissioners and clinicians.

Discussion: Participants recognised the importance of PPE but the need for it to be meaningful, through peer research and participatory approaches. Although challenging in SRHH, PPE may help tackle stigma, promote self-management and patient-centred-care, potentially through peer education and role modelling, organisational commitment is crucial.

Conclusions: PPE is required in a patient-led NHS. Organisational commitment to implement meaningful PPE targeting those at risk of poor SRHH, can create truly patient-led services and empower patients and communities to tackle stigma. An online best practice toolkit was developed to encourage PPE in SRHH (http://www.londonsexualhealth.org/patient-public-engagement/ppe-toolbox/the-toolkit.html.)

Recommended reading:

Greenhalgh T, Humphrey C, Woodward F. User Involvement in Health Care. Chichester: John Wiley and Sons; 2010.

London Sexual Health Programme. London Sexual Health Strategic Framework. 2009.

http://www.londonsexualhealth.org/patient-public-engagement/ppe-toolbox/the-toolkit.html.

4.8.2

Impact of a stand-alone course in gerontological nursing on student nurses' intentions to work with older adults

Amy Reitmaier, Winona State University, Winona, USA
Co author: Chris Malone

Abstract:

Older people are the major users of health services and yet few nurses choose to work specifically with this age group. Experiences during nursing programs have been shown to influence nursing students' career decisions: in particular the nature of practice placements with older adults affects whether gerontological nursing is considered an option (Nolan et al 2006). Historically, research evaluating educational programs to prepare nurses to work with older adults has focused on knowledge and attitudes in relation to older people. However, of potentially more relevance is the impact on students' beliefs and perceptions about working with older adults and their intention to practice in this field. This paper will present preliminary data from a study to evaluate an innovative course: Caring for the Older Adult, at Winona State University in Minnesota. The course aims to create positive practicum experiences by involving elders as partners in student learning. A self-completion questionnaire was administered to students at the beginning of the program and again following completion. This included the Perceptions Scale developed by Nolan et al (2006) and Palmore's Facts on Aging Quiz (Palmore 1976). Evaluation of the first cohorts of students to undertake this course (N= 98) suggests that students' perceptions of working with older adults are more positive following completion of the program. The program will be described and pre – and post-survey data from the first cohort will be presented. Findings will be illustrated with data from interviews with a sample of students who have completed the program (n = 30). The authors will argue that linear models of the impact of education on knowledge and attitudes are limited in their capacity to explain the contribution of nursing programs in shaping nursing students' perceptions and expectations about working with older adults.

Recommended reading:

Nolan, M., Brown, J., Davies, S., Nolan, J., Keady, J. (2006) The Senses Framework: improving care for older people through a relationship-centred approach. Getting Research Into Practice Series, University of Sheffield.

Palmore, E. (1977). Facts on aging: A short quiz. The Gerontologist, 17, 315-320

4.8.3

Facilitated patient feedback can improve the quality of nursing care: results from an exploratory trial

Rachel Reeves, University of Greenwich, London, UK

Abstract:

Background: Several NHS white papers have promised improvements in patients' experiences driven by patient feedback. In England, NHS inpatient surveys have been carried out since 2001. However, research evidence suggests that feedback is only moderately effective (Jamtvedt et al, 2006) and NHS inpatients' experiences have remained fairly constant from year to year (Care Quality Commission, 2010). Barriers to effective patient feedback include lack of specificity of surveys to wards or departments, meaning that staff claim 'that doesn't happen on my ward'; not knowing how to improve; lack of trust in the findings (Reeves and Seccombe, 2008).

Aims : (1) To measure the impact on nursing care of an intervention designed to overcome commonly-identified barriers to effective patient feedback.

(2) To test the feasibility of delivering ward-level survey results with facilitated meetings.

Methods: The Care Quality Commission's pre-validated Inpatient Survey was conducted at four-monthly intervals at ward level. Wards were randomly allocated to Basic Feedback (ward-level patient survey results sent to nurses by letter); Feedback Plus (letters supplemented with ward meetings to explain and discuss results, and plan improvements) or Control (no active dissemination of results).

Results: Ward-level patient feedback is feasible but Basic Feedback had no impact on subsequent patient survey results. Feedback Plus had a small impact: survey results improved on some issues on which nurses had focused their efforts.

Discussion: Nurses demonstrated unforeseen resistance to owning results, but ward meetings were important for engaging nurses' interest, providing dedicated time to discuss results, correcting methodological misunderstandings, challenging 'excuses', and suggesting and planning improvements. To be cost-effective, Feedback Plus would require further modification.

Conclusions: Patient feedback interventions should take account of many barriers to their effectiveness and be rigorously tested. Ward-specific results, ward meetings and assistance with planning improvements are likely to be necessary but insufficient aspects of successful interventions.

Recommended reading:

Care Quality Commission (2010). 'Inpatient Services Survey: Full national results with historical comparisons'. http://www.cqc.org.uk/publications.cfm?fde_id=18163 Accessed 07/11/2011.

Jamtvedt, G., Young, J. M., Kristoffersen, D. T., O'Brien, M. A., & Oxman, A. D. (2006). 'Audit and feedback: effects on professional practice and health care outcomes'. Cochrane.Database.Syst. Rev. no. 2, p. CD000259.

Reeves, R., Seccombe, I. (2008). 'Do patient surveys work? The influence of a national survey programme on local quality improvement initiatives'. Quality and Safety in Healthcare, vol 17, pp 437-441.

Research purpose:

Scientific enquiry

4.9 Theme: PPI

4.9.1

Responding effectively to service users (patients and carers) and practitioners (nurses and midwives) perspectives on care concerns: Developing sustainable responses through collaborative educational action research: The RESPONSE project

Helen Therese Allan, Professor in Clinical Nursing Practice, Centre for Research in Nursing and Midwifery Education, Faculty of Health and Medical Sciences, University of Surrey, UK
Co authors: Odelius A, Gallagher, Knibb W, Bryan K, Hunter B, Allan H T

Abstract:

Background: Repeated reports confirm that poor communication causes many NHS service users complaints. These findings are mirrored internationally across differently funded health care systems

Aim: To present findings from an ongoing action research project undertaken by the Universities of Surrey and Cardiff and partners at an NHS trust, which explores how nurses and midwives use communication in responding to informal complaints at ward level and whether interventions promoting effective communication by nurses and midwives improve patient experience.

Methods: An action research study using one case study site. Data were collected from September 2011 February 2012 in phase 1 of the project and included two action research group meetings, a scoping of the trusts formal and informal (Patient Advice and Liaison Services PALS) complaints databases and the midwifery listening service database, semi-structured interviews with trust staff including head of nursing, head of midwifery, complaints lead, PALS manager and maternity listening service lead, plus a literature review.

Findings: Data analysis indicates that service user complaints related to communication and attitude are frequent and particularly common with regard to nursing and midwifery communication. Service users motivations for complaining can be complex, making it difficult for staff to address complaints effectively at ward level.

Conclusions and implications for practice: Given the causes of complaints are internationally comparable, we suggest our findings may be transferable to other healthcare systems. Our early findings indicate that there is an increased communication demand in relation to patient complaints which arises partially from patients and carers lack of understanding of how the NHS works as a system and staff's lack of awareness of the need to explain the system. This has implications for communication strategies within the trust and for supporting staff to improve patient experience.

Recommending reading:

Lister G, Roslef F, Boudioni M, Dekkers F, Jakubowski E, & Favelle H (2008) Handling complaints in health and social care: international lessons for England. www.nao.org.uk/idoc. ashx?docId=7bc93744-34cb-4f83...1. Accessed: 07/01/11

Patients Association (2008) NHS complaints: who cares? Who can make it better? A survey of members and their experience of the NHS complaints sytem. http://www.patients-association. com/DBIMGS/file/Complaints%20Report%20 -%20Press%20Release%20-%20September%20 2008.pdf. Accessed 07/01/11

3 R Montini, T., Noble, A. A., & Stelfox, H. T. 2008. Content analysis of patient complaints. International Journal for Quality in Health Care, 20(6): 412 – 420.

4.9.2

The patient experience of care on a medical and mental health unit compared to standard care

Sarah Goldberg, Research Associate, The University of Nottingham, UK

Abstract:

Nottingham University Hospital has developed a Medical and Mental Health Unit (MMHU) as a demonstration model of best practice care for older people with cognitive impairment. A randomised controlled trial (NIHR TEAM trial) is evaluating the MMHU compared to standard care.

Aims: To compare the patient's experiences on the MMHU to standard care in terms of:

a) time spent in a positive state of mood or engagement

b) time spent in active behaviour

c) the person-centredness of staff interactions with patients.

Methods: Patients were randomly sub-sampled from the NIHR TEAM trial. Patient experience was measured using the non-participant observational tool Dementia Care Mapping. Every five minutes, for 6 hours, the patientâ™s apparent mood or level of engagement, activity and the person-centredness of staff behaviours were coded. Observationâ were between 07:00 and 20:30. The researcherâ™s inter-rater reliability was tested throughout the study.

Results: 90 observations (46 MMHU versus 44 standard care) were completed March 2011 to December 2011. Kappa(%agreement) scores: mood/engagement 0.67(78%); activity 0.85(88%); person-centred care 0.5(72%).

Median(IQR) percentage time in positive mood MMHU 79%(67%-91%) versus standard care 68%(61%-79%); p=0.03.

Median(IQR) percentage time in active state MMHU 82%(69%-92%) versus standard care 74%(57%-87%); p=0.09.

Median(IQR) number of person-centred care behaviours MMHU 4(1-8) versus standard care 1(0-3); p<0.05.

Median(IQR) number of non-person-centred care behaviours MMHU 4(2-7) versus standard care 5.5(0-3); p=0.09.

Discussion: Staff behaviour towards patients was more person-centred on the MMHU compared to standard care and the patient's mood appeared more positive. However, there are still barriers to delivering person-centred care in the acute hospital setting. These include the difficulty of caring for patients who call out repeatedly, conflicting priorities for the nurse and long days.

Conclusion: Medical and Mental Health Units have the potential to improve patient experience.

Recommending reading:

Harwood, RH et al (2010) Evaluation of a Medical and Mental Health Unit compared with standard

care for older people who's emergency admission to an acute general hospital is complicated by concurrent 'confusion'. A controlled clinical trial.

Harwood, RH et al (2010) Development of a specialist Medical and Mental Health Unit for older people in an acute general hospital. Available at: http://www.nottingham.ac.uk/mcop/documents/papers/issue5-mcop-issn2044-4230.pdf

4.9.3

'If your car works really well and never goes wrong, you don't open up the bonnet to see why': Findings and reflections from a study of patient and carer experiences of interprofessional teamwork in stroke

Gillian Hewitt, Kingston University and St. George's, University of London, London, UK
Co authors: Sarah Sims; Ruth Harris

Abstract:

Background: Stroke is a leading cause of long term disability requiring specialist care from a range of professionals working in acute, inpatient rehabilitation and community teams. Such interprofessional teams are widely accepted as an effective way of delivering services, yet little is known about how they are perceived and experienced by patients and their families.

Aim: To explore the impact of interprofessional teamwork on patient and carer experiences of care along the stroke care pathway.

Methods: Critical incident interviews were conducted between September 2010 and March 2011 with 50 patients and 33 carers recruited from two acute stroke centres. Participants were interviewed up to three times (hospital, inpatient rehabilitation and home) and were asked to describe any incidents of teamwork they had seen and the impact the incidents had on them. Interviews were analysed using the critical incident analytical approach and an analytic framework derived from a realist synthesis of the interprofessional teamwork literature.

Results: The elements of teamwork that were most visible to patients and carers were 'open communication' and 'collaboration and coordination', but few participants made direct links between these teamwork processes and their experiences of stroke care. Where links were made participants said they felt confident and reassured when they perceived communication and collaboration between team members to be good and anxious when they thought them poor. Overall, however, the most significant findings were the degree to which teamwork did not appear to be a concern to patients and carers and that it was a subject most found difficult to talk about in detail.

Discussion and Conclusions: From the perspective of patients and carers, interprofessional teamwork was not a major determinant of experience. As the car bonnet analogy in the title suggests, many were understandably more concerned with the care they received than with what underpinned it.

Recommended reading:
Redfern, S and Norman, I. (1999)

5.1 Theme: Nurse prescribing

5.1.1

Developing a profile of nurses who prescribe pain medication: a UK questionnaire survey

Karen Stenner, Research Fellow, University of Surrey, Division of Health and Social Care, Surrey, UK
Co authors: Molly Courtenay; Nicola Carey

Abstract:

Background: Pain is widely under-reported and under-treated and this can have negative consequences for health and psychosocial wellbeing (Langley 2011). Nurses who are trained to prescribe can improve access to pain medications (Stenner & Courtenay 2008). While around 40% of qualified nurse prescribers treat patients in pain (Courtenay & Gordon), little is known about their profile or training needs.

Aim: To provide information on the profile and practice of nurses in the United Kingdom who prescribe medication for pain.

Method: An online questionnaire was used to survey 214 nurses who prescribed for pain in the United Kingdom between May and July 2010. Data were analysed using descriptive statistics and non-parametric tests.

Results: Half the participants (50%) worked in primary care, 32% in secondary care and 14% worked across care settings. A range of services were provided, including: general practice, palliative care, pain management, emergency care, walk-in-centres and out-of-hours. The majority (86%) independently prescribed 1 to 20 items per week. Non-opioid and weak opioids analgesics were prescribed by most (95%) nurses, whereas fewer (35%) prescribed strong opioids. Training in pain had been undertaken by 97% and 82% felt adequately trained, although 28% had problems accessing training. Those with specialist training prescribed a wider range of pain medications, were more likely to prescribe strong opioids and were more often in pain management roles.

Discussion and conclusion: This is the first survey to describe the range of settings in which nurses prescribe, and the types of medicines prescribed, for patients in pain. A substantial proportion of nurses are involved in prescribing pain medications, with an emphasis on treating minor ailments and acute pain. Improving access to ongoing training is essential in order to support development in this area of practice and to maximise benefits to patient care.

Recommended reading:

Courtenay M & Gordon J (2009) A survey of therapy areas in which nurses prescribe and CPD needs. Nurse Prescribing 7, 255-262.

Langley PC (2011) The prevalence, correlates and treatment of pain in the European Union. Current Medical Research Opinion 27, 463-80.

Stenner K and Courtenay M (2008). The benefits of nurse prescribing according to nurses prescribing for patients in pain. Journal of Advanced Nursing 63, 27-55.

Research purpose:

Externally funded research

5.1.2

Nurse prescribing in England: A secondary analysis of a national primary care prescription database

Vari Drennan, Professor of Health Policy and Service Delivery, St.George's University of London, Kingston University, London, UK
Co authors: Robert Grant; Ruth Harris

Abstract:

Background: Nurse prescribing has been established in primary care and community settings over a number of years in the UK. In England independent prescriber qualifications permit nurses to prescribe within their scope of practice almost any drug or product available to doctors (The Medicines and Human Use (Prescribing) Order 2006). These developments were driven by policy goals of improved access to medicines, flexibility of clinical roles, and greater efficiency (Department of Health 2011). This study aimed to explore whether prescribing by nurses was achieving those policy objectives.

Methods: Data were extracted from National Health Service (NHS) primary care prescriptions and workforce databases for England in the period 2005-2010. A secondary analysis was conducted to examine temporal and geographical trends and uptake.

Results: There has been a rapid increase in primary care prescriptions by nurses since 2005, although overall numbers are small in comparison to general practitioners (GPs). The majority of prescriptions by nurses, including those with independent prescribing qualifications, are for dressings, wound, continence and stoma care products. There is evidence of a wider scope of practice in that nurse independent prescribers prescribed 9.1% of all emergency contraception in primary care. About half of nurse independent prescribers working in these settings did not write any prescriptions in the time period. Areas with fewer GPs per capita had higher rates of prescriptions by nurses on average.

Conclusions: The data is consistent with a focus on health promotion activities, some flexibility on clinical roles and some improved access to medicines. It suggests the policy objectives are still to be realised in all areas.

Recommended reading:

The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order 2006

Research purpose:

Own account

5.1.3

Is community matron independent nurse prescribing as safe and effective as medical practitioners in terms of clinical appropriateness and cost effectiveness?

Melanie Hart, Birmingham Community Health Care, Moseley Hall Hospital, Birmingham, UK

Abstract:

Independent Nurse prescribing is a relatively new development within the history of nursing, and many doctors have expressed concerns that mortality and the cost of the health service will increase with this extension of nursing powers. Prescribing is an essential part of the Community Matron role, as they care for people with highly complex or multiple long term conditions. They could potentially prescribe for a wide range of medical conditions, according to their competence and expertise. One method of evaluating appropriateness across 10 areas of prescribing is through the application of the Medication Appropriateness Index (MAI) which has been used in various studies assessing the prescribing of doctors.

The aim of this study was to prove or refute the hypothesis that 'Community Matron Independent Nurse Prescribing is as safe and effective as Medical Practitioners in terms of clinical appropriateness and cost effectiveness.'

A mixed – methods, non experimental cross-sectional retrospective study of the prescribing decisions of a purposive sample of all 13 Community Matrons within the Community Trust was undertaken, by examining a random selection of 5 case notes of each community matron where a prescribing decision had been made. 75 prescriptions were analysed as some visits generated more than one prescription. Qualitative data was obtained by audio-taping an illustrative sample of 5 consultations, with thematic analysis of the transcriptions producing supporting information of relevant discussions when issuing a prescription. Excluded patients from this arm of the study were those who could not give valid consent.

Of the prescriptions analysed 6 out of the 75 had to be excluded due to lack of information, representing 8% of the total sample. The CMs overall appropriate score was 89.85% and the overall

weighted inappropriate score was 3.73%. These figures compare favourably with the published data on Medical Practitioner prescribing, therefore the hypothesis was proved.

Recommended reading:

Department of Health (2006a). A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. London: HMSO

Hanlon, J. T, Schmader, KE., Samsa GP., Weinberger, M., Uttech, K., Lewis, I., Cohen, H. and Feussner, J. (1992) A method for assessing drug therapy appropriateness. Journal of Clinical Epidemiology, 45 (10), 1045-1051.

Department of Health (2005b) Supporting people with long term conditions: Liberating the talents of nurses who care for people with long term conditions. London: HMSO

Research purpose:

Master degree

5.2 Theme: Quality of care

5.2.1

Enhancing patient-centred care: perspectives of nurses and midwives regarding shift-to-shift bedside handover

Debra Kerr, Senior Lecturer, Victoria University, School of Nursing and Midwifery, Melbourne, Australia
Co authors: Sai Lu; Louise McKinlay

Abstract:

Background: A detailed examination of the benefits and limitations of conducting handover at the bedside from the nurse and midwife perspective is lacking, in particular its' implementation in the maternity context. Modifying handover practice from 'grouped handover' to the 'bedside' was considered as a potential strategy to enhance patient-focused care in one organisation. Three wards (medical, surgical, maternity) introduced bedside handover (BHO) in August 2010 as part of a structured program.

Aims: This study aimed to investigate the opinions of nurses and midwives about the implementation of bedside handover and impact on patient care.

Methods: A qualitative explorative approach was used and included a purposive sample. Semi-structured interviews of nurses and midwives were conducted 12 months after the introduction of BHO (August 2011). An interview schedule explored views about the risks, benefits, and limitations of BHO. Interviews were taped, transcribed and analysed using thematic content analysis. Themes were independently coded by 2 members of the

research team. Ethics approval was obtained from the institution.

Results: There were 30 participants in this study (20 nurses, 10 midwives). Six main themes emerged from the data: 'The handover change process', 'Enhanced patient care', 'Limited information for all patients', 'Strengthened nurse/midwife-patient relationship', 'What about confidentiality and privacy' and 'Strategies to enhance quality and confidence in handover delivery'.

Discussion: Nurses and midwives are generally in agreement that standards of care and documentation, in addition to continuity of care, have improved as a result of shift-to-shift BHO. Opportunities for the patient to be included in handover enhance patient focused care and strengthen the nurse/midwife-patient relationship.

Conclusions: Modification of handover is a significant change in practice for nurses and midwives. Sustained clinical support including development of standardised handover models, tools and training may address concerns regarding adequate information for all patients and privacy and confidentiality.

Recommended reading:

Research purpose:

Internal University Grant

5.2.2

Empowered nurse leaders essential for high quality patient care

Caroline Spencer, Associate Chief Nurse, Guys and St Thomas NHS Foundation Trust, London, UK
Co author: Susan McLaren; David Cowan

Abstract:

Background: This research is the first identified study to investigate nurse leader empowerment in a large NHS Foundation Trust in the UK. Drawing on Kanter's (1977, 1993) theoretical framework and research carried out by Laschinger (1996).

Aim: The aim of this study was to explore experiences of empowerment. Empowered nurse leaders are role models, encouraging and developing staff to produce high quality patient care. With the current quality agenda in a time of financial constraint, it is essential to gain further knowledge and understanding.

Method: This study used a previously validated semi structured interview schedule to measure empowerment (Upenieks 2002). Data collection took place between May 2010 and April 2011 with a purposive sample of thirty seven nurse leaders who had previously completed the Conditions of Work Effectiveness Questionnaire and had high, medium and low empowerment scores from a variety of directorates.

Analysis: Theme contact analysis was carried using the Downe-Wamboldt (1992) approach. The following key themes were identified.

1. Influence / Change / Quality

2. Relationships / Team / Hierarchy

3. Role / Role Model / Role Expectations

4. Finance / Workload / Politics

5. Development

6. Maternal Nurturing

Discussion and Conclusions: This study breaks new ground as few studies have been found that focused on nurse leaders with most concentrating on junior nurses. No previous studies have been identified that focused on the level of nurse leader empowerment in an NHS Foundation Trust. Nurse leader empowerment is of great importance for patient safety and quality improvement. It is essential that nurse leaders are empowered to carry out the highest quality efficient care for the benefit of all patients. It is therefore recommended that this study is replicated in other trusts and the findings utilised to enhance personal and professional development for nurse leaders.

Recommended reading:

Kanter R.M. (1993) Men and women of the corporation 2nd edition New York: Basic Books

Laschinger H (1996) A theoretical approach to studying work empowerment in nursing: a review of studies testing Kanter's theory of structural power in organizations Nursing Administration Quarterly 20 (2) 25-41

Upenieks V (2002) What constitutes successful nurse leadership? A qualitative approach utilizing Kanter's theory of organizational behaviour Journal of Nursing Administration 32 (12) 622: 632

Research purpose:

Doctoral programme

5.2.3

Evidence of quality improvement in nursing and midwifery care and documentation after the introduction of bedside handover

Debra Kerr, Senior Lecturer, Victoria University, School of Nursing and Midwifery, Melbourne, Australia
Co author: Sai Lu; Louise McKinlay

Abstract:

Background: Evidence is lacking that modified handover processes can improve standards of nursing care. Previously in this institution, handover was found to be lengthy, varied in style and lacking patient involvement. Only one ward (4.3%) was conducting bedside shift-to-shift nursing handover (BHO). Informed by the 'OSSIE

Guide to Clinical Handover Improvement' (Australian Commission on Safety and Quality in Healthcare), BHO was introduced in 3 clinical wards in August 2010.

Aims: This aim of this study was to measure for improvements in nursing care and documentation after the introduction of BHO.

Methods: This observational longitudinal study involved data extraction from patient records and direct observations in 3 wards (medical, surgical, maternity). Information regarding handover duration, and items of nursing care (e.g. allergy alert band) and documentation (e.g. admission form) was collected by consecutive sampling in three study periods (pre, 3-Month, 12-Month). Data was analysed by SPSS for descriptive statistics, logistic regression and Mann-Whitney U-Test.

Results: Median handover duration declined by 9 minutes for one ward (pre: 49.0, 3-Month: 40.0 mins; p=0.020). Data analysis from 1121 patient records (pre: n=381, 3-Month: n=367, 12-Month: n=373) showed sustained improvements in nursing care. Patients were more likely to be wearing an allergy alert band (pre, 3-Month, 12-Month respectively) (83.3%, 97.9%, 95.4%; p=0.005) and given their medication as prescribed (81.1%, 95.1%, 97.3%; p=0.000). Improvement in completion of documentation was observed for pressure ulcer risk on admission (78.2%, 95.5%, 92.3%; p=0.000) and intravenous cannula assessment (46.6%, 63.4%, 81.3%; p=0.017).

Discussion: This study has demonstrated that a BHO approach can improve nursing care and documentation, and reduce handover duration. These improvements were maintained twelve months after BHO implementation.

Conclusions: Sustained clinical support including development of standardised handover models and training may strengthen the quality of BHO for wards proposing to introduce this alternative handover style in the future.

Recommended reading:

Australian Commission on Safety and Quality in Health Care (2010). The OSSIE Guide to Clinical Handover Improvement. Sydney, ACSQHC.

Funding:

University Funding

10,001 – 50,000

Research purpose:

Internal University Grant

5.3 Theme: Critical care

5.3.1

Realist synthesis: Critical care rapid response systems

Jennifer McGaughey, Nurse Lecturer, Queen's University of Belfast, Belfast, UK
Co authors: Bronagh Blackwood; Peter O'Halloran; Sam Porter

Abstract:

Background: Rapid Response Systems (RRS) consist of four interrelated and interdependent components; an event detection and trigger mechanism, a response strategy, a governance structure and process improvement system. These multiple components of the RRS pose problems in evaluation as the intervention is complex and cannot be evaluated using a traditional systematic review. Complex interventions in healthcare aimed at changing service delivery and related behaviour of health professionals require a different approach to summarising the evidence. Realist synthesis is such an approach to reviewing research evidence on complex interventions to provide an explanatory analysis of how and why an intervention works or doesn't work in practice. The core principle is to make explicit the underlying assumptions about how an intervention is suppose to work (ie programme theory) and then use this theory to guide evaluation.

Methods: A realist synthesis process was used to explain those factors that enable or constrain the success of RRS programmes.

Results: The findings from the review include the articulation of the RRS programme theories, evaluation of whether these theories are supported or refuted by the research evidence and an evaluation of evidence to explain the underlying reasons why RRS works or doesn't work in practice. Rival conjectured RRS programme theories were identified to explain the constraining factors regarding implementation of RRS in practice. These programme theories are presented using a logic model to highlight all the components which impact or influence the delivery of RRS programmes in the practice setting.

The evidence from the realist synthesis provided the foundation for the development of hypothesis to test and refine the theories in the subsequent stages of the Realist Evaluation PhD study [1]. This information will be useful in providing evidence and direction for strategic and service planning of acute care to improve patient safety in hospital.

Recommended reading:

McGaughey J, Blackwood B, O'Halloran P, Trinder T. J. & Porter S. (2010) Realistic Evaluation of Early Warning Systems and the Acute Life-threatening Events: Recognition and Treatment training course for early recognition and management of deteriora

Funding:

Sandra Ryan Fellowship, The School of Nursing & Midwifery, Queen's University Belfast

100,001 – 500,000

Research purpose:

Doctoral programme

5.3.2

After critical care, then what? Patient support after critical care: A mixed method longitudinal study using a novel research technique

Natalie Pattison, Senior Clinical Nursing Research Fellow, The Royal Marsden NHS Foundation Trust, London, UK
Co authors: Geraldine O'Gara; Janice Rattray

Abstract:

Background: After critical care and critical illness rehabilitation is a burgeoning area of clinical practice, with long term sequelae from critical illness (NICE, 2009). Research in critical care follow-up centres on post-traumatic stress disorders, anxiety/depression and physical function (NICE, 2009), and there is limited work around patient needs.

Aim: To explore experiences and needs, over time, of patients discharged from critical care using the ICEq, HADS and EQ-5D, associated clinical predictors and in-depth email interviewing.

Methods: A mixed-method, longitudinal study, quantitatively assessing patient experience using Intensive Care Experience (ICE-q) questionnaire (Rattray et al, 2004); the Hospital Anxiety and Depression Score (HADS) questionnaire, and the EUROQoL assessment (EQ-5D). This data was explored against clinical predictors including length of stay, severity of illness and nursing dependency indices. Data were triangulated with qualitative in-depth email interview data and analysed using principles of grounded theory. Email is a little used tool for data generation and novel in healthcare research (Bjerke, 2010). Consecutive sampling was used of all patients admitted to the Critical Care Unit for a period of 48hrs or longer from Jan 2010: March 2011, from which a purposive sample were asked to participate in longitudinal email interviews at 1 month and 6 months. All patients had cancer.

Results: 78 patients participated. 21 of these took part in longitudinal email interviews. Mean EUROQoL visual analogue scale scores were 57.75 (SD 19.03) at 2 weeks and 69.15 (SD 19.07) at 6 months, showing improvement over time. This improvement was reflected in qualitative email data and emergent themes were: rehabilitation/recovery in the context of cancer; disorientation in CCU; information needs; relocation anxiety. The overarching, core theme related to establishing normality.

Conclusions: Recovery from critical illness is shaped by ongoing illness and treatment in cancer. Email interviews offer a convenient method of gaining in-depth interview data.

5.3.3

Physical restraint use in critical care units. Perceptions of patients and their families

María Ángeles Margall, Clinica Universidad De Navarra, Pamplona, Spain,

Co authors: Rosana Goñi; MªCarmen Asiain; Anabel Pérez de Ciriza; Ana Nicolás; Elena Regaira

Abstract:

Introduction: the use of physical restraints in Intensive Care Units (ICU) is common although little is known about patients' and relatives' perceptions of this use.

Objectives: 1) to analyze the prevalence and use of physical restraints in a general adult ICU; 2) to know the perceptions of patients who experienced use of physical restraints and; 3) to know the perceptions of relatives of patients who used physical restraints.

Methods: this descriptive study, which used both quantitative and qualitative methods, was carried out in an adult ICU of a teaching Hospital in Spain. For the first objective, all the patients (101) who had used any kind of physical restraint were analysed. For the second and third objectives, 30 patients and 30 relatives were interviewed using the guidelines of Strumpf & Evans as modified by Hardin (1993). All interviews were recorded, fully transcribed and then submitted to a language content analysis using the method of Hsieh & Shannon.

Results: the only physical restraint used was the wrist restraint with a prevalence of 43.47%. Seventy-two percent of patients wore the restraint ≈¤12h and 28%⋯12h. Analysis of the patient interviews revealed 4 main themes: acceptance of the restraint conditioned by beliefs and information provided; feelings and sensations caused by the use of the restraint; alternatives proposed and future repercussions. Three themes emerged from the interviews with relatives: impressions caused by the use of the restrictions; reasons for accepting or rejecting them; alternatives to the use of restraints.

Conclusions: most patients used physical restraints for a short period of time and only the wrist restraint was used. Patients using physical restraints and their relatives expressed a wide range of feelings and sensations, with no negative future repercussions. In general, they agreed with the use of restraints although more precise information would lead to greater acceptance.

5.4 Theme: Children and young people: End of life care

5.4.1

The difference between the ideal and actual roles of nurses in late effects care

Clare Warnock, Weston Park Hospital, Specialist Cancer Services, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK

Co authors: Janice Siddall; Jennie Freeman; Tanya Urquhart; Diana Greenfield

Abstract:

Background: Developments in cancer treatments have lead to a 5 year survival rate above 74% in children and young adults. Whilst offering a survival advantage, cancer treatments are also associated with a high incidence of negative long-term physical, social and psychological consequences. Providing services to manage the late effects of cancer and its treatment is a relatively new care priority (NICE 2005). The actual and potential role of nurses within late effects services has not been explored.

Aims: To identify and compare the views of managers and nurses on the ideal and existing role of nurses in late effects services.

Methods: Structured questionnaires were developed from the literature and expert opinion which asked participants to select from a range of nursing roles and levels of practice. Managers were asked to identify ideal and preferred roles, nurses were asked about their current roles. Questionnaires were distributed via cancer treatment centres across England, UK. Data was collected between March and July 2010 and analysed using descriptive statistics and chi-squared tests.

Results: 80 managers and 36 nurses participated. The ideal role identified by managers differed significantly from the current role of nurses. Managers selected a wide range of potential activities working in consultation with clinicians while participating in service development. The nurses' current role was comparatively narrow, contained fewer elements of independent practice and less involvement in service development, research or education.

Discussion and conclusion: Key differences between actual and ideal roles have been identified. The ideal role identified by managers suggests a challenging scope of practice. Local and national resources may be required to enable nurses to fully develop their potential contribution in these areas. The findings from this study informed the development of a national late effects nurse competence framework, ratified by the Royal College of Nursing.

5.4.2

Identifying and managing the emotional support needs of community nurses delivering paediatric palliative care in a rural Scottish context

Fiona Reid, NHS Highland, Inverness, UK

Abstract:

Background: The death of a child is a rare phenomenon in the western world, being a highly emotive and subjectively distressing event (Papadatou et al 2002). There is a misconception surrounding the level of nursing expertise, and an underestimation of the degree of emotional work required to undertake the delivery of end-of-life care

to children and young people (CYP) (Maunder 2006). Exposure to repetitive episodes of stress and psychological dysfunction influences nurses' grief, relationships, personal health, professionalism, decision-making, and ultimately, future care delivery.

Aim: To identify the stressors, obstacles, emotional demands, and support needs of nurses delivering paediatric palliative care in the community setting.

Method: A qualitative design was used, involving indirect purposive sampling of relevant nurses from one Health Board in the UK. Seventeen 1:1 semi-structured interviews were conducted throughout 2009, with data analysed using a thematic approach.

Results: Defined topics were extrapolated with interrelated factors emerging that influenced the stressors for nurses, and coping mechanisms that they utilized: Organizational structure, Relationships and Team Working, Community context, Self-efficacy, Coping strategies and Support systems.

Discussion: Shared and/or discrete issues could be distinguished between the various nurses dependent on qualification, care context, rurality, education and prior experiences. The paucity of literature surrounding this topic indicates that this is a new field of research. It offers opportunities to shape changes to policy and practice regarding the comprehension of rural healthcare, team-working, and nurses' education and support platforms.

Conclusion: Delivery of palliative care to CYP is complex and multifaceted. This qualitative research provides rare insight into nurses' undocumented experiences. It highlights the private, professional and practice-related variables that impact on the stressors, challenges, rewards and support systems for those nurses working in this field. Recommendations for further research, including possible transferability to rural healthcare settings both within and outwith the UK are made.

Recommended reading:

Maunder EZ (2006) Emotion work in the palliative care of children and young people. International Journal of Palliative Nursing 12(1):27-33

Papadatou D, Bellali T, Papazoglou I, Petraki D (2002) Greek nurse and physician grief as a result of caring for children dying of cancer. Pediatric Nursing. 28 (4): 345-355

Funding:

UK – Health Service (Local)

1,000 – 10,000

Research purpose:

Master degree

5.4.3

The lived experience of parents following the death of a twin in the perinatal/neonatal period

Mary Goggin, Neonatal Unit, St. George's Hospital, London, UK

Abstract:

Background: Death of a twin is proportionally more common than death of a singleton. Grief following the death of a twin is complicated by the presence of the surviving twin. This study reports on parents experience following the death of a twin in the perinatal/ neonatal period.

Aim: The aim of the study was to understand how parents experienced the death of a twin.

Methods: A phenomenological approach was utilised based on Husserl's (1900/1901) descriptive phenomenology. Seven parents were recruited. Data were generated from two semi structured interviews. Transcripts were analysed using Colaizzi's (1978) method. Findings were written up as a description of the experience death of a twin and the fundamental structure elicited.

Results: Four main themes were elicited: confronting death; accompanied by others; being alone; understanding the loss. The death of a twin is experienced in the worlds of temporality, spatiality, relationality and corporeality. It is a loss that is progressive in nature and is contextualised within the life of the parent. The dead twin is held within the fabric of the family and the ashes are retained as a perfect resting place has yet to be found.

Discussion: The findings from this study provide a new understanding of parents' experience following the death of a twin. The findings have relevance to healthcare professionals within nursing, midwifery, counselling and medicine. The resultant conceptual framework can provide guidance within which to plan care for the bereaved parent and enable health care professionals to understand death of a twin in contemporary society. The findings from this study substantiate the theory of 'continuing bonds' in bereavement theory.

Conclusion: The death of a twin is complex and is experienced as an ongoing loss. The findings seek to inform policy, education, and bereavement support for parents following the death of a twin.

Recommended reading:

Husserl, E. (1900/1901) Logical Investigations Vol.2. Findlay, J.N. Translator. London: Routledge

Colaizzi, P.F. (1978) Psychological research as the phenomenologist views it. In: Valle, R.S. & King, M. (Eds) Existential phenomenological alternatives for psychology. New York: Oxford University Press

Funding:

UK – Health Service (National)

1,000 – 10,000

Research purpose:

Doctoral programme

5.5.1

Faecal incontinence in inflammatory bowel disease (IBD) and effect on quality of life

Lesley Dibley, Research Fellow, Bucks New University, Middlesex, UK
Co author: Christine Norton

Abstract:

Background and Aims: It is not known whether established predisposing factors for faecal incontinence (FI) are relevant to people with IBD. The effect that IBD-related FI has on quality of life is unknown. We aimed to determine the frequency and severity of FI in people with IBD, including the identification of associations between reported factors and FI status, and the effect of FI on quality of life.

Study Design and Methods: We randomly sampled 10,000 members of Crohn's & Colitis UK and received 3264 electronic or postal responses. Respondents provided demographic information, medical history, continence status (ICIQ-B) and quality of life (IBD-Q), and free text responses about incontinence. Data were managed using Excel and SPSS version 18.

Findings: 26% reported never being incontinent. Of the 74% who reported some FI, this was rarely for 34%, sometimes for 31%, and regularly for 9%. 'FI was linked to disease flare up, but regular incontinence was also reported in remission. FI was associated with age, disease activity, gender, vaginal delivery, any type of anal or colorectal surgery and co-existing urinary incontinence (all p=<0.001). There was no difference between Crohn's disease and ulcerative colitis).

Quality of life scores (ICIQ-B) and social function scores (IBD-Q) were worse in those with FI (p=<0.001). Most respondents had not disclosed FI to health professionals and few knew that any help was available.

Discussion: While our results are undoubtedly biased by selective responding, they indicate that many more people with IBD have FI than in the general population (<10%). Even if all our non-respondents are continent, 24% of people with IBD are likely to have FI.

Conclusions: There is a large and currently unmet need for help with continence in people with IBD.

Recommended reading:

Bartlett L, Nowak M, Ho YH (2009) Impact of fecal incontinence on quality of life. World Journal of Gastroenterology 15; 26: 3276-3282

Pretlove SJ, Radley S, Toozs-Hobson PM et al (2006) Prevalence of anal incontinence according to age and gender: a systematic review and meta-regression analysis. International Urogynecology Journal 17:407-417

Ong JPL, Edwards GJ, Allison MC (2007) Mode of delivery and risk of fecal incontinence in women with or without Inflammatory Bowel Disease: ques-

tionnaire survey. Inflammatory Bowel Diseases 13: 1391-1394

5.5.2

Experiences of faecal incontinence in people with inflammatory bowel disease (IBD)

Lesley Dibley, Research Fellow, Bucks New University, Middlesex, UK
Co author: Christine Norton

Abstract:

IBD affects millions of people in the Western World. There is little understanding of the experiences of living with IBD-related faecal incontinence (FI), although it is known to be a major area of concern to patients (1). As part of a large mixed-methods two-phase study, we aimed to understand the experiences and concerns of people who endure IBD-related incontinence.

We randomly sampled 10,000 members of Crohn's & Colitis UK (n=3264 respondents) who met the study criteria. In phase 1, all consenting respondents completed a compound questionnaire to provide demographic information, disease and medical history, continence status, quality of life data, and free text responses to 8 questions about incontinence. In phase 2, 28 people participated in individual semi-structured interviews.

This paper presents findings from the Phase 1 free text responses. 636 sets of data were transcribed, continuing until no new themes emerged. Data were sorted and analysed using a pragmatic thematic approach (2). Both authors individually identified themes and generated codes, before collaborating to agree on final themes and sub-themes.

Core themes were:

• Emotional & psychological impact

• Feelings of stigma

• Limited Lives

• Symptoms

• Practical coping mechanisms

• Access to facilities

• Fear of incontinence

Incontinence, and fear of it, limits social, working and personal lives, impacting on people in complex ways. Key strategies, including situation avoidance, are used to try and cope. Incontinence is degrading and humiliating. People are often too embarrassed to ask for help but the most desired help was for the opportunity to access professional or lay talking therapies. The quality of professional support (GP, hospital consultant, specialist IBD / continence nurse) varies across the country.

IBD-related incontinence and fear of incontinence, regardless of disease status, cause a web of difficulties for the experiencing person. People with IBD-related FI need help in accessing sympathetic and helpful professional support.

Recommended reading:

Casati J, Toner BB, De Rooy EC et al (2000) Concerns of Patients with Inflammatory Bowel Disease: A Review of Emerging Themes. Digestive Diseases and Sciences 45;1:26-31.

Fereday J & Muir-Cochrane E (2006) Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. International Journal of Qualitative Methods:

5.6 Theme: Qualitative methodology

5.6.1

Constructivist grounded theory of distress management in cancer survivors

Austyn Snowden, Lecturer in Mental Health Nursing, School of Health Nursing and Midwifery, University of the West of Scotland, Paisley, UK

Abstract:

Background: The distress thermometer is a valid measure of distress in cancer. However, there is less evidence as to what this may mean for the patient experience of distress (Snowden et al., 2011). This paper presents a grounded theory of the patient experience of distress management (DM) in outpatient cancer care in Scotland.

Aim: To articulate the process of DM in cancer care from the patient perspective

Method: Constructivist grounded theory (Charmaz, 2006). Nineteen people attending OP clinic with a diagnosis of cancer for at least 6 months, between the ages of 51 and 82 were interviewed in late 2010. DT scores ranged from 0-10. These people were interviewed to ascertain any specific impact of DM on them. Interviews were concurrently transcribed, coded for gerunds, and thematically analysed until data saturation was approached.

Results: Experience of DM ranged from highly positive to extremely negative. From these experiences a process of DM was constructed that identified the various pitfalls described by the interviewees. These were categorised according to 3 interrelated processes, with successive processes dependent upon successful experience in the previous ones. The processes were:

1. Meeting the DT

2. Experiencing DM

3. Enacting DM

Examples will be given from the primary data to illustrate the positive and negative aspects of the process. From a clinical perspective it is clear that the first part of the process is the most important to get right, as this is where the bulk of disengagement occurred. Where the process was successfully managed it was clearly valued by people.

Discusssion: Further longitudinal study is planned to evaluate the process in practice and to analyse the clinical, economic and personal impact in a prospective cohort of cancer survivors.

Recommended reading:

Charmaz, K. (2006). Constructing Grounded Theory; A practical guide through qualitative analysis. London: Sage.

Snowden, A., White, C., Christie, Z., Murray, E., McGowan, C., & Scott, R. (2011). The clinical utility of the Distress Thermometer: a review. British Journal of Nursing, vol 20, no4, pp220-227.

5.6.2

An overview of the use of the nominal group technique to design a consultation template for use with patients with leg ulceration

Julie Green, Lecturer in Nursing, Keele University, School of Nursing and Midwifery, Stoke on Trent, UK

Abstract:

An overview of the use of the nominal group technique to design a consultation template for use with patients with leg ulceration.

Background: Leg ulcers occur and recur frequently (Heit et al, 2001), are expensive both personally and to the NHS (Posnett and Franks, 2007) and limit the sufferers' quality of life (Jones and Nelson, 2005).

Aims: This presentation brings together the findings of two earlier phases and will demonstrate how the use of a nominal group has guided the design of a new consultation template.

Methods:

Phases 1 and 2 comprised patient interviews and observations of care to establish whether the important themes raised by participants were addressed during their consultations. Results from these phases and themes from the literature review were used to inform a nominal group of

'experts' in the development of a new template, which was validated by patients.

Discussion: During unstructured interviews, a number of key themes were identified. Wound care consultations for the same participants revealed that on many occasions (52%) such themes were not divulged to their consulting nurse or any advice sought. This figure increased when themes related to psychological and social factors. These results and themes from the literature were utilised by a nominal group of 'experts' to develop a new consultation template, designed to focus consultations on quality of life issues. For the final phase of the study, the template will be piloted within a local team.

Conclusion: This study demonstrates that important quality of life issues for patients who suffer from chronic venous leg ulceration are frequently overlooked during their current consultations. A new consultation template has been developed, using a nominal group technique, to enhance the focus of consultations on these patient derived themes. Understanding the 'lived experience' and addressing these factors during consultations may be vital to improving quality of life for this patient group.

Recommended reading:

Heit, J., Rooke, T., Silverstein, M., Mohr, D., Lohse, C., Petterson, T., O'Fallon, M. and Melton, J. (2001) Trends in the incidence of venous stasis syndrome and venous ulcer: A 25-year population-based study. Journal of Vascular Surgery 33, 5, 1022-10

Posnett, J. and Franks,P. (2007). The costs of skin breakdown and ulceration in the UK in Smith and Nephew Foundation (2007) Skin Breakdown: The silent epidemic. UK, snfoundation.

Jones, J. and Nelson,E. (2005). Skin grafting for venous leg ulcers Cochrane Database Systematic Review. (1):CD001737.

Funding:

UK – Health Service (Local)

100,001 – 500,000

Research purpose:

Doctoral programme

5.6.3

Constant observation: No place for a sitter!

Kath Riddell, Director of Practice Development, Eastern Health, Practice Development Unit, Melbourne, Australia
Co authors: Patricia Livingston; Bridie Kent

Abstract:

Background: Caring for people with challenging behaviours, within the context of contemporary health care, is a complex issue. Australian public health services are experiencing growing demand from an ageing population and people suffering mental health illness. Health administrations face a balancing act to effectively and efficiently manage 'at risk' patients, whilst protecting staff.

Within the second largest of Victoria's public health services, two general acute hospitals manage 'at risk' patients within a Constant Observation (CO) model. One hospital adopted an alternative model of care, i.e. a specialist nursing team, whilst the other hospital continued to practice with a traditional model of engaging sitters.

Aim: The objective of this study was to evaluate patient safety and the economic efficiency of the two models of care.

Methods: A mixed method study was undertaken, with after-only quasi-experimental data collection. Sequential collection of qualitative data aimed to enhance quantitative findings by providing the clinical setting context.

Results: Over a 12-month period, 1 July 2009 to 30 June 2010, 394 patients were managed under CO.

The hospital utilising the specialist nursing team demonstrated a significantly lower number of adverse events ($I\ddagger2$ = 14.7, p ⇐ 0.001). It also provided greater efficiency with fewer episodes of CO (899 compared to 1230) and a lower mean duration (⇐ 29.95 hours) of CO care. The use of a permanent nursing workforce also improved economic efficiencies.

Discussion and Conclusions: CO can deliver enhanced patient outcomes, but models of care need to be contextualised for each setting. The historical sitter model must be abandoned, as it carries a higher clinical risk whilst being economically unsustainable. The findings of this study have implications for current health administrators and educational providers, which could ultimately contribute to enhanced patient centered care for the complex 'at risk' patient group.

Recommended reading:

Wilkes, L., Jackson, D., Mohan, S., Wallis, M. (2010). 'Close observation by 'specials' to promote safety of the older person with behavioural disturbances in the acute care setting'. Contemporary Nurse, vol 36, no 1-2, pp 131-142

Harding, A. (2010). 'Observation assistants: sitter effectiveness and industry measures'. Nursing Economic$, vol 28, no 5, pp 330-336.

Jaworowski, S., Raveh, D., Lobel, E., Fuer, A., Gropp, C., Mergui, J. (2008). ' Constant Observation in the general hospital: a review'. Israeli Journal of Psychiatry Related Science, vol 45, no 4, pp 278-284.

Funding:

No Funding

Research purpose:

Evaluation of service development and innovation

5.7.1

Findings from a first international survey of nurse scholars' knowledge and use of electronic theses and dissertations

Colin Macduff, Reader, Robert Gordon University, Aberdeen, UK
Co authors: L Goodfellow; G Leslie; S Copeland; D Nolfi; D Blackwood

Abstract:

Background: The availability of electronically formatted theses and dissertations (ETDs) has increased massively in recent years (Goodfellow 2009), providing the potential to radically change the presentation, dissemination and use of doctoral nursing studies (Macduff 2009). However, as yet, little information can be found about ETDs in the nursing literature. This paper will address this deficit by presenting selected findings from an exploratory international study carried out in 2010-2011.

Aim: The primary aim was to gain an initial understanding of knowledge and use of ETDs amongst nurse scholars in four different countries.

Methods: Purposeful sampling of specific schools of nursing in the vanguard of nursing ETD development was used to identify institutional participants in Australia, New Zealand, the United Kingdom and the United States. A descriptive online survey design was forwarded to this target sample which comprised faculty, graduate students, and alumni of graduate programs.

Results: 209 participants completed the online questionnaire. Only 44% of participants reported knowing how to access ETDs in their institution's digital library and only 18% reported knowing how to do so through a national or international digital library. 27% had cited an ETD in a publication. 94% of the participants had used other electronic databases for research during the past year, so the underuse of ETDs was found to be attributable to specific issues rather than general reluctance to use online resources.

Conclusion: We believe that this is the first international study of its kind to explore knowledge and use of ETDs, and ETD digital libraries, with a focus on nursing. The results show that the majority of nursing faculty, students and alumni have little understanding of how to access ETDs and how to use them to their fullest potential. This study has, therefore, set the stage for future research and development in this field.

Recommended reading:

Goodfellow, L M (2009) Electronic theses and dissertations: a review of this valuable resource for nurse scholars worldwide International Nursing Review 56 (2), 159-165

Macduff C (2009) The PhD as a virtual guest house. Journal of Clinical Nursing 17, 2381-2383

Research purpose:

Internal faculty development funding from USA university

5.7.2

A modest start, but a steady rise in research use: A longitudinal study of nurses during the first five years in professional life

Lars Wallin, Researcher, Karolinska Institutet, Dept. of Neurobiology, Care Sciences and Society, Division of Nursing, Stockholm, Sweden
Co authors: Ann Rudman; Anna Ehrenberg; Petter Gustavsson

Abstract:

Background: Newly graduated nurses are faced with a challenging work environment that may impede their ability to provide evidence-based practice. However, little is known about the trajectory of registered nurses' use of research during the first years of professional life.

Aim: The aim was to prospectively examine the extent of nurses' use of research during the first five years after undergraduate education.

Method: Annually collected survey data (2006-2010 in the spring) from a prospective cohort of 1,501 Swedish newly graduated nurses within the national LANE study (Longitudinal Analyses of Nursing Education and Entry in Worklife) were used. The dependent variable consisted of three single items assessing instrumental, conceptual and persuasive research use, where the nurses rated their use on a five-point scale, from 'never' (1) to 'on almost every shift' (5). Data were analysed by descriptive and longitudinal growth curve analyses.

Results: Instrumental use of research was most frequently reported, closely followed by conceptual use, with persuasive use occurring to a considerably lower extent. The development over time showed a substantial general upward trend, most apparent for conceptual use, increasing from a mean of 2.6 at year one to 3.6 at year five. Instrumental use had a year one mean of 2.8 and a year five mean of 3.5, and persuasive use showed a year one mean of 1.7 and 2.0 at year five. For all three kinds or research use the increase started only after the second year.

Conclusion: There was a clear trend of increase with initial ratings indicating the extent of research use in subsequent years. However, it took more than two years of practice before this increase 'kicked in'. These findings support previous research claiming that newly graduated nurses go through a 'transition shock', reducing their ability to use research findings in clinical work.

Recommended reading:

Duchscher JEB (2009) Transition shock: the initial stage of role adaptation for newly-graduated Registered Nurses. Journal of Advanced Nursing, 65, pp 1103-1113.

Rudman A, Omne-Pontén M, Wallin L, Gustavsson P (2010) Monitoring the newly qualified nurses in Sweden: the longitudinal analysis of nursing education (LANE) study. Human Resources in Health, 8:10.

Estabrooks CA (1999) The Conceptual Structure of Research Utilization. Research in Nursing and Health, 22, pp 203-216.

Research purpose:

Externally funded research

5.7.3

Mutuality in learning: Older adults and BSN nursing students' experiences of partnering in student education

Sue Davies, Winona State University, Winona, USA
Co author: Amy Reitmaier

Abstract:

The benefits of intergenerational contact between old and young adults have been demonstrated; yet nursing programs have underexploited this potential. This paper describes experiences of older adults and nursing students involved in a sixteen-week course in Caring for the Older Adult within a BSN program. Elders are recruited to receive bi-weekly visits from a designated student in order to share aspects of their life and experiences with them, enabling a more accurate understanding of the total experience of aging. Nursing students offer advice and support based on their developing knowledge and skills. The students then work with the older adults to develop health promotion projects that will benefit the whole community in which the older adult lives. The practicum experience supports and supplements a classroom-based program that draws heavily on person – and relationship-centred models and theories of aging (McCormack 2004, Nolan et al. 2004). This paper will present a constructivist analysis of data drawn from the experiences of the first two cohorts of students to undertake the program. Data include semi-structured interviews with 30 students and 20 adults who participated in the program, together with reflective journals completed by the students following each visit with their designated older adult. The analysis reveals important benefits for all participants, including opportunities for reciprocity, generativity and collaboration.

Recommended reading:

McCormack, B. (2004) Person-centredness in gerontological nursing: an overview of the literature. International Journal of Older People Nursing in association with Journal of Clinical Nursing, 13, 3a, 31-38.

Nolan, M R., Davies, S., Brown, J., Keady, J. & Nolan, J. (2004). 'Beyond 'person-centered' care: a new vision for gerontological nursing. International Journal of Older People Nursing, 13 (3a), 45-53.

Research purpose:

Programme evaluation

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Concurrent sessions

Wednesday 25 April 2012 – Students day

6.1 Theme: Students and patient safety

6.1.1

Pre registration nursing students' understanding of patient safety, and peer reporting: A scenario-based study

Sharon Andrew, Professor of Nursing, Faculty of Health, Social Care and Education, Anglia Ruskin University, Chelmsford, Essex, UK
Co authors: Mansour Mansour; Sian Shaw

Abstract:

Background: Pre-registration nurse training is tasked with the preparation of students who are able to provide high quality nursing care whilst safeguarding patients and their families. Patient safety is paramount and nurses recognise patient advocacy as a powerful aspect of their role1. Guidelines for nursing curricula include standards around management of risk. Yet, the interpretation of how to implement the teaching of patient safety and risk recognition and management to enable students to recognise how to contextualise in the clinical setting in a meaningful way is less clear in nursing curricula.

Aims: The aim of this research is to explore pre-registration nursing students' experiences of organisational and peer reporting and patient safety using case-study scenarios. The scenarios developed are based on situations described in the literature. This presentation focuses on 3 scenarios related to potential errors in medication administration an area of importance in patient safety.2

Methods: Final year students enrolled in the adult branch of a pre-registration nursing programme in the UK were surveyed between March and May 2011. Students provided qualitative responses to indicate how they would respond to the hypothetical situations.

Findings: Of those surveyed 176 students (55%) returned the questionnaire. Analysis identified four themes: 1) Willingness to compromise; 2) Avoiding responsibility; 3) Taking decisive action and 4) Consequences and outcomes.

Discussion: Students expressed strong understanding of how to manage situations that have clearly established clinical protocols. The students also demonstrated a variety of coping strategies about how to proceed with these scenarios. Factors such their level of experience, and trust in who is administering the medication were perceived to be influential in the decision making process.

Conclusion: Findings underscore the importance of contextual teaching about risk management, practical techniques for error management and leadership for optimal patient safety in pre-registration nursing curricula.

Recommended reading:

Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb, E.J., Luck, L., Salamonson, Y. & Wilkes, L. Understanding whistleblowing: qualitative insights from nurse whistleblowers. Journal of Advanced Nursing, 2010. 66: pp. 2194-2201.

Mansour. M. Methodological and Ethical Approach in Investigating the Safety of Medication Administration. Nurse Researcher, 2010, pp. 18: 28-32.

Wakefield, A., Attree, M., Braidman, I., Carlisle, C., Johnson, M. & Cooke, H. Patient safety: Do nursing and medical curricula address this theme? Nurse Education Today, 2005, 25: pp. 333-340.

6.1.2

How do nursing students utilise directed study time within an undergraduate nursing curriculum?

Caroline Barker, The University of Huddersfield, Huddersfield, UK

Abstract:

Background: Within the United Kingdom pre-registration nursing students are required to complete 2300 hours of theory and 2300 hours of practice to register as a nurse (NMC, 2010). The theory hours within nursing curricula include a significant proportion of directed study time. However, the way in which directed study time is used is open to interpretation.

Aims: To explore how directed study time is used within nursing curricula.

• To determine whether students are motivated to study independently.

• To investigate how the relationship between academics and students influences directed study time.

Method: Eleven individual semi-structured interviews were held with nurse academics. Three focus groups were held with student nurses (first year, second year and third year). All of the data was collected from one university site between March – May 2011.

Results: Preliminary findings suggest that students are motivated by assessment. Culture and peer pressure influence students' behaviour. Lecturers' promote a student dependency with some students adopting childlike behaviours. Students' use directed study time as their own time to work; to engage in domestic activities within the home; black female students use the time to escape from home.

Discussion: In the 1990s nurse education was accused of adopting the principles of androgogy and humanistic teaching methods without adequate consideration (Derbyshire, 1993). The fact that almost twenty years later students remain dependent upon lecturers indicates that nursing students and academics continue to use pedagogical principles. Nurse academics demonstrate a nurturing role, this may be because nursing is considered to be a caring profession and predominantly female.

Conclusion: It could be argued that andragogical principles have not successfully been employed within nurse education. Further research is needed to determine how nursing curricula can promote independent learners particularly with the move towards an all graduate profession and the increasing cost of education.

Recommended reading:

Darbyshire, P. (1993) In defence of pedagogy: a critique of the notion of androgogy. Nurse Education Today. 13: 328-335.

NMC (2010) Standards for Pre-Registration Nursing Education. Nursing and Midwifery Council. London.

6.1.3

Evaluating the efficacy of calculator use in the Italian undergraduate nursing students' drug calculation skills: A comparison study

Annamaria Grugnetti, Nursing PhD Student, Dipartimento Scienze della Salute, Università degli Studi di Genova, Genova, Italy
Co authors: Annamaria Bagnasco, Loredana Sasso

Abstract:

Background: Patient safety, including safe drug administration is an essential component of nursing practice. The calculation skills of nursing students continue to be an international issue.

Aims: Verify if calculator use in the written Math Skill Test reduces errors and improves students' performance.

Methods: This experimental study was conducted in June 2011 with 78 nursing students divided randomly into two groups: experimental group (n. 39) and the control group (n. 39) that had done the test respectively with and without the use of a calculator. Descriptive statistics were used to analyze quantitative data. Independent t tests were used to compare the test scores between the two groups.

Results: The experimental group had scores ranging from 16.15 to 29.25 out of a maximum of 30, the mean was 24.30 (S.D. 3.34) and the control group had scores ranging from 12.80 to 27.25, the mean was 22.73 (S.D. 4.38). The highest score achieved by the experimental group was 29.25 (only one student) and in the control group was 27.25 (seven students). Results showed a significant difference between the scores of the two groups (p=0.078).

Discussion: Our study highlighted the mathematics deficiencies in both groups of students, despite the use of the calculator.

The calculator slightly improved students' achievement, but it did not help them resolve conceptual problems.

Conclusions: – There is a need for new approaches to teaching and assessing drug administration.

– We need to understand how to contextualize these training strategies and how to evaluate learning outcomes in clinical practice.

– Educational strategies and a math skills laboratory should be tested and integrated in a curriculum for nursing students to ensure professional competences and deliver safe clinical practice.

Recommended reading:

Grandell-Niemi, H., Hupli, M., Puukka, P., & Leino-Kilpi, H. (2006). Finnish nurses' and nursing students' mathematical skills. Nurse Education Today, 26(2), 151-161.

Brown Daryle L. (2006). Can You Do the Math? Mathematic Competencies of Baccalaureate Degree Nursing Students. Nurse Educator, 31(3),98-100.

Wright, K. (2006). Barriers to accurate drug calculations. Nursing Standard, 20(28), 41-45.

6.2 Theme: Stroke care

6.2.1

Understanding stroke rehabilitation nursing: A systematic review

David Clarke, Senior Research Fellow/Lecturer, University of Leeds, Academic Unit of Elderly Care and Rehabilitation and School of Healthcare, Leeds, UK
Co author: Anne Forster

Abstract:

Nursing is an essential part of multidisciplinary stroke care. Although nurses are the largest professional group working with stroke survivors, there is limited understanding of nursing practice in stroke units. Currently, there is insufficient evidence to confirm whether or how nursing practice should be developed to improve stroke survivors' experience in stroke units.

A systematic review of largely qualitative research was undertaken as stage one of a three year project designed to explore, understand and enhance stroke rehabilitation nursing in England. The review question was: How are nursing roles and nursing practice in inpatient stroke rehabilitation described and defined in research published since 1990? Searches of nine electronic databases identified 14,655 publications, 778 were retrieved and 61 retained for a preliminary mapping exercise. Nineteen observational and views studies focused on nursing roles and practice were included in the review.

Three overlapping roles were consistently identified: direct (nursing specific) care, co-ordination and management of care, and rehabilitation nursing. Despite nurses' and researchers' claims that therapy carry over or integration was a key role for nurses, observational studies indicated that nurses did not routinely integrate stroke specific rehabilitation techniques in their practice even after specific training. Only one study defined rehabilitation nursing. The review evidence suggests nurses typically regarded providing nursing care as their primary role and saw use of rehabilitation techniques as something separate, which might be added when time and staffing levels permitted. Contextual factors were poorly reported; multiple reasons for the absence of routine integration of rehabilitation techniques were cited including inadequate nurse staffing levels, little opportunity or desire to work and learn alongside therapists, limited understanding of the concept of neuroplas-ticity and few work-based stroke specialist training programmes.

If nurses are to contribute to stroke rehabilitation, ways to routinely integrate therapeutic rehabilitation techniques into care must be found.

6.2.2

Conceptualisation of stroke self-management: A focus group study

Emma Boger, Post-Graduate Research Student, Faculty of Health Science, University of Southampton, Southampton, UK
Co authors: Sara Demain; Susan Latter

Abstract:

Background – Stroke is a major cause of death and disability world-wide (Feigin et al., 2009). An estimated 150,000 people per year in the United Kingdom (UK) experience a stroke (Goldacre et al., 2008). Self-management has potential importance for reducing the burden of illness and the strain on health service systems, but is yet to be fully understood in stroke care (Jones and Riazi, 2011).

Objective: Exploration of self-management from the perspectives of those recovering from stroke for two key purposes: 1. to inform a conceptual model of stroke self-management and 2. to develop a new outcome measure for stroke self-management.

Methods: Five focus groups (n=30) were conducted with people recovering from stroke recruited from community stroke support groups, between July-November 2011. Unstructured interviewing was adopted. Focus group interviews were digitally recorded and transcribed. Data was analysed using an Analytic Induction approach and Framework Analysis.

Results: Key themes identified from the data that form the basis of the conceptual framework of stroke self-management will be presented, together with data extracts to support these.

Discussion: The discussion will highlight how the findings relate to existing research in this area.

Recommended reading:

Feigin, V., Lawes, C., Bennett, D., Barker-Collo, S. & Parag, V. (2009). Worldwide stroke incidence and early case fatality reported in 56 population-based studies: a systematic review. Lancet Neurology 8, 355-69

Goldacre, M., Duncan, M., Griffith, M. & Rothwell, P. (2008). Mortality rates for Stroke in England from 1979-2004 Stroke, 39, 2197-2203

Jones, F. & Riazi, A. (2011). Self-efficacy and self-management after stroke: a systematic review. Disability & Rehabilitation, 33, 797-810

6.2.3

'Too many chiefs and not enough Indians': Patient and staff experiences of leadership in interprofessional stroke teams

Ruth Harris, Research Associate, Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, London, UK
Co authors: Sarah Sims, Gillian Hewitt

Abstract:

Background: Healthcare delivery is complex, requiring the input of many different professionals organised in multiple teams. Whilst there is an extensive literature on teamworking in healthcare, little is still known about what aspects of interprofessional teamworking influence patient outcomes.

Aims: The study aimed to investigate the impact and effectiveness of interprofessional teamwork on a range of patient outcomes and experiences of care at different points in the stroke care pathway.

Methods: Five stroke teams were involved in this study between 2008 and 2011. Mixed methods were used including: the collection of anonymised patient outcome data; the completion of the Aston Team Performance Inventory (ATPI) by staff, measuring team characteristics and effectiveness; and qualitative interviews with 56 staff and 88 stroke patients and carers exploring their perspectives of teamwork and its impact on stroke care.

Results: Thirteen mechanisms of teamworking were explored in the study. This presentation will highlight the mechanism of leadership. Staff thought interprofessional leadership had a significant impact on team performance. Clear leadership and conflict over who led the team were also both found to be highly predictive of overall team performance as measured by the ATPI. However, even though having one clear leader was considered to be beneficial for the team, staff still expressed reservations about being led by someone from a different profession who might not understand complex profession-specific issues. Though patients and carers were able to discuss many aspects of teamworking, few commented upon leadership in the teams or its impact upon their experience of care.

Discussion: Leadership of interprofessional teams in stroke is complex involving an overall interprofessional leader, uniprofessional leaders for individual professional groups and leaders for specific team processes.

Conclusions: There is a need to carefully consider the size and structure of interprofessional teams to strengthen and clarify leadership to maximise team performance.

Recommended reading:

6.3 Theme: Children and young people

6.3.1

Promoting a sense of 'normalcy' and emotional wellbeing for young people in hospital

Jean Shepherd, University of Greenwich, London, UK

Abstract:

Research Title 'Messy boundaries – The lived experience when young children's nursing students are required to care for young people'.

Background: Younger children's nursing students within my university had expressed concerns regarding the challenges they faced when caring for adolescents. A dearth in the literature regarding such caring interactions was the catalyst for this research which I undertook in fulfilment of a Doctorate in Education.

Aim: The research aim was to establish what these challenges were and how they might impact on practice and attrition.

Methods: A Heideggerian, hermeneutic phenomenological approach to the research was adopted (Denzin & Lincoln 2003). Unstructured interviews with a purposive sample of 11 younger student nurses (under 20 years) and 9 young patients who had a chronic illness (14-18years) produced rich data which were thematically analysed and presented. The analysis of the data has been underpinned by the theoretical perspectives of identity crisis and development (Erikson, 1959; Marcia, 1966).

Results: The findings of this research are influenced by perceived 'messy boundaries' and highlight benefits and concerns for both groups of participants during these caring interactions, which have implications for both educational and clinical practice. The emotional wellbeing of the young patients and the young students is highlighted within the findings.

Discussion: The focus of this presentation will be from the perspective of the young patients. The findings regarding perceived concerns and benefits experienced by the young patients during caring interactions with younger children's nursing students will be presented.

Conclusion: A contemporary framework of care which promotes a sense of normalcy for hospitalised young people is proposed and will also be presented. Adolescent health is a global concern and it is anticipated that practitioners will gain insight from this presentation which they will be able to apply to their own area of practice.

Recommended reading:

Denzin, N.K., & Lincoln, Y.S., (Eds) (2003) The Landscape of Qualitative Research: theories and issues. Second Edition. Sage Publications

Erikson, E.H. (1959) Identity and the Life Cycle. Norton USA.

Marcia, J. E. (1966) Development and validation of ego identity statuses. Journal of Personality and Social Psychology, 3: 551-558

6.3.2

What impact does introducing an ambulatory cancer care model have on caregiver burden within teenage and young adult services?

Alison Finch, Lead Nurse/Matron, University College London Hospitals NHS Foundation Trust, London, UK
Co authors: Vikky Riley; Gabrielle Mroziewicz; Daphne Grey; Paula Statham; Bryony Eedy; Caroline Knott; Caroline Newton; Laura Brown; Annika Davidson; Louisa Wright; Rajbir Sohal

Abstract:

A teenage and young adult ambulatory cancer care service has been pioneered at University College Hospital, London. As a more mobile approach to inpatient cancer treatments, ambulatory care is facilitated through use of backpack infusion pumps, self-monitoring and a residential home-from-home close to the hospital. Ambulatory care aspires to offer the choice and control patients and their families so often lose on diagnosis (Subbiah et al. 2009).

A nurse led research forum, STEER (Service Transformation Evaluation and Research) was established to work alongside the operational development of ambulatory care, integrating research and development through the lived experience of practice innovation. The group aimed to capture and explore the patient, family and nurses' engagement with ambulatory care, particularly focusing on the impact of this mode of treatment on burden-of-care amongst families and the nursing team (Tamayo et al. 2010).

With little reported in the extant literature to predict the potential impact of ambulatory care, a participatory action research approach (Heron and Reason 1997) was chosen to explore and challenge this new care pathway. Cycles of enquiry provided consideration of 'new' insights on the cultural context of care and integration of these into the development of the new service. Young people and their families became partners in the research process. Interviews, focus groups and video diaries were employed to explore caregiver burden and patient experiences. This presentation shares insight gathered through the lens of patient, family and professionals. What surfaced was a cultural shift towards more family orientated care, raising further questions around risk, responsibility and support. Findings suggest wider cultural resonance on ward philosophy; concepts of empowerment, negotiated care, self-monitoring and independence. This research contributes to evolving knowledge about this new care pathway, which has the potential to inform future care nationally.

Recommended reading:

Heron J & Reason P (1997) A participatory inquiry paradigm. Qualitative Inquiry 3 (3) pp 274-294

Subbiah V., Dhamne C.A.,Garroutte P., Anderson P. (2009) Outpatient osteosarcoma chemotherapy in adolescents and young adults: High patient acceptance, Pediatric Blood and Cancer 52 (6) pp. 730

Tamayo G.J., Broxson A., Munsell M., Cohen M.Z. (2010) Caring for the Caregiver, Oncology Nursing Forum 37 (1) pp.50.

Funding:

No Funding

Research purpose:

service innovation

6.3.3

It's all about family: Teenage mothers and fathers' accounts of their transitions to parenthood

Moira Graham, Lecturer in Public Health, Faculty of Health and Social Care, University of Hull, Hull, UK
Co author: Rosamund Bryar; Sally Kendall

Abstract:

Background: Teenage fertility in Britain continues to raise health and social policy concern because of its association with adverse health and social outcomes for the young people involved. Despite the weight of evidence on these adverse outcomes however, understanding about young motherhood and fatherhood, and the ways in which young teenage parents take on and negotiate their parenthood roles, their relationships with one another and how they constitute their 'new families' remains empirically and theoretically underdeveloped.

Aim: The aim of this study was to gain an understanding of teenage mothering and fathering and of the 'practices' of very young families who parent outside of traditional boundaries (Morgan 2011).

Method: The study draws on the qualitative research tradition and the strategy of inquiry used is the case study. The research employed a longitudinal approach to data collection and sixteen teenage mothers and fathers were interviewed up to four times between January 2007 and August 2008. Participants also completed audio diaries. Data were analysed 'across the data set' using an adaptation of Glaser and Strauss' (1967) constant comparative method, and 'within case', using case studies.

Findings and discussion: This study found that young people attach much value to family life and family relationships and that they have high ideals and aspirations for the future of their 'new' families. It is the belief in the idea of family that guides a young pregnant woman's decision about continuing with her unplanned pregnancy and the young man's decisions about supporting his pregnant partner and unborn baby. Teenage parenthood poses significant challenges, however, it can also be positive and generative for young mothers and fathers. This study engages with the issue of young parenthood from the vantage point of 'the family' and suggests that this might be a more fruitful way of understanding and supporting teenage parenthood.

Recommended reading:

Glaser, B. G., Strauss, A. L. (1967) The Discovery of Grounded Theory: Strategies for Qualitative Research. New York: Aldine de Gruyter.

Morgan, D. (2011) Rethinking Family Practices. Hampshire, England: Palgrave Macmillan.

Funding:

UK – NHS Charitable Funds

50,001 – 100,000

Research purpose:

Doctoral programme

6.4 Theme: Cardiac care

6.4.1

Long term survival following coronary artery bypass grafting: A consideration of wider factors

Andrew Rideout, Glasgow Caledonian University, School of Health, Glasgow, UK
Co author: Grace Lindsay

Abstract:

Background: This presentation draws on data from two studies (total n=324) that followed up patients undergoing coronary artery bypass grafting (CABG) for seven and twelve years respectively (to January 2010).

Aims and objectives:

To identify the role of nursing interventions, psychosocial factors (including deprivation, well being, locus of control), and other risk factors (behavioural, physiological and pathological) on long term outcome, as measured by survival.

Methods: In one study 110 patients were randomly assigned to normal cardiac rehabilitation or an enhanced nurse led rehabilitation service, and these patients were followed up for twelve years. In the other study 214 patients self selected to a cardiac rehabilitation programme, and were followed up for seven years. In both studies a range of psychosocial variables were measured, as well as lifestyle and physiological risk factors. Pooling of both datasets has allowed analysis (using descriptive analysis, regression analysis and cluster analysis) of the role of different factors on long term well being in patients with cardiac disease requiring surgical intervention. It has also allowed the mapping of well being in a group of patients with chronic disease over several years, with few studies having previously followed up a similar group of patients over this length of time.

Analysis and results: Cardiac rehabilitation demonstrated a long term survival benefit. However this presentation looks beyond crude attendance rates, demonstrating that poor psychological status increased the risk of death, and both differences in social and psychological status were predictors for attending follow up.

Recommendations: As nurses continue to develop advanced and autonomous practice, with an increasingly bio-medical disease focus, these findings highlight the necessity for holistic assessment and intervention to improve patient outcome in patients with chronic disease.

Funding:

No funding

Research purpose:

Research Training Secondment

6.4.2

Living with chronic heart failure

Fergal Searson, Senior Lecturer, University of Central Lancashire, Preston, UK

Abstract:

Background: Previous research into the experience of living with chronic heart failure (CHF) has focussed on psychological and physical impacts on individuals and the complexities of disease management. Less consideration has been given to the social impact of the disease.

Aims: To explore patients' experiences and evaluations of living with CHF.

Methods: A narrative methodological approach was adopted as the focus was on the participants' stories of their experiences. Unstructured interviews were used to collect stories from seven participants with advanced CHF between February and June 2010. Stories identified at first interview were

confirmed and revisited at a second interview. Researcher concerns with remaining true to the participants' stories were overcome by writing postcards, as if sent from participants to significant others, in order to focus on their important stories. The participants' descriptions and evaluations of their experiences were explored using the methods of Labov and Waletzky (1967) and Gee (1991). This enabled the identification of stories with an evaluative component which were then distilled into poems.

Results: Recurring topics within the poems included being disbelieved, being embarrassed and self-image. They do not appear ill despite severe impairments, but are expected by others to show evidence of illness. This affected the way they behaved; either hiding or feigning symptoms, depending on circumstances. Participants felt a need to justify their actions both to themselves and others. They struggle with developing an identity that is recognised and accepted by a society which does not understand CHF.

Discussion and conclusions: Utilising Labov and Waletsky's framework enabled the identification of stories that had an evaluative meaning for the participants. The poetic representation of the stories has encapsulated the significance for the patient of their experiences. Additionally the distillation into poems has afforded a powerful means for highlighting the emotive context of the participants' experiences.

Recommended reading:

Gee, J. (1991) A linguistic approach to narrative Journal of Narrative and Life History Vol.1, No.1, pp.15-39.

Labov, W. & Waletzky, J. (1967) Narrative analysis: oral versions of personal experience Journal of Narrative and Life History Vol.7, pp.3-38.

Research purpose:

personal interest

6.4.3

Determinants of effective self-care in people with heart failure: Patients' perspectives

Kay Currie, Reader in Nursing, School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, UK
Co author: Jude Spiers; Patricia H. Strachan; Alex M. Clark

Abstract:

Background: Research indicates that effective heart failure self-care can contribute to improved management and reduce avoidable hospitalizations (Reigel et al 2009). Given the increasing prevalence and high personal and economic costs of heart failure globally, maximising self-care is important in reducing disease burden.

Self-care is a complex decision making process involving patients in making choices in response to symptoms and acting to maintain symptom stability. However, self-care occurs in real world settings and is therefore influenced by individual, social, and cultural factors. Promoting self-care demands complex and creative approaches from both patients and professionals, thus understanding the patients' perspective of 'self-care needs' is essential.

Aim: This paper will present the findings of a recent meta-synthesis, which addressed the question 'What are heart failure self-care needs from the perspective of patients?

Method: Qualitative meta-synthesis drawing on critical realism as a theoretical perspective (Clark et al 2008), blended with systematic review methodology using Joanna Briggs Institute (JBI) software.

Findings: 51 internationally derived qualitative studies were included in the meta-synthesis (1999-2010). Analysis highlighted complex challenges to self-care, such as the quality of communication with health care providers; limitations in patient and carer knowledge of heart failure; and socio-cultural context, individual beliefs and values. Synthesis indicated that patients' needs to support self care related to three major themes:

- Building capacity: Most patients were willing, but not always able to engage in self-care effectively.

- BLearning how to self-care: not solely a lack of knowledge, but challenges in learning how to self-care in their particular circumstances

- BConnecting symptoms to enable help seeking: Symptoms were usually not easily recognized; seen to jeopardize health; worthy of prompt help seeking

Conclusions: Individually tailored heart failure self-care plans are required to promote skills around self-care, not just knowledge; professionals must ensure patient understanding and optimize effective communication. Specific recommendations for practice are proposed.

Recommended reading:

Clark AM, Lissel S, Davis S. (2008) Complex Critical realism: Tenets and applications for nursing research. Advances in Nursing Science, Vol. 31(4), pp. E67 E79.

Riegel B, Moser D, Anker SD, Appel LJ, Dunbar SB, Grady KL, et al. (2009) State of Science: Promoting self care in persons with heart failure: A Scientific Statement from the American Heart Association. Circulation, Vol. 120(12), pp. 1141 63.

Research purpose:

Externally funded research

6.5.1

Human papillomavirus vaccination intention among young women in Thailand

Phanida Juntasopeepun, Faculty of Nursing, Chiang Mai University, Thailand
Co authors: Patricia M. Davidson; Natthawan Suwan; Yupin Phianmongkhol; Jatupol Srisomboon

Abstract:

Background: Two human papillomavirus (HPV) vaccines are available for primary prevention of cervical cancer. Little is known about HPV-related knowledge and beliefs in Thailand, and how these factors influence acceptability of the HPV vaccine among young women. The aims of this study were to examine knowledge and beliefs regarding HPV and cervical cancer and to predict HPV vaccination intention among young women in Thailand.

Methods: A convenience sample of young women aged 18-24 years (n = 391) recruited from universities/colleges located in Chiang Mai, Thailand during January to February, 2011. An online survey was carried out to obtain young women's demographic, HPV and cervical cancer-related health characteristics, knowledge, and beliefs toward HPV and cervical cancer. Multivariate logistic regression analysis was used to determine significant independent predictors of HPV vaccination intention.

Results: Five participants (1.2%) had received at least one shot of the HPV vaccine. Of 386 participants, 218 (56.5%) reported high intention to obtain the HPV vaccine. Young women's knowledge about HPV and cervical cancer was moderate. The mean knowledge score was 7.89 (SD, 3.99; range, 0-15). Knowledge was significantly and positively related to perceived susceptibility, perceived seriousness, and perceived benefits of HPV vaccination, but negatively related to perceived barriers to HPV vaccination. Participants with a higher level of knowledge were significantly more likely to obtain the vaccine. A multivariate logistic regression model identified predictors of HPV vaccination intention: recommendations from significant others, perceived susceptibility, perceived benefits, and feeling embarrassed about getting the HPV vaccine.

Conclusion: Health education efforts are needed to promote further understanding of HPV and cervical cancer, particularly with more attention to the HPV vaccination. To increase HPV vaccination rates, interventions should address personal beliefs about HPV and cervical cancer and aim to reduce barriers to vaccination.

Research purpose:

Externally funded research

6.5.2

Nurse's attitudes to spirituality in Ireland

Fiona Timmins, School of Nursing and Midwifery, Trinity College Dublin, Ireland

Abstract:

Objective: This study examined Irish nurses' attitudes to spirituality.

Population, Sample, setting: Non-Probability sampling was used. The sample comprised a selection of registered nurses from a variety of specialties in one Acute Hospital Setting (n=468). The response rate was 26%.

Methods: The survey was an adapted version of a pre-designed and tested structured questionnaire: the Nurses' Perception of Spiritual Care Inventory (SSCRS) (McSherry et al, 2002).

Findings: In keeping with other studies that used the SSCRS, nurses in this study had positive views about their role in the provision of spiritual care. Nursing caring actions such as showing concern and kindness and giving time (to both patient and family), while perhaps generic functions within the discipline are used and understood within the context of spiritual care. Within the examination of nurse's views on religion, nurses in this study did not appear to equate religion with spirituality. The large numbers of nurses who reported identifying patients with spiritual needs is testament to the awareness of the discipline in this area. Although the majority of nurses felt able to provide responsive spiritual care, it is of concern that much of this was based upon the nurses own personal experience. The majority of these nurses had not received training or instruction on this topic since their initial nurse preparation.

Conclusions: This first exploration of this topic in Ireland, reveals that nurses need to develop an awareness of spirituality and patients spiritual needs. As nurses are actively involved in providing for patients spiritual needs, without specific training in most cases, education in this area is required urgently. This education should be based around a framework that incorporates religious elements of spiritual existence so that these can be more fully understood and considered during patient care in contemporary care contexts.

Recommended reading:

McSherry, W. Draper, P. and Kendrick, D. (2002) The construct validity of a rating scale designed to assess spiritual care International Journal of Nursing Studies 39 (7) 723-734.

6.5.3

Lothian's embedded nursing, midwifery and allied health professions (NMAHP) Clinical Academic Research Careers (CARC) Scheme: Reflections on the first year

Juliet MacArthur, NHS Lothian, Post Graduate Education Centre, Royal Infirmary of Edinburgh, Edinburgh, UK

Co author: Corrienne McCulloch; Pam Ramsay

Abstract:

Lothian's CARC scheme is a collaborative initiative between NHS Lothian, University of Edinburgh, Queen Margaret University, Edinburgh Napier University, and NHS Education for Scotland (NES). It is linked to the recommendations of the Finch Report (UKCRC 2007) and national guidance for Scotland (NES 2011). The 5-year pilot commenced in January 2011 and will undergo independent evaluation. It has the following **Aims:**

- to generate high quality, service-led clinical research

- to embed research and systematic enquiry within service culture

The embedded nature of the model meant that clinical services were invited to be the lead applicants to become one of three demonstration sites, through defining a programme of research in collaboration with an academic partner/partners. Six NMAHP CARC posts have been created, with funding to permit 0.5WTE research time, alongside existing duties. Two are post-doctoral and four are PhD training positions. To date four have been appointed in critical care and substance misuse, with the final demonstration site to commence in early 2012.

This presentation will be in two parts. The first will focus on the rationale behind the embedded model, and challenges and successes to date that accord with other initiatives (Latter et al. 2009). The second will provide personal insight from the post holders appointed to the critical care demonstration site. They will reflect on their first 14 months including what it means to hold the first clinical academic research posts in Scotland as well as the experience of collaborating and working across two institutions, namely NHS Lothian (Critical Care) and the University of Edinburgh, Department of Nursing Studies. They will examine the way in which they continue to develop in the context of a wider critical care research community and consider the impact of holding a unique pioneering role within the NHS at this current time.

Recommended reading:

Latter, S., Clark, JM, Geddes, C., Kitsell, F (2009) Implementing a clinical academic career pathway in nursing; criteria for success and challenges ahead. Journal of Research in Nursing 14: pp 137-148.

NHS Education for Scotland (2011) National Guidance for Clinical Academic Research Careers for Nursing, Midwifery and Allied Health Professions in Scotland. http://www.nes.scot.nhs.uk/media/241642/nmahp_national_guidance_for_clinical_academic_research_car

UK Clinical Research Collaboration Subcommittee for Nurses in Clinical Research (Workforce) (2007). Developing the best research professionals. Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future.

6.6 Theme: Maternity care

6.6.1

Follow up for improving psychological well being for women after miscarriage: A Cochrane review

Fiona Murphy, College of Human and Health Sciences, Swansea University, Swansea, UK

Abstract:

Background: Miscarriage is defined as the premature expulsion of an embryo or fetus up to 23 weeks of pregnancy and weighing up to 500 grams (WHO 2001). International studies have identified that some women suffer from anxiety and depression after miscarriage. These and other feelings that women describe have been conceptualised as being part of grief in response to the loss of a baby. Psychological follow up might detect those women who are at risk of developing or who actually have psychological complications following miscarriage such as anxiety, distress and depression.

Aims: Whether follow up affects the psychological well being of women following miscarriage.

Methods: A Cochrane systematic review of the literature was conducted. All published and unpublished randomised controlled trials including cluster trials that compare different methods of follow up for women after miscarriage were reviewed.

Results: Six studies involving 1001 women were included. Three trials compared one counselling session with no counselling with no significant difference in psychological well being. One trial compared three one hour counselling sessions with no counselling at 4 and 12 months. Some subscales showed statistical significance in favour of counselling. One trial compared multiple interventions and the other compared two counselling sessions with no counselling; neither study favoured counselling.

Discussion: In these studies, the psychological interventions after miscarriage varied in terms of

the intervention provided, the length of time follow up was provided and different professional groups delivered the interventions. It was not possible therefore to compare different types of psychological follow up via a meta analysis given such heterogeneity between the studies.

Conclusion: Evidence is insufficient to demonstrate that psychological support such as counselling is effective post-miscarriage.

Recommended reading:

World Health Organisation (WHO) (2001) Definitions and indicators in family planning, maternal and child health and reproductive health. In: WHO Regional Strategy on Sexual and Reproductive Health. Geneva. World Health Organisation.

Funding:

No Funding

Research purpose:

Unfunded

6.6.2

Muslim men and maternity

Mohammed Samaana, Staff Nurse, Ulster Hospital, Belfast, UK

Abstract:

Background: Men have been increasingly involved in the maternity experience of their partners. However, there has been very little research on men's experiences in relation to maternity services and the experiences of Muslim men have been particularly neglected. This is one of the few studies internationally to explore Muslim men's experiences.

Aims and objectives: To explore Muslim men's perspectives on, and experiences with, the maternity service provision in Northern Ireland.

Methods: An interpretative qualitative methodology incorporating a purposive snowballing sampling technique. Nine Muslim men who used maternity services in Northern Ireland within the last three years took part. Using a loose topic guide, data were collected through semi-structured interviews. Modified analytical induction was used in analysing the data. The interviews were conducted between 30 March 2011 and 26 June 2011.

Results: Three themes were identified: Muslim men's experiences; Barriers to the utilisation of services and Muslim men's experiences of fatherhood in a western country. Overall the Muslim men in this study reported positive experiences with the maternity services in Northern Ireland. However, there were some problems raised such as the availability of halal meat and male infant circumcision. Barriers to the utilisation of the services related to antenatal care and specifically the antenatal education classes and, for some, the post-natal care. Raising Muslim children in the West was reported as a major issue for the participants.

Discussion: This study provides insight into the experiences of Muslim men who were largely satisfied with their maternity care encounter. However, specific issues raised demonstrate the need for further training of health professionals in relation to cultural awareness of the needs of Muslim men in maternity services.

Conclusion More research is necessary to inform a modern maternity service which includes fathers and acknowledges men's ethnic identities in multicultural societies such as the United Kingdom.

Recommended reading:

Funding:

No funding

Research purpose:

Master degree

6.6.3

Disclosure in maternity care contexts: The case of sexual orientation

Elaine Lee, University of Dundee, School of Nursing and Midwifery, Dundee, UK
Co authors: Julie Taylor; Fiona Raitt

Abstract:

Background: This paper presents the findings of an empirical study undertaken in Scotland between November 2007 and March 2008. Within maternity care globally there are a number of assumptions made in relation to pregnant women, including the presumption of heterosexuality. This has implications for care, including the role of the woman's partner, where appropriate. Lesbian women who wish to be recognised as such find they must disclose their sexual orientation. Disclosure is also a therapeutic intervention and occurs through clinical history taking.

Aims: To explore decisions around disclosure of sexual orientation in maternity care, and the practical and psychosocial consequences of the decision to disclose. The complex legal framework within which lesbian pregnancy occurs was also explored.

Methods: Ethical approval was obtained from the relevant University Research Ethics Committee. Hermeneutic phenomenology was employed to explore lesbian women's decisions around sexual orientation in maternity care. Unstructured interviews were undertaken with a total of eight women. An iterative process of thematic and conceptual analysis was undertaken resulting in a number of themes and concepts.

Results: Data analysis resulted in five main themes. An additional finding was the process of managing negativity through strategies such as rationalisation. Three encompassing concepts were identified: protection; power; and identity. Two motivations for disclosure were also identified.

Discussion: Disclosure was found to be a proactive, motivated action. The need for midwives to acknowledge disclosure, and understand the legal complexity of the family, was seen as paramount. Policies including specific information in relation to equality rather than relying on abstract notions of equality were valued.

Conclusions: As lesbian parenthood becomes more acceptable in a range of international health contexts, recognition of the dynamic of disclosure is essential. This recognition needs to take place in health practice, education, and policy.

Recommended reading:

Funding:

UK – Higher Education Institution

No funding

Research purpose:

Doctoral programme

6.7 Theme: End of life care

6.7.1

Introduction of a Macmillan end of life discharge sister role: Experiences of healthcare professionals and carers

Susan Jones, Research Associate, Teesside University, Middlesbrough, UK
Co author: Sharon Hamilton

Abstract:

Background: Many patients nearing the end of life (EoL) wish to be cared for outside the acute hospital environment. However, hospital discharge processes often cannot offer a quick transfer, with the result that valuable time is lost for the patient and their family. This, along with the national need for acute Trusts to save bed days, were drivers for the introduction of a Macmillan discharge sister role at one acute hospital.

Aim: To identify the experiences of professional staff and carers who had been involved with the new service

Methods: An action research approach informed the study design. Data were collected through 7 focus groups and 2 individual interviews with professional staff from the hospital and community (n=53) and interviews with 6 carers. Data were thematically analysed (Braun and Clark 2006).

Results: In the first 12 months, 111 dying patients were discharged home via the project. A key finding was how small the window of opportunity was for achieving a good EoL discharge. This window formed part of a discharge continuum that not only comprised a rapid transfer from hospital but started with timely communication with patients and their families regarding preferred place of care. The new service brought a more co-ordinated approach along this continuum which made an impact on the timeliness of the discharge

process. Aspects where improvements could be made were identified from the data and informed an action plan devised by the service.

Conclusion: A complex mesh of factors need to be drawn together to effect a good discharge. This requires an emphasis on co-ordination combined with expertise in EoL care.

The new service was successful in promoting a good discharge for many patients. However, further development of the service is needed so that more patients are able to achieve their preferred place of care.

Recommended reading:

Braun and Clarke (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, vol 3, pp77-101.

Funding:

UK – Health Service (Local)
1,000 – 10,000

Research purpose:

Externally funded research

6.7.2

How does involvement of a Hospice Nurse Specialist impact on the experience on informal caring in palliative care? Perspectives of middle-aged partners bereaved through cancer in Northern Ireland

Marie Glackin, Nurse Lecturer, School of Nursing and Midwifery, Queens University Belfast, UK
Co author: Rema Borland

Abstract:

Although research (McLoughlin, 2002; Lewis and Anthony, 2007) has described the role of Specialist Palliative Care Nurses and has explored user satisfaction with services, little attention has been paid in the international literature to the involvement of nurses as it impacts on informal palliative caring, including care within the home. This paper will present findings of a study which aimed to retrospectively explore bereaved partners' understanding and experiences in relation to caring for a loved one with a terminal illness at home, with a particular focus on the role of the Hospice Nurse Specialist. (HNS)

Participants were purposively sampled following approval from the Office for Research Ethics Committee. Seven middle-aged, bereaved partners participated in semi-structured, qualitative interviews which were conducted between April and June 2010. Interviews were audio-recorded and transcribed verbatim. Data was analysed using thematic content analysis.

The five emerging themes will be presented: 'the ambivalence of caring', 'the HNS as a 'confidante' in caring', 'the HNS as a 'champion' in support', 'the work of the HNS – an unseen benefit' and 'being prepared for death and bereavement'.

Findings will be discussed in terms of new insights gained into how involvement of a HNS impacts on the ability of carers to perform their role as a carer. The presentation of the results will highlight the necessity for carers to have a clear understanding of all aspects of the HNS role so that they can derive full benefit from the input of these nurses. Recruitment of highly experienced and knowledgeable nurses was paramount but equally important for carers was the supportive aspect of the role in which nurses need to demonstrate excellent communication skills and an intuitive, caring approach.

These findings will be relevant to those involved in recruitment and training of specialist nurses working in various palliative care settings.

Recommended reading:

Lewis, D. and Anthony, D. (2007) A patient and carer survey in a community clinical nurse

McLoughlin, P.A. (2002) Community specialist palliative care: experiences of patients and carers. International Journal of Palliative Nursing, 8 (7) pp. 344-353.

Funding:

No funding

Research purpose:

Master degree

6.7.3

Passivity and jouissance: Analysis of two focus group studies with nurses in England and Australia

Michael Traynor, Professor of Nursing Policy, Middlesex University, School of Health and Social Sciences, London, UK
Co authors: Alicia Evans; Chrysi Leliopoulou

Abstract:

Background: This paper reports on analysis of data collected by the authors in two separate focus group studies involving nurses working in England, in March 2010, and Melbourne, Australia in August 2010.

Aim: The studies gave rise to puzzling and paradoxical data where extremely negative talk about nursing work seems to produce, or to be expressed with, a high degree of energy and even pleasure. The aim of this exploratory paper is to investigate the usefulness of psychoanalytic concepts in providing an explanation for this strange observation and for other concepts arising from these groups.

Methods: The transcripts of focus groups of qualified nurses working in London (4 groups) and Melbourne (3 groups) were subjected to qualitative analysis by the research team which includes a psychoanalyst. This analysis looks to the psychoanalytic writing of Jacques Lacan (Lacan, 1975) and Slavoj Zizek (Zizek, 2005) to provide the theoreti-cal foundation for data analysis. In particular we focus on the apparent enjoyment (Lacan's term is jouissance) felt by nurses in expressing a position of powerlessness and as 'slave' in the healthcare system.

Results: Drawing on Lacanian theory and Zizek's work, we argue that the position of slave provides a possible defence against the 'impossibility' of the ideal nurse role, locating this impossibility outside the profession i.e. nurses say they are prevented from full identification with their role by external agents, usually doctors or managers.

Discussion: We argue that a remnant of a Christian ethic within the profession (Nelson, 1995) makes it acceptable for nurses to talk about self-sacrifice and even powerlessness as part of their working experience.

Conclusion: This pleasure in powerlessness is a feature of nursing that is open for exploitation within health systems. The research shows the explanatory power of psychoanalytic theory applied to the complexity of nursing work.

Recommended reading:

LACAN, J. (1975) God and Woman's jouissance. In Encore: On Feminine Sexuality, the Limits of Love and Knowledge, 1972-1973., London, WW Norton & Company.

NELSON, S. (1995) Humanism in nursing: the emergence of the light. Nursing Inquiry, 2, 36-43.

Zizek, S. (2005) Beyond Discourse Analysis. Interrogating the real. London, Continuum.

Funding:

No Funding

Research purpose:

personal scholarship and research degree

6.8 Theme: Mental health

6.8.1

What do mental health nurses do? Measuring relational security

James Tighe, Oxleas NHS Foundation Trust, Dartford, UK
Co author: Gisli Gudjonsson

Abstract:

The skills of mental health nursing are notoriusly difficult to define and describe (Chapman 2009) and it is argued that this has contributed to an exodus of good mental health nurses from the 'shop floor' into other roles such as CBT therapist, medication management, AMHP's and managment. Recently a number of serious untoward incident (SUI) investigations have pointed to breakdowns in 'relational security' as causal (DoH 2010). A debate about the nature of relational security has occured in the academic literature (Kennedy 2002), with the voice of nurses notably absent. The present study is an attempt to describe and measure the concept of 'relational security', and place it as a fundamental feature of

the role and skill of mental health nurses. One-hundred and fifty nine (80%) nurses in one secure unit completed a draft questionnaire on relational security derived from the findngs of a series of SUI investigations. Latent variable modelling showed a four factor structure accounting for 65% of the variance. Convergent validity was also well established with an existing measure.

Recommended reading:

Chapman, S (2009) A Mental Health Nurse? http://blogs.bcu.ac.uk/mentalhealth/ . Retrieved 21.09.2010

Department of Health (2010) Your guide to relational security: See, Think, Act.

Kennedy, H. G., (2002) Therapeutic uses of security: mapping forensic mental health services by stratifying risk. Advances in Psychiatric Treatment 8; 433-443.

Funding:

No Funding

Research purpose:

To find out something new

6.8.2

CompRel: A model depicting mental health nurses' experience of working with complex older people

Sarah McGeorge, Tees, Esk and Wear Valleys NHS Foundation Trust, Durham, UK

Abstract:

Background & Aims: National and local policy in the UK tends to confuse 'complexity' with 'frailty' and use the two terms synonymously. Whilst there has been much research into frailty, little attention has been directed at describing complexity in the context of old age and mental health. This paper presents a model that was developed during a constructivist grounded theory study. The model (entitled 'CompRel') aims to depict nurses' experience of working with complex older people, identifying implications for practice.

Methods: A constructivist grounded theory approach with 'loosely guided' interviews was used. A set of pre-interview prompts was developed following the first phase of interviews. The sample comprised 13 registered nurses working with older people in mental health services. Theoretical sampling was used. Interviews took place in 2009. Data were analysed using the constant comparative method involving line by line, focused and theoretical coding.

Results: Complexity in old age leads to increased contact time with nurses and this is a condition for a 'deep relationship' to develop between patient and nurse. Deep relationships share common features with 'connected relationships' (Morse, 1991) and enable the nurse to 'know the person'. They require emotional labour, facilitate individualised care, but are believed to be invisible to others.

Importantly, nurses also identified essential roles for members of the multi-disciplinary team; these included supporting them with supervision and crucially, helping them to 'see the bigger picture'.

Conclusions: The findings from this study suggest that nursing work with complex older people can be under-valued by others because much of the work is 'invisible'. The model developed (CompRel) seeks to make visible those aspects of nurses' work that enable person-centred, individualised care. It also depicts the essential role of team members in enabling and enhancing nursing with complex older people.

Recommended reading:

McGeorge, S.J. (2011) 'Unravelling the differences between complexity and frailty in old age: findings from a constructivist grounded theory study' Journal of Psychiatric and Mental Health Nursing, vol 18, pp 67-73.

Miner-Williams, D. (2007) 'Connectedness in the nurse-patient relationship: a grounded theory study', Issues in Mental Health Nursing, vol 28, pp 1215-1234.

Morse, J. M. (1991) 'Negotiating commitment and involvement in the nurse-patient relationship', Journal of Advanced Nursing, vol 16, pp 455-468.

Funding:

No Funding

Research purpose:

Doctoral programme

6.8.3

From gallery to ward: A training project with ward-based mental health nursing staff and service users for enhancing patient care and patient experience (ViPER)

Sheila Grandison, Borough Head of Arts Therapies, East London NHS Foundation Trust, Specialist Psychotherapy Resource Unit, London, UK
Co author: Liz Ellis

Abstract:

This paper focuses on pilot research conducted between December 2008 and July 2011 within the public spaces of a large London art gallery and the inpatient wards of an inner London NHS mental health unit. A partnership training programme for ward-based mental health nursing staff and service users was developed for enhancing reflective thinking, empathic skills and patient experience. Central to the training were the visual art dialogues and creative interactions facilitated in the gallery with nursing staff and service users for building forms of shared meaning. These dialogues were developed through both looking at, and making artworks together, and were exported back to the wards for further development there in the context of the care planning process. Work which began

in the gallery was continued on the ward in a co-operative and collaborative way. Twenty nursing staff and one hundred service users have accessed the training programme returning 100% satisfaction rates for enjoyment and learning experiences in a group. Preliminary results of the discourse analysis and evaluation questionnaires from the study days will be reported on, and the structure of the training programme described. The wider significance for enhancing professional skills for sustaining meaningful engagement with service users with complex and severe communication difficulties who are difficult to engage verbally (e.g. psychosis, depression) will be outlined in relation to current national policy for mental health in the UK.

Recommended reading:

Wikstrom, B.M. (2000)

McKie, A. et al (2008)

Roberts, G. A. (2000)

Funding:

UK – Health Service (National)

1,000 – 10,000

service innovation and improvement

7.1 Theme: Children in Research

7.1.1

Growing up in research: Children's involvement in longitudinal research

Duncan Randall, Lecturer, University of Birmingham, Nursing and Physiotherapy Section, School of Health and Population Sciences, College of Medical and Dental Sciences, Birmingham, UK

Abstract:

Studies which follow children's health, illness, development and lives from conception through to adulthood have proved powerful in uncovering factors which affect the health and wellbeing of children (Gurwitz et al 2009). However, as Ries et al (2010) demonstrated the approach taken to managing the involvement of children as they grow varies across different longitudinal studies.

In this paper current literature will be used to review and discuss the strategies employed in longitudinal research studies that involve children. In particular to explore how nurse researchers represent the rights of unborn and cognitively immature children in longitudinal research, and how research teams manage data of children as the child becomes recognised as able to give assent and or consent. In addition, consideration of what is done with data which the child may wish had never been collected and used, and which if they had been consulted would not have been collected or used.

Collecting data from participants over a prolonged period is costly and logistically challenging. Involving children in such endeavours brings additional ethical, theoretical and practical challenges (Goodenough et al 2004). In meeting these research challenges prescriptive age related guidance seems simplistic. Researchers need instead to consider ethical, sociological and psychological theories to guide research practices with children. Additional skills sets are required to manage children's involvement in longitudinal research.

Recommended reading:

Gurwitz D, Fortier I, Lunshof JE and Knoppers BM (2009) Children and population biobanks. Science 325:818-819.

Ries NM, Le Grandeur J and Caulfeild T (2010) Handling ethical, legal and social issues in birth cohort studies involving genetic research: responses from studies in six countries. BMC Medical Ethics;11-4:online publication http://www.biomedcentral.com/14

Goodenough T, Williamson E, Kent J and Ashcroft R (2004) Ethical protection in research: including children in the debate. In: Researchers and their subjects: Ethics, power, knowledge and consent. Smyth M and Williamson E, (eds.) Bristol: The Policy Press

7.1.2.2

An investigation of drug manipulation to obtain the required dose in paediatric practice

Roberta Richey, Alderhey Children's NHS Foundation Trust, Liverpool, UK

Abstract:

Background: The lack of commercially-available age-appropriate formulations necessitates the manipulation of medicines to achieve the required dose for babies and children (Nunn 2003). No systematic assessment of the extent and nature of these manipulations has been undertaken.

Aims: To identify medicines undergoing manipulation and to establish types of manipulation undertaken in neonatal and paediatric practice

Methods: Observational studies were undertaken at a regional paediatric hospital, a district general hospital and a regional neonatal unit. A questionnaire was administered to paediatric nurses to survey drug manipulation nationally.

Results: Observational study: 309 manipulations were identified; 191(62%) involved tablets, 65 (21%) were intravenous injections, 30 (10%) were sachets and 10 (3%) transdermal patches. Suppositories, capsules and nebulisers each accounted for ⇐2% of the manipulations. Manipulations were associated with patients from 2 days to 19 years of age and included those with a wide range of conditions.

Questionnaire: 560 questionnaires were distributed with 153 (27%) returned. 189 manipulations were identified; tablets were the most frequent manipulation reported by 39% of respondents, 14% reported nebuliser manipulations, 13% reported transdermal patches, 12% involved intravenous injections, 10%, 9%, 4% and 1% identified suppositories, capsules, enemas and sachets respectively. Respondents identified concerns with dose accuracy, the measurement of small doses and the importance of clear communication, policies and procedures.

Discussion: Results highlight the variety of dosage forms and drugs which are manipulated to obtain the required dose. Manipulation risks obtaining either under or over the required dose, errors which may occur with dose calculation and/or undertaking the manipulation. None of the manipulations identified were covered by reports found during a systematic review conducted by the research team.

Conclusion: Drug manipulation to obtain the required dose is occurs frequently within neonatal and paediatric in-patient practice in the UK, there is little evidence to support the practice.

Recommended reading:

Nunn, A.J. (2003) Making medicines that children can take. Archives of Disease in Childhood, vol88, pp369-71

7.2 Theme: Nutrition

7.2.1

Ward-based nutrition champions to support implementation of new guidelines: A pluralistic evaluation

Cathy Soreny, Knowledge Translation Facilitator, Translating Knowledge to Action Theme, NIHR CLAHRC for South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK
Co author: Jonathan Boote

Abstract:

Background: Malnutrition within hospitals is a complex and enduring issue, and can lead to greater mortality and morbidity (NICE, 2006). A new nutritional screening tool and care guideline were introduced within one acute hospital trust to meet national and regional recommendations.

Aim: This study explored how Nutrition Champions (NCs) (nutrition link nurses) contribute to improving oral nutritional care, through supporting the implementation of the new tools at ward level. Diverse stakeholders (including NCs, nurse managers, dietitians, catering management) were interviewed about the role of NCs, changes they may achieve, and potential barriers and facilitators.

Method: A Pluralistic Evaluation (Smith & Cantley, 1988) approach captured the diverse perspectives of stakeholders. Data were gathered through focus groups and one-to-one interviews, constituting 10 data collection points with 23 individuals. The data were analysed using Ritchie & Spencer's (1994) Framework approach.

Findings: Successful Nutrition Champions are drawn from various roles and grades, enabling them to influence their peers. Key characteristics, such as enthusiasm and confidence, help create an impetus for change within their ward areas. They adapt knowledge and resources to their local needs, and promote implementation of new guidelines through challenging and evaluating the practice of their colleagues. Barriers relate to high workload, competing demands, and complex dynamics between ward teams and catering. Good support is essential from ward managers, as is an ongoing emphasis on nutrition as an organisational priority.

Conclusion: Further research is need regarding involvement of unregistered staff as Nutrition

Champions, greater inclusion of catering in improvements relating to nutritional care, and effective ways to support NCs in the face of increasing complexity within healthcare delivery. The findings form a set of 'success criteria' for the role, purpose and support of NCs, and potentially offers guidance for the establishment and evaluation of other link nurse/champion roles.

Recommended reading:

NICE (2006) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition National Institute for Health and Clinical Excellence: London

Ritchie, J & Spencer, L (1994) Qualitative data analysis for applied policy research In: Huberman, A & Miles, M (Eds.) (2002) The qualitative researcher's companion Sage: London

Smith, G and Cantley, C (1988) Pluralistic evaluation In: Lishman, J (Ed.) Research highlights in social work 8: evaluation (2nd ed.) Jessica Kingsley: London

Funding:

No funding

Research purpose:

Master degree

7.2.2

Evaluating the accuracy of carbon dioxide colorimeter vs x-ray in determining inadvertent placement of nasogastric tube in the respiratory system

Siti Zubaidah Mordiffi, National University Hospital, Evidence Based Nursing Unit, Singapore
Co authors: Goh Mien Li; Helen Chen; Jason Phua; Janet Lam; Chan Yiong Huak; Emily Ang NK

Abstract:

Background: The effects of delivering feeds and medications via a nasogastric tube which had been inadvertently placed into the respiratory system are catastrophic. Radiographic evaluation has been commonly accepted as the gold standard for confirming the placement of feeding tube. Besides being costly and may carry radiation exposure risk, radiographic image only confirms 71.6% of nasogastric tube placement s. Studies had used carbon dioxide (CO_2) to detect inadvertent placement of nasogastric tube in the trachea in the intensive care setting but none However, there were no studies conducted in the general wards.

Aims: The aim of this study was to evaluate the accuracy of using Colorimeter (Easycap) to confirm placement of nasogastric tube compared to x-ray.

Methods: A prospective convenience sampling was conducted in the general wards in an acute care tertiary hospital. Easycap was deployed when x-rays was indicated for a patient with doubtful placement of nasogastric tube. A sample size of

330 subjects was calculated based on 80% power at 5% level of significance. Sensitivity, specificity will be calculated.

Results: Preliminary results on 122 cases found 4 cases with nasogastric tubes in the respiratory system by radiographic confirmation. However, only 3 were confirmed by colorimeter with a sensitivity of 0.75 (95% CI: 0.301, 0.954) and specificity of 0.856 (95% CI: 0.781, 0.908).

Discussion: The 1 case that had a false negative result, had copious secretions that could have blocked the nasogastric tube and prevented CO_2 from being detected. From a clinical perspective, feeding a patient with a false negative result would have 'feeds' being delivered into the respiratory system with catastrophic effect on the patient.

Conclusions: The study found the use of colorimeter in the general ward setting was accurate three-quarters of the time for detecting inadvertent placement of nasogastric tube. It is clinically unsafe to recommend the use of colorimeter at this time.

Recommended reading:

Burns, S. M., Carpenter, R., Blevins, C., Bragg, S., Marshall, m., Browne, L., et al. (2006). Detection of Inadvertent Airway Intubation During Gastric Tube Insertion: Capnography Versus A Colorimetric Carbon Dioxide Detector. American Journal of Critical

Howes, D. W., Shelley, E. S., & Pickett, W. (2005). Colorimetric carbon dioxide detector to determine accidental tracheal feeding tube placement. CANADIAN JOURNAL OF ANESTHESIA, 52(4), 428-432.

Meyer, P., Henry, M., Maury, E., Baudel, J.-L., Guidet, B., & Offenstadt, G. (2008). Colorimetric capnography to ensure correct nasogastric tube position [Electronic Version]. Journal of Critical Care, In Press, Corrected Proof from http://www.sciencedire

Funding:

Ministry of Health Nursing Research Committee

1,000 – 10,000

Research purpose:

To find answer to a clinical issue

7.3 Theme: Internet based research

7.3.1

The avatars have landed: pearls and pitfalls of conducting research in 3D virtual worlds

Evelyn McElhinney, Lecturer, School of Health and Life Sciences, Department of Health and Community Sciences, Glasgow Caledonian University, Glasgow, UK
Co authors: Francine M Cheater; Lisa Kidd

Abstract:

Virtual worlds (VWs) such as Second Life© (SL) are online 3D social networking tools where users

or residents create a virtual image of themselves (avatar) which they can manipulate and move between islands (areas) to interact with other geographically dispersed avatars. Second life© is the predominant virtual world with the greatest number of registered users worldwide. Over the last 5 years social scientists and academics have been increasingly using 3D virtual worlds for research purposes. These immersive social networking tools offer an environment where data can be collected using multimodal techniques, such as, observation and avatar – to – avatar voice or text chat (Lehdonvirta et al. 2011). Recently virtual worlds are being used to enable users to access a wealth of health-related information. This is often provided by governmental bodies and Not for Profit (NOP)/Non Governmental Organisations (NGO) as well as healthcare practitioners (Norris 2009, Boulas et al 2007).

This aim of this paper is to share the practical and methodological challenges while conducting research as part of a PhD pilot study on health literacy of people who access health information in 3D virtual worlds and the influence on real life health behaviour. Challenges of recruitment, ethical issues, conducting semi-structured interviews using text and voice, and data storage will be discussed and ways of addressing them explored. This will be of interest to researchers wishing to use this new emerging technology for future research.

Recommended reading:

Boulas, MN., Hetherington, L., Wheeler, S. (2007) Second Life: an overview of the potential of 3-D virtual worlds in medical and health education, Health Information and Libraries Journal, Vol 24, No 4 pp 233-245

Lehdonvirta, M, Lehdonvirta, V, and Baba, A (2011) Collecting conversations: three approaches to obtaining user: to: user communication data from virtual environments, Journal of Virtual Worlds Research, Vol 3, No 3 pp 3-22

Norris, J (2009) The Growth and Direction of Healthcare Support Groups in Virtual Worlds, Journal of Virtual Worlds Research, Vol 2, No 2 pp 3-20

Funding:

No funding
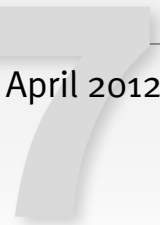
Research purpose:

Doctoral programme

7.3.2

Virtual ethnography as a method of understanding patient experiences

Stuart Hibbins, London South Bank University, London, UK
Co authors: Lorna Fern; Tom Grew; Sue Morgan; Susie Pearce; Dan Stark; Faith Gibson

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Abstract:

Background: Young people with cancer experience multiple treatment-related problems and often live

with unrelieved symptoms. They develop strategies to manage changes in the social and functional aspects of their lives. Research that explores the unique perspective and experience of young people can provide a rich information source for people affected by cancer and those caring for them.

Aims: This virtual observation study explored the stories young people chose to share with others.

Methods: www.Jimmyteens.tv is a website where young people with cancer share their cancer experiences using videos. A total of 27.25 hours of video diaries by 18 young people aged 12-25 at diagnosis were analysed. Data analysis and interpretation were concurrent. Data were transformed through research team dialogue and the production of mind maps into a typology of stories.

Results: Four typologies emerged: treatment and relenting side-effects; rehabilitation and getting on with life; relapse; facing more treatment and coming to terms with dying. The stories had consistent messages of advice about managing effects of therapy, keeping up with friends, goal setting, the importance of family and getting on with life.

Discussion: Video technology and online facilities allow young people with cancer to make films on their own terms, so we hear something very close to their authentic voice. Young people are given the freedom to act more like teenagers and while many acknowledge feelings of vulnerability, what is apparent is their natural inclination to show courage and determination in adversity and their ability to adapt to new situations.

Conclusions: Our study illuminates some strategies young people use to gain mastery over their illness, and the stories they choose to tell. This presentation will focus on issues related to using virtual ethnography and the potential for use in defining practice, education and research priorities based on patient experience.

Recommended reading:

7.4 Theme: Inflammatory bowel disease

7.4.1

Prevalence, contributing factors and management of fatigue in inflammatory bowel disease: a literature review

Wladyslawa Czuber-Dochan, Lecturer/PhD Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK

Co authors: Emma Ream; Christine Norton

Abstract:

Background: Fatigue is common in inflammatory bowel disease (IBD). It is described as unpleasant and distressing, and a leading concern for patients with IBD (1). It is subjective, poorly understood and there is little evidence to support interventions; fatigue is poorly managed in IBD (2).

Aims: To explore and analyse the prevalence, causes, pattern and severity of IBD-fatigue and appraise its management by patients and healthcare professionals.

Methods: The following electronic databases were searched: Medline, CINAHL, EMBASE, PsycInfo, BNI, Cochrane and Web of Science. Subject headings (MeSH) and free text searching were used with no time limit set. Manual searches of reference lists within retrieved papers were conducted.

Results and Discussion: 21 papers were included: fourteen cross sectional surveys, four RCTs, two secondary data analyses, and one population based study. One paper reported qualitative data on patients' experiences of IBD.

Terms such as: 'fatigue', 'low energy level', 'tiredness', 'decline in vitality and vigour' and 'reduced energy and vitality' were used to refer to fatigue. Different definitions were used to conceptualise fatigue.

Fatigue prevalence was 36%-41% for patients in remission and 86% for patents with active disease. Numerous physical (e.g. gender, disease activity, disease duration, number of relapses, sleep disturbance, anaemia), psychological (e.g. anxiety and depression, social functioning) and situational (e.g. ability to work, achieving full potential, social support) factors associated with fatigue were identified. One intervention study reported on stress management programmes.

Conclusion: IBD-fatigue impacted individuals' physical and cognitive performance resulting in reduced quality of life. Inconsistent use of terminology and definitions of IBD-fatigue indicate future research should explore experience of IBD-fatigue from the individual's perspective to determine their saliency. The long-term consequences of IBD-fatigue and its prevention and management have not been studied.

Recommended reading:

1. Minderhoud IM, Oldenburg B, Sytze van Dam P, & van Berge Henegouwen GP (2003) High prevalence of fatigue in quiescent inflammatory bowel disease is not related to adrenocortical insufficiency. The American Journal of Gastroenterology 98(5): 1088-93.

2. Van Langenberg DR & Gibson PR (2010) Systematic review: fatigue in inflammatory bowel disease. Alimentary. Pharmacologyand Therapeutics 32: 131-43.

7.4.2

Experience of fatigue in people with inflammatory bowel disease: A phenomenological study

Wladyslawa Czuber-Dochan, Lecturer/PhD Research Fellow, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK

Co authors: Emma Ream; Christine Norton

Abstract:

Background: Inflammatory bowel disease (IBD) affects an estimated 3.6 million people in the United States and northern Europe. Fatigue is reported to be one of most troublesome symptoms when the disease is active together with diarrhoea and pain. When IBD is in remission fatigue remains the most troublesome symptom with more than 40% of people with IBD reporting it (1). Fatigue affects physical, emotional, cognitive and social functioning; however patients' complaints are rarely recognised or addressed by healthcare professionals. The evidence to date tends to concentrate on quantitative studies looking into the prevalence and causes of fatigue (2). There have been no qualitative explorations of patients' experiences of IBD-fatigue and its consequences for daily living.

Aims: To increase understanding of IBD-related fatigue and its impact on people's lives.

Methods: Descriptive phenomenology was chosen as the research methodology to enable the researcher to gain insight and understanding into the lived experiences of people experiencing IBD-fatigue. Twenty in-depth interviews with purposively selected participants were carried out Oct-Dec 2010. The interviews (23 hours in total) were audio-recorded, transcribed verbatim and analysed using Moustakas' framework (3).

Results and discussion: Data analysis revealed that people have difficulty describing their fatigue which may impact on their clarity when communicating the problem to healthcare profession-

als. Interviewees described their fatigue using similar terms to those used by people with fatigue in other chronic conditions e.g. cancer, multiple sclerosis, rheumatoid arthritis. Although participants identified physical, social, emotional and cognitive aspects of life impacted by fatigue, they also identified several other aspects of their lives that are affected by fatigue such as: educational/training aspirations, professional aspirations and promotion, and 'not being themselves'.

Conclusion: Gaining detailed insight into understanding peoples' experience and the full impact and consequences of IBD-fatigue will provide the foundation for better patient assessment and care management.

Recommended reading:

Minderhoud IM, Oldenburg B, Sytze van Dam P, & van Berge Henegouwen GP (2003) High prevalence of fatigue in quiescent inflammatory bowel disease is not related to adrenocortical insufficiency. The American Journal of Gastroenterology 98(5): 1088-93.

Van Langenberg DR & Gibson PR (2010) Systematic review: fatigue in inflammatory bowel disease. Alimentary. Pharmacologyand Therapeutics 32: 131-43.

Moustakas C (1994) Phenomenological research methods. Sage Publications, London.

Research purpose:

Externally funded research

7.5 Theme: Workforce issues

7.5.1

Measuring for success: Reporting the trends of an organisational nursing survey undertaken 4 times in 5 years

Val Wilson, Professor of Nursing Research and Practice Development, The Sydney Children's Hospitals Network and The University of Technology, Sydney, Australia
Co author: Chris White

Abstract:

Scott et al (2003) suggest that if we are to develop effective workplace cultures, staff within those cultures must firstly become aware of and understand their current culture and the impact this has on themselves as well as on patients and their families.

The Person Centred Nursing Index (PCNI) (Slater et al 2009) provides a comprehensive assessment of various aspects of nursing including: nursing and work stress, job satisfaction, organisational characteristics and attributes of caring. It consists of 115 questions and respondents are asked to
indicate their answer to each question posed on a 7-point scale. The paediatric hospital where the survey was conducted has a nursing staff of over 800. The survey was undertaken 4 times in the last 5 years (2006-2010). Data were analysed using SPSS V15 and descriptive statistics generated for each scale. The value of validated surveys such as these is their capacity to measure trends and change over time.

This paper will present the results of the organisation-wide nursing survey over the 4 time periods. Response rates across the organisation ranged from a low of 39% (survey 2) to 54% (survey 4) with overall satisfaction ranging from a low of 4.91 to a high of 5.13 and overall stress ranging from a high of 4.2 to a low of 3.67.

An overview of the survey results are provided to the hospital executive as an organisational wide report which captures the trends over time, whilst each ward receives their own results which are then compared to the overall organisational scores. These reports are used by teams as a basis to generate discussion on what nurses are doing well and to consider strategies to continually improve the care provided, not only to the children and their families but to each other.

Recommended reading:

SCOTT, T., MANNION, R., MARSHALL, M. & DAVIES, H. 2003. Does organisational culture influence health care performance? A review of the evidence. Journal of Health Services & Research Policy, 8, 105-17.

SLATER, P., MCCORMACK, B. & BUNTING, B. 2009. The development and pilot testing of an instrument to measure nurses' working environment: the Nursing Context Index. Worldviews on Evidence-Based Nursing, 6, 173-182.

Research purpose:

Capturing trends in workplace culture

7.5.2

Data comparison between RN4CAST and SENECA projects: Work environment and patient safety

Teresa Gómez-García, Nursing Research Unit (Investen-isciii), Carlos III Health Research Institute, Madrid, Spain
Co authors: Gema Escobar-Aguilar; José Rodríguez-Escobar; Emilio Ignacio-García; Teresa Moreno-Casbas; Mónica Contreras-Moreira

Abstract:

To analyze the relationship between work environment and burnout in nurses with the adverse events related to patients care in hospitals at the Spanish National Health System (coincident in SENECA and RNACAST studies. Descriptive study
that compared data from 2054 nurses of RN4CAST study and 931 patient clinical records of SENECA study – from 23 general hospitals over 150 beds at the Spanish National Health System. It was compared work environment data, measured using the Nursing Work Index, and Burnout data measured with Maslach with adverse events related with nursing care: pressure injury, nosocomial infection, phlebitis, cognitive impairment, bronchoaspiration (aspiration), acute pulmonary edema, and adverse events related with urinary catheter and administration of medication. The mean age of nurses was 37.5 years old (SD 3.48), a 88% were woman (n=1820). The average of years working was 13.6 (SD 3.25) and the mean of patients treated daily was 11.5 (SD 2.16). The most frequent Adverse events (AE): pressure ulcers with 7.9% (n=74); phlebitis with 2.5% (n=23) and adverse events related with urinary catheter and cognitive impairment, both with 2.3% (n=21). Regarding work environment, the nurses' perception of 'nursing involvement in hospital issues' was the worst rated with an average of 2.1 over 4 (SD 0.54). There was a significant relation between this last item and the onset of Adverse Events (r Pearson = -0.447, P = 0.033). The 'Ability, leadership and nurses support by their heads' item was the best rated, with an average of 2.6 over 4 (SD 0.0704). the burnout 'emotional exhaustion' and 'personal accomplishment' scales had intermediate levels of exhaustion with an average of 20.01(SD 10.81) – scale from 0 to 54, and 35.1(SD 8.59) – scale from 0 to 48 respectively. The involvement of nurses in workplace activities seemed to have some relationship with the occurrence of adverse events.

Recommended reading:

Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH (2002).

Agency for Healthcare Research and Quality. (2003)The Effect of Health Care Working Conditions on Patient Safety. Evidence Report/Technology Assessment Number 74. AHRQ Publication No. 03-E031

Brennan TA, LeapeLL, Laird N, Lawthers AG, et al. (1991). The nature of adverse events in hospitalizet patients: Results of the Harvard Medical Practice Study. N IEngl J Med ; 324:370-6

Research purpose:

Externally funded research

7.6 Theme: Prostate cancer

7.6.1

An evaluation of a community based prostate cancer walk-in clinic in London: Challenges and impact

Emma Ream, Professor of Supportive Cancer Care, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK
Co authors: Jennifer Finnegan-John; Vibe Pedersen; Jo Armes

Abstract:

Background: Prostate cancer is the most common male cancer in the UK. It is three times more common in black African and Caribbean men. A pilot community-based prostate clinic was set up in an area of high social deprivation and ethnic variability in London. It aimed to improve awareness of prostate cancer within the local population and enhance early diagnosis of prostate cancer in men from ethnic minorities or socially deprived backgrounds. This paper reports on an element of the clinic's evaluation – interviews with clinic attendees.

Aims: The evaluation aimed to assess whether the clinic:

• Attracted men to discuss prostate health

• Engaged men that do not use GP services

• Resulted in diagnosis of prostate cancer

• Generated high levels of satisfaction with prostate health services

• Improved awareness of prostate cancer and tests to screen for it

Methods: The evaluation comprised observation, survey and interviews with stakeholders and men attending the clinic.

Semi-structured interviews were conducted (June-November 2011) with 20 men sampled to maximise sample variation. Interviews explored knowledge of and attitudes towards prostate cancer, motivations to attend the clinic, understanding of screening tests, and satisfaction with the clinic. Data were analysed using Framework Analysis.

Results: Interviews suggested satisfaction with the clinic's services, and recognition of the importance of a community-based service. Men cited a number of reasons for attending and felt better informed about prostate cancer as a result. Barriers and facilitators impacting readiness to attend were identified.

Discussion: Many complex factors impact men's willingness to be tested for prostate cancer or seek help for its symptoms.

Conclusion: The clinic provided an accessible and acceptable venue for prostate cancer screening in an ethnically diverse area of high social deprivation. Further research is required to explore further how perceptions of prostate cancer impact on early diagnosis.

7.6.2

Perceptions of prostate cancer and prostate cancer risk in men of African Caribbean descent: A systematic review of the evidence

Jenny John, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK
Co authors: Vibe Hjelholt Pedersen, Jo Armes; Emma Ream

Abstract:

Background: Black African and Caribbean men are at greater risk of developing prostate cancer (PC) and dying from it than White men. Research suggests Black men have less awareness of PC, are more embarrassed by their symptoms and more reluctant to attend their doctor with PC symptoms than White men. Evidence regarding African Caribbean men's perceptions of PC and their risk of developing it has not been appraised or synthesised.

Aim: To appraise evidence on perceptions of PC and PC risk in African Caribbean men.

Methods: A systematic literature review was conducted, and databases searched comprised: Medline, PsychINFO, CINAHL and Cochrane Database of Systematic Reviews. Studies were eligible if they were written in English and investigated perceptions, knowledge of symptoms and risk of PC among African Caribbean men. Data were extracted systematically and independently by 2 reviewers. Themes in qualitative studies were synthesised using comparative thematic analysis. Findings from quantitative or mixed method studies were integrated into them.

Results: 25 studies met the inclusion criteria, 12 were qualitative,(n=603);13 were cross-sectional quantitative surveys (n= 5267). The majority were conducted in the US. Black men perceive being tested and/or diagnosed with PC as a threat to their masculine identity. Inaccurate knowledge of PC, PC risk, diagnostic methods and PC treatment contributed to fear of the disease and reluctance to be tested.

Discussion: Links between knowledge and behaviour were not sufficiently examined. The majority of evidence was generated in the US, making the relevance for European countries uncertain.

Conclusion: African Caribbean men are at relatively high risk of PC. Their perception of men's health issues, risk of PC, treatments for PC and trust/mistrust of healthcare services may impact greatly on early/late presentation with the disease. High-quality qualitative studies to investigate perceptions and fears among African and Caribbean men within Europe are needed.

7.7 Theme: Pressure injury

7.7.1

Exploring pressure injury prevention in acute care: Tackling a persistent problem

Bridie Kent, Chair of Nursing Eastern Health, Deakin University, Melbourne, Australia
Co authors: Wendy Sansom; Kathy Gribble; Roz Carmichael; Karlene Willcock; David Plunkett

Abstract:

Background: Pressure injuries remain problematic in Australia and elsewhere. Understanding contextual issues and the extent of the problem caused by pressure injury continue to be of paramount importance; for patients, as well as healthcare organisations. Funding bodies in the USA are now pushing back by not financing care resulting from such avoidable and preventable events. In 2010 in order to improve preventative practices, we explored current practices around skin and continence care in one large metropolitan health care provider in Australia.

Aims/Objectives: To determine extent of variability in product use and increase compliance with evidence based practice recommendations. To increase awareness of the need for ongoing skin assessment and pressure prevention interventions.

Methods: An audit of practice against standards identified in the evidence around the following areas: topical skin care; pressure injury risk assessment; pressure injury prevention; pressure injury management. was conducted in December 2010; underpinned by the Knowledge to Action framework (Graham et al, 2006).

Results: The results identified practices that were inconsistent, some of which did not adhere to best practice recommendations and will be presented. The incidence of pressure injuries was low (2.4%). The majority of the patients were found to have healthy skin, and the incidence of incontinence (faecal or urine) was low. Despite these, the use of additional bed protection and personal incontinence aids were found to be disproportionately high. Preventative interventions (e.g application of barrier creams and moisturiser) were rarely used. There were significant site variations.

Discussion/Conclusions/Implications: Patients who are not at high risk of pressure ulcer formation appear to receive the same interventions as those

who are. Contextual issues influence practice and the findings have been used to inform further pressure injury prevention research to help to achieve the goal of zero tolerance for pressure injury, particularly in acute care settings.

Recommended reading:

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., et al. (2006). Lost in knowledge translation: Time for a map? The Journal of Continuing Education in the Health Professions, 26, pp 13-24.

Joanna Briggs Institute. (2008) Pressure ulcers – management of pressure related tissue damage. Best Practice; Evidence based information sheets for health professionals, 12(3), pp 1-4,

Joanna Briggs Institute. (208) Pressure ulcers: prevention of pressure. Best Practice; Evidence based information sheets for health professionals, 12(2),pp 1-4

Funding:

Eastern Health

No funding

Research purpose:

Practice improvement

7.7.2

Pressure injury prevention: Preliminary enquiry into patient risk screening, preventive equipment use and pressure injuries

Lin Perry, Professor of Nursing Research and Practice Development, Faculty of Nursing, Midwifery and Health, University of Technology Sydney; Prince of Wales, Sydney and Sydney Eye Hospitals, South Eastern Sydney Local Health District, Sydney, Australia
Co authors: Michaela Kelleher; Catherine Sharp; Julietta Trollip; Kathryne Hoban

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Abstract:

Background: Pressure injuries (PI) are an 'outcome potentially sensitive to nursing' (Needleman et al 2002), and a major source of unnecessary pain and distress for patients, cost and prolonged bed-occupancy. Systematic reviews are restricted by limited quality evidence (McInnes et al 2011) but best practice guidelines provide recommendations for risk screening, preventive practices and management (AWMA 2011).

Aims were to identify the assessed and documented risk, observed incidence and prevalence of PI in patients admitted to an acute tertiary hospital in Sydney, and to relate this to pressure-reducing and pressure-relieving equipment available and in use for patients.

Methods: Assessed PI point prevalence, audited documentation of risk screening, prevention care planning and PI during up to 12 weeks hospitali-

zation; observation of all equipment present in the wards (hired or owned, in use or otherwise) compared to inventories from maintenance (owned equipment) and the hire company.

Results: n355 sets of patient case notes were audited; n326 patients were assessed. 44.8% were screened within 24 hrs of admission. First or highest scores were in the high/ very high risk category for 29.1% and 31.2%, respectively. PI episode rate was 18.8%. PI was significantly more likely in those scored at high/ v high risk (Chi2= 18.312, df1, p<0.001). PI lesions were observed in 19.3% patients; those nursed on pressure reducing/ relieving mattresses more often had maximum PI risk scores in an 'at risk' categories (Chi2=20.342, df1, p<0.001). Pls were significantly more often reported and observed for patients with pressure relieving mattresses (Chi2= 25.383, df1, p<0.001; Chi2= 20.240, df1, p<0.001), but was equipment used for PI treatment or prevention?

Conclusion: Data enabled targeting of future practice development. Findings supported the uncertain value of current 'validated' risk screening tools, and highlighted the need for high quality evidence to underpin equipment choices and prevention management decisions.

Recommended reading:

Australian Wound Management Association (2011) Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury DRAFT FOR CONSULTATION. At http://www.awma.com.au accessed Nov 2 2011

McInnes, E.; Jammali-Blasi, A.; Bell-Syer, S.; Dumville, J. and Cullum, N., Support surfaces for pressure ulcer prevention. Cochrane Database of Systematic Reviews, 2011. Issue 4(CD001735).

Needleman J, Buerhaus P, Mattke S, Stewart M, Zelevinsky K. (2002) Nurse-Staffing Levels And The Quality Of Care In Hospitals. New England Journal of Medicine, 346, 22, 1715-22

Funding:

Australia

10,001 – 50,000

Research purpose:

Externally funded research

7.8 Theme: Spinal care

7.8.1

Partnerships in spinal injury care

Julia Maz, Nursing Lecturer, School of Healthcare, University of Leeds, Leeds, UK

Abstract:

The experience of a spinal cord injury and subsequent hospitilisation cna have a devastating effect on patients, relatives and their subsequent lives. However, there is little evidence of how staff experience their work in this speciality. Insights gained will inform an understanding of partner-

ships in care. This presentation extends existing knowledge of partnerships in spinal injury care by demonstrating the categories that underpin it.

The study took place in a regional Spinal Injury Unit (SIU) in the North of England. A constructivist grounded theory approach was used to explore partnerships in care. Qualitative interviewis with 35 inter professional staff members were analysed using Charmaz's (2006) approach.

Categories that emerged included a proactive dynamic to care, the autonomous nature of the work, the emotional nature of the work and boundary work that took place between different care area of the Unit.

This discussion will focus on how staff make sense of their experiences and how the culture of the unit aimed to maximise opportunities for therapeutic intervention, demonstrating that key elements of care do facilitatepartnership approaches to care and how this is maintained and sustained over time.

Recommended reading:

Charmaz, K 2006. Constructing grounded theory: A practical guide through qualitative analysis. SAGE: London.

Adams, T. 2005. From person centred to relationship-centred care. Generations Review, 15, 1, 4-7.

Funding:

No Funding

Research purpose:

Doctoral programme

7.8.2

Nursing care that is left undone

Jane Ball, Deputy Director, National Nursing Research Unit, Florence Nightingale School of Nursing and Midwifery, King's College London, UK
Co author: Trevor Murrells; Anne Marie Rafferty

Abstract:

Background: An association between nurse staffing levels and patient outcomes has been established (1, 2). Recent research from the USA suggests that lower staffing levels result in more care being left undone and that this affects patient outcomes (3). A large-scale survey of nurses in England allowed this relationship to be explored further.

Aims: How commonly is nursing care left done?

• What type of care is most likely to be undone due to time pressures?

• How much variation in missed care is there between and within hospitals?

• What is the relationship between nurse staffing levels and skill-mix and missed care?

Methods: A cross-sectional survey of registered nurses working on medical and surgical wards was undertaken January-September 2010. The survey covered 31 NHS general acute hospital Trusts in
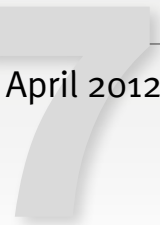
England (64 were invited), and covered 401 wards. The sample was stratified by size, teaching status and region. 2990 (39%) responses were received.

Results: The majority of nurses reported leaving some care that was needed undone on their most recent shift. During the daytime, communication with patients/families, care planning, documenting nursing care and providing adequate patient surveillance were the most frequently left undone due to time pressures. Missed care was more likely to vary between wards within hospitals than between hospitals, and is related to the nurse staffing levels/mix.

Discussion: Examination of care that is left undone provides an insight into the how poor staffing levels may impact upon the quality and outcomes of care provided, and on patient outcomes.

Conclusion: In hospital wards which have lower staffing levels significant elements of care, which are likely to have substantial impacts for both the experience of care and its safety, are being left undone.

Contextual information

The authors acknowledge the role of the RN4Cast consortium in the study design.

Recommended reading:

Rafferty AM, Clarke S, Coles J, Ball J, James P, McKee M and Aiken L (2007) 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records' International Journal of Nursing Studies

Kane R, Shamliyan T, Mueller C, Duval S, Wilt T (2007) 'The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis'. Medical Care. 45(12), pp 1195-204.

Kalisch, B., Tschannen, D., Lee, K (2011). 'Do staffing levels predict missed nursing care?' International Journal for Quality in Health Care. 23 (3), pp 302-308.

7.9.1

Developing a continence assessment tool for use by community nursing services sensitive to the needs of people with dementia

Sheila Donovan, Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, London, UK

Co author: Vari Drennan

Abstract:

Background: The needs of people with dementia and their family carers are rarely addressed in local continence policies and clinical guidance in England(1). Family carers report great difficulty in getting timely and appropriate advice and help(2).

Aim: To develop a continence assessment tool to be used by community nurses which is sensitive to the needs of people with dementia living at home and their family carers (as part of EVIDEM-C, a NIHR-funded study).

Methods: An adapted nominal group technique with a group of family carers and nurses specialising in home care, continence and dementia care produced a set of priority issues to be included in the assessment tool. The tool was refined using an adapted Delphi consultation(3) with an expert group of continence nurse and dementia care specialists. A second adapted Delphi consultation was undertaken to establish face and content validity with a wider expert group including family carers, district nurses, psychogeriatricians, general practitioners, continence specialist nurses, dementia nurse specialists and occupational therapists.

Results: In 2011 a dementia-focused continence assessment tool was developed to supplement local continence assessment tools used by community nurses. It addresses the needs of the person with dementia and the family carer. Face validity was confirmed. Content validity for most items was high, as measured by over 75 % of expert group panellists agreeing the item was very important. Panellists highlighted the need for implementation to be accompanied by training on best practice in working with people with dementia and their carers.

Conclusions: A continence assessment tool has been developed which is sensitive to the needs of people with dementia and their carers and has good face and content validity; it will now be tested in the field. This paper will cover: rationale, development process and results; plans for bench-testing; implications for service and staff development.

Recommended reading:

Drennan, V.M., Norrie, C., Cole, L. and Donovan, S. (in press) Addressing incontinence for people with dementia living at home: a documentary analysis of local English community nursing service continence policies and clinical guidance. Journal of Clinica

Drennan, V.M., Cole L., and Iliffe, S. (in press) A taboo within a stigma? A qualitative study of managing incontinence for people with dementia living at home. BMC Geriatrics.

Murphy, M.K., Black, N.A., Lamping, D.L., McKee, C.M., Sanderson, C.F., Askham, J. et al. (1998) Consensus development methods, and their use in clinical guideline development. Health Technology Assessment, 2 (3), pp. 1-88.

7.9.2

'Lives remembered': Evaluating the use of a creative writing approach to promote student nurse understanding of older people

Karen Spilsbury, Senior Lecturer, University of York, York, UK

Abstract:

Background: Promoting care for older people that reflects empathy, compassion, dignity and respect is an essential component of nursing care. Supporting student nurses to appreciate ageing and the needs of older people is particularly challenging, but an increasing priority for nurse educators.

Aims: To understand the processes, challenges and opportunities associated with:

1. using a creative writing approach to promote student nurse engagement with, and understanding of, the older people they care for; and

2. production of a student-authored book of stories inspired by memories of older people.

Methods: In-depth descriptive accounts from the range of participants engaged in this collaborative endeavour (2010-11), including care home residents and their relatives, student nurses, nursing care home staff and university lecturing staff. Our methods included interviews, focus groups and reflective discussion notes. Qualitative data were analysed for thematic content and comparisons made across data sets and participants. The study had ethical approval.

Results: The paper will report on the transformative nature of students' understanding of older people and the wider benefits of the approach for collaborative partners (1). Through the interactive process of storytelling, the older residents were offered a way of sharing life events, whilst the student nurses entered into these experiences and gained a 'different' level of understanding about the individual. The book was greatly valued by all participants and is being used as a resource within

the care homes. Opportunities and challenges associated with this novel approach will be highlighted.

Discussion and conclusions: Developing our future nurses with the necessary skills to care for an ageing population is an increasing priority. This approach for student engagement and learning with older people has overwhelmingly produced many positive outcomes. Lessons from our study of this innovative approach will have wider applicability for the care of older people.

Recommended reading:

Spilsbury K. et al. (2011) Promoting the life stories of older people in nursing care homes: A collaborative writing project between student nurses and care home residents. University of York: York http://www.hsaparchive.org.uk/projects/doc/mp/summaries/k

Funding:

Higher Education + Charity

10,001 – 50,000

Research purpose:

Externally funded research

8.1 Theme: Drug administration

8.1.1

How can registered practitioners be supported to maintain competence in the administration of drugs to their patients? Results of a literature review conducted for the RCN

Helen Ford, Senior Lecturer in Adult Nursing, Institute of Nursing and Society, University of Worcester, UK

Abstract:

Background: Incidents involving medications were the third largest group of all incidents reported the National Patient Safety Agency National Reporting and Learning Service (NPSA NRLS, 2009). This is a major area of concern for all involved in healthcare delivery, both nationally and internationally. The RCN commissioned a literature review in 2010 to address two questions related to drug administration.

Aims: 1. What are the competencies of registered practitioners in relation to medicine administration?

2. What types of educational and training interventions exist, to support registered practitioners to maintain competence in drug administration, and how effective are they?

Methods: A computerised search of the databases CINAHL, Medline, Science Direct, British Nursing Index and Academic Search Complete was conducted using the subject headings and key words of 'drug administration' and 'medicine administration' and 'registered' and 'practitioners' and 'standards' and 'nursing' and 'education' and 'medication errors' and 'nursing knowledge' and 'competence' in all combinations.

Results: The initial computerised search produced a total of 1420 references. From these, strict application of the inclusion/ exclusion criteria left 16 articles for evaluation. Three were added from the reference lists of the 16 to total 19 studies for Question 1. Eleven studies were reviewed for Question 2.

Discussion: A lack of clear standards of education, both pre and post-registration means that nurses enter and remain in the profession with widely differing knowledge and understanding, not only of pharmacology, but of legal and policy frameworks, accountability, numeracy, assessment and evaluation of drug therapy, and promoting patient safety. The available international and national evidence for interventions to improve competence in drug administration so far is very patchy and fragmented.

Conclusions: Suggestions for further research arising from the review will be presented, including issues relating to the patient perspective, branch-specific education, multi-professional education and use of objective structured clinical examinations.

Recommended reading:

National Patient Safety Agency, National Reporting and Learning Service (2009) Safety in Doses. Improving the Use of Medicines in the NHS. London, National Patient Safety Agency.

8.1.2

Evaluation of a low-fidelity medication administration that generates errors as an effective and salient learning experience for nursing students

Sinead Helyar, Senior Staff Nurse/PhD Student, University of Southampton, School of Health Sciences, Southampton, UK
Co author: Peter Griffiths; Ian Norman

Abstract:

Aim: To determine the value and suitability of a low-fidelity, on-line computer medication administration simulation that generates error as a salient, effective and realistic learning experience for nursing students. Background. In recent years, nurse education has emphasised the development of high cost and resource intensive high-fidelity simulations because they are considered to provide a more realistic learning experience. Integral is the facility to commit and learn from error safely. Committing error potentially provides the opportunity to make low-fidelity, low cost simulations more salient and effective. Method. A ten minute low-fidelity on-line computer medication administration simulation was designed to generate a 'right drug, wrong patient' error committed by students. Error generating conditions were obtained during a previous titration phase. The final simulation was trialled on 46 first-year preregistration nursing students and 12 were interviewed two years later. This report focuses on the qualitative thematic analysis of the interview data. Results. The majority of students remembered completing the simulation and believed it provided a psychologically realistic representation of medicine administration. This was underpinned by the negative emotional reactions experienced by most students to committing error, for example, guilt. Most students considered the experience of committing an error to be a valuable and useful component to their learning. It encouraged students to question their practice, highlighted their vulnerability to committing a medication administration error and reinforced the potential consequences of committing an error in practice and the importance of completing checking procedures. Conclusion. Low-fidelity on-line computer simulations can provide a sufficiently realistic representation of medication administration to produce a salient and effective learning experience over the long term. Low-fidelity simulations can provide a low cost alternative to high-fidelity simulations. Committing error in a simulation should be transformed from a useful but passive by-product into an active component of the simulation learning approach.

Recommended reading:

Bulter, K. W. and Brady, D. (2009) Implementation of Active Learning Pedagogy Comparing Low-Fidelity Simulation Verses High-Fidelity Simulation in Pediatric Nursing Education. Clinical Simulation in Nursing (5) pp. 129-136.

Maran, N. J and Glavin. R, J. (2003). Low – to High-fidelity Simulation: a Continuum of Medical

Ziv A, Ben-David S and Ziv M. (2005)Simulation Based Medical Education: An Opportunity to

8.2 Theme: Careers

8.2.1

What predicts the selection of nursing as a career choice in 5th and 6th year school students?

Martyn Jones, Professor of Healthcare Research, School of Nursing and Midwifery, University of Dundee, Dundee, UK
Co author: G Neilson

Abstract:

Demand for nursing care, and nurses, is growing in the United Kingdom given an increasingly ageing patient population with long-term co-morbidities. An ageing nursing workforce and fewer school leavers entering nursing are key barriers to student nurse recruitment. This paper aims to identify the socio-demographic and correlates nursing as a career choice in 5th and 6th year school students.

This cross-sectional descriptive study gathered self-administered questionnaires from a total cohort of 5th and 6th year school students (n=1062) in one educational authority in Scotland. Data was entered using SPSS 15, and was analysed using a mix of descriptive and inferential statistics, including Chi2 test, one way ANOVA with Post hoc testing (Tukey HSD), factor analysis (Principal Components Analysis). Logistic regression was carried out to examine the multivariate associates of career choice.

A response rate of 100% was achieved, with 705 students expressing a career choice. Some 71% (n=503) of those students would never consider nursing, even if they obtained poor grades. Only 19.1% (n=202) would ever consider nursing. Students cited nursing as a career choice if

they were female, of average to below average academic ability/achievement, expressed a positive attitude to Nursing as a degree subject and thought their career guidance teacher shared their positive view. Each additional higher gained by a student reduced the likelihood of nursing as a career choice by 22%.

Nursing is an unpopular career choice amongst school students. Strategies are required to improve the occupational image of nursing in secondary education particularly among the more academically able students and their career guidance teachers.

Recommended reading:

MOONEY, M., GLACKEN, M. and O'BRIEN, F., 2008. Choosing nursing as a career: A qualitative study. Nurse Education Today, 28(3), pp.385 – 392.

ZYSBERG, L. and BERRY, D., 2005. Gender and students' vocational choices in entering the field of nursing. Nursing Outlook, 53(4), pp.193-198.

MAY, F.E., CHAMPION, V. and AUSTIN, J.K., 1991. Public values and beliefs towards nursing as a career. Journal of Nursing Education, 30(7), pp.311-319.

Funding:

No funding

Research purpose:

Doctoral programme

8.2.2

The career histories of graduates from dual qualification, registered nursing and health visiting, courses from an English University 1959 – 1995

Vari Drennan, Professor of Health Policy and Service Delivery, St.George's University of London, Kingston University, London, UK
Co author: Elizabeth Porter; Robert Grant

Abstract:

Background: Primary care is an important arena for the delivery of public health care (World Health Organisation 2008). There are challenges as to how prepare and retain nurses to work in public health in primary care settings and both educationalists and service managers are seeking evidence to help in this (Department of Health 2011). In the later part of the twentieth century there were dual qualification programmes of both registered nursing and health visiting (public health nursing) in the UK. This study investigated the career histories of graduates with both nursing and health visitor qualifications from one English University 1959-1995.

Method: A self completed, anonymous, survey sent to a a purposive sample of 80 people with known contact details from the 134 people grad-

uating from an integrated nurse/health visitor course at the University of Southampton.

Results: Forty five women (56%) returned completed questionnaires. A significant majority (82%) had taken up health visiting posts on completing the course. Forty two per cent of all the jobs held by respondents were health visiting posts. A small number only ever worked in health visitor posts. Only four never worked in a post that required a health visiting qualification. Many moved to teaching/lecturing and management posts at some point in their career although they did not necessarily stay in those posts. Most paid work throughout their careers was in posts that addressed some aspect of public health, even if not directly employed by the National health Service, often linked to child, maternal and/or family wellbeing.

Conclusions: This study suggests that courses that prepare students to be both nurses and health visitors result in a majority of graduates who take up posts in health visiting on qualification, and many continue in health visiting posts and closely associated work areas over their careers.

Recommended reading:

Department of Health. (2011). Health Visitor Implementation Plan . Department of Health: London accessed at http://www.dh.gov.uk/en/PublicationsandstatisticsfPublications/PublicationsPolicyAndGuidance/DH_124202

World Health Organisation.(2008). Primary care: if not now when ? World Health Organisation: Geneva. Accessed at http://www.who.int/whr/2008

Funding:

No funding

Research purpose:

Own account

8.3 Theme: Quality of care/End of life

8.3.1

Relationships between nurse staffing, work environment and outcomes in hospital settings

Saima Hinno, Researcher, Department of Nursing Science, University of Eastern Finland, Kuopio, Finalnd
Co authors: Pirjo Partanen; Katri Vehviläinen; Prof Julkunen

Abstract:

Background: In several European countries it is notices that the availability of nurses is insufficient to meet current healthcare demands. Hospital reforms have taken place and these effects are apparently reflected on nurse staffing. Nurses' intention to stay or leave employment has serious implications for workforce planning. Despite the well-documented fact that there is a need to improve nurses' working environments in

hospitals to promote safe patient care, broader studies on this topic in Europe have not received priority thus far.

Aim: To investigate the relationships between nursing work environment, nurse staffing and nurse reported job and patient outcomes in hospital settings.

Methods: Cross-sectional, descriptive questionnaire survey of hospital RNs (n=1347) was conducted in three European countries (2004-2006). In analysis process the chi-square test, variance, regression, exploratory and confirmatory factor analysis were used. In modelling the Bayesian Network was utilized.

Results: Concerns about staffing, time demands and work environment are experienced as obstacles in providing good nursing care. The results indicated significant associations between the characteristics of nurses' work environment and nurses' commitment to current work settings. When work environment characteristics were evaluated to be better, also nurse-assessed quality of care increased and intentions to leave current job decreased linearly. Potential causal pathway between work environment characteristics, staffing pattern and job outcomes were identified.

Discussion and conclusion: The results contribute to the development of healthcare reforms by providing information about understanding those dimensions of the work environment of RNs that need improvement in provision of nurse staffing and positive outcomes in hospital settings.

Recommended reading:

Bogaert Van P, Clarke S, Vermeyen K, Meulemans H, and Van de Heyning P. (2009) Practice environments and their associations with nurse-reported outcomes in Belgian hospitals: Development and preliminary validation of a Dutch adaptation of the Revised Nurs

Duffield, C. M., Roche, M. A., Blay, N. and Stasa, H. (2011) Nursing unit managers, staff retention and the work environment. Journal of Clinical Nursing 20 (1-2), 23-33.

Gunnarsdottir S, Clarke SP, Rafferty AM. and Nutbeam D. (2007) Front-line management, staffing and nurse-doctor relationship as predictors of nurse and patient outcomes. A survey of Icelandic hospital nurses. International Journal of Nursing Studies 46(7)

Funding:

personal grant

€.....1,000

Research purpose:

Doctoral programme

8.3.2

Exploring quality of care in nursing units in South African hospitals

Sue Armstrong, Department of Nursing Education and The Centre for Health Policy, University of the Witwatersrand, Johannesburg, South Africa
Co authors: Laetitia Rispel; Loveday Penn-Kekana

Abstract:

Background: In South Africa, there is renewed government commitment to improve the quality of health care and to strengthen health system effectiveness through enhanced accountability. This paper presents preliminary findings of a large study measuring the quality of nursing care, done as part of a broader study to examine the relationship between the quality of care and the quality of nursing unit management in hospitals.

Methodology: The overall study included nine hospitals in both the public and private health sectors, in medical, surgical, paediatric and maternity units in two South African provinces. The quality of care component used a combination of methods, including a patient satisfaction survey; patient (or nursing) record review and audits of hand hygiene, unit equipment and supplies. Data was collected in 36 nursing units between May and September 2011. Compliance to the World Health Organizations' hand hygiene guidelines was measured through direct observation. Other aspects of the quality of care were measured using the South African Department of Health tool for quality audits in these areas.

Results: Results indicate marked differences across units in various aspects of quality of care. While the standard of record keeping was relatively good (⸱⸱⸱⸱⸱⸱⸱80%), compliance to hand hygiene guidelines was poor in both sectors (⸱⸱⸱⸱⸱⸱⸱20%). Similarly, the provision of information to patients was sub-optimal (⸱⸱⸱⸱⸱⸱⸱50%). Results indicate that individual unit managers can and do make a difference. Although nursing unit managers rated themselves highly in terms of caring (78 to 85%), the patient interviews found much lower perceptions of caring displayed by nursing unit managers (42 to 79%)range.

Conclusion: Unit managers' leadership is needed to ensure consistent quality of patient care and patient information regarding their care. In addition, targeted interventions are needed to improve proper hand hygiene.

8.4 Theme: Student experiences

8.4.1

Increase in study burnout during nursing education predicts occupational preparedness and future clinical performance

Ann Rudman, Karolinska Institutet, Department of Clinical Neuroscience, Division of Psychology, Stockholm, Sweden
Co author: J. Petter Gustavsson

Abstract:

Background: Nurses all over the world report an impact on their job performance and provision of quality care when working in a stressful working environment (Poghosyan et al. 2010). Although high job demands and lack of resources may underlie this problem, research has shown that outcomes of higher education contribute to the development of job stress and burnout (Rudman and Gustavsson 2011).

Aim: To prospectively monitor study stress in the form of burnout for a sample of nursing students during their years in higher education and at follow up one year post graduation.

Methodology: An annual survey was made of a longitudinal cohort of Swedish nursing students from all sites of education in Sweden. Data were collected at four points in time over four years: three times during higher education and one year post graduation. A longitudinal sample of 1702 respondents was prospectively followed from late autumn 2002 to spring 2006. Effects of baseline burnout and change in burnout levels across time were estimated using Latent Growth Curve Modelling.

Results: Symptoms of burnout increased across the years in education. Increase in study burnout during nursing education predicted study outcomes, occupational preparedness and future clinical performance.

Discussion: The results suggest that during their training and education, nursing students were exposed to stress similar to that of trained nurses. With respect to maintaining a healthy workforce, the development of study burnout is therefore a significant threat to the ambition to ensure safe and high quality care and prevent nurse shortage.

Conclusions: A broad spectrum of aspects related to health, well-being and work skills were affected, indicating that burnout development during higher education is an important health concern, requiring preventive measures to be taken.

Recommended reading:

Poghosyan, L., Clarke, S.P., Finlayson, M. & Aiken, L.H. (2010) Nurse burnout and quality of care: cross-national investigation in six countries. Research in nursing & health, 33(4), 288-98.

Rudman, A. & Gustavsson, J.P. (2011) Early-career burnout among new graduate nurses: A prospective observational study of intra-individual change trajectories. International journal of nursing studies, 48, 292-306.

8.4.2

The relationship between and the characteristics of computing competence and confidence in undergraduate students of nursing

Carole Fern Todhunter, Lecturer, The University of Nottingham School of Nursing, Midwifery and Physiotherapy, The Centre for Training and Education, Nottingham, UK

Abstract:

In practice areas student nurses are required to 'Interpret and utilise data and technology, taking account of legal, ethical and safety considerations in the delivery and enhancement of care.' (Nursing and Midwifery Council, 2007, page 8). Sparked by the mixed responses of learners to computing activities, the aim of this research was to understand the relationship between and the characteristics of computing competence and confidence in student nurses. The absence of a dominant paradigm in the literature influenced the choice of two sequential exploratory quantitative and explanatory qualitative studies. Data for the first study were collected through survey using a postal questionnaire, from a volunteer sample of first and second year student nurses between July 2008 and April 2009. N = 375, representing 18.75% of first and second year undergraduates in a School of Nursing. Using Principal Components Analysis, results showed a strong correlation between the two variables. With confidence emerging as the dominant variable, the findings showed students' preference for informal computer learning through mutual support, watching, talking, listening and experimenting. In the second study, authenticity of these findings was assessed and confirmed through the recording of simultaneous concurrent think-aloud commentary and behaviours of 19 volunteer first and second year student nurses working in small groups on a computing activity, between October and December 2010. Protocol Analysis (Ericsson and Simon, 1993), was used to examine the computing task outcomes and concurrent think-aloud comments. Research originality and its contribution to nursing lie in the discrete and transitive structures within competence and confidence that can be explained using an Ebb and Flow model, showing success and setback. Transferable to a wider setting, the model offers students, educators and practitioners, a visual structure to manage successes and setbacks when undertaking computing activity.

8.5 Theme: Children in research

8.5.1

Enabling active participation of hospitalised children in research though the use of participatory techniques

Imelda Coyne, Trinity College Dublin, Dublin, Ireland
Co author: Ana Martins

Abstract:

Objective: To share our experiences of using participatory techniques with 23 children (8-16 yrs with chronic and acute illnesses), on the topic of participation in decision-making.

Background: There has been a methodological shift in research methods, from approaches that view children as 'passive actors' to methods which engage children as 'active participants' in the representation of data. Participatory techniques help to reduce the power differential in researcher-child relations. The successful use of participatory techniques lies in the process of information-sharing, discussion, and action rather than simply on the type of tools used.

Methods: Children represented one group of participants from a larger qualitative research project which sought multiple perspectives (parents, doctors, nurses and allied healthcare professionals) on triadic decision-making in a children's hospital in Dublin Ireland. The first phase involved participatory observation and individual interviews with children (n=10), their parents and healthcare providers. The second phase involved probing questions on data from phase one, with the purpose of understanding rationale for behaviour, which could be challenging for children. Therefore participatory techniques were used with individual interviews and focus group discussions to enable dialogue about abstract aspects of decision-making. We used photo voice, sorting cards, stick a star quiz, and diamond ranking exercises which are a visual representation of ideas designed to work with children of different ages with varied literacy skills.

Results: This paper will discuss how we used the participatory techniques and highlight the advantages and disadvantages for each tool. The challenges of conducting research with ill children will be discussed and we will provide useful guidance for researchers. Data from the decision-making project (obtained in 2011) will be used to illustrate how user involvement promoted understanding of children's views and revealed nuances underpinning behaviour.

8.5.2

'Has the rain stopped?' Navigating consent with disabled children and young people

Patricia McNeilly, Teaching Fellow, Queen's University Belfast, School of Nursing and Midwifery, Belfast, UK
Co author: Geraldine Macdonald; Berni Kelly

Abstract:

Traditionally the views and experiences of disabled children and young people were left untold; rather they were represented by parents, carers or other adults (Mackelprang and Altshuler, 2004). Since the ratification of the United Nations on the Rights of the Child and the more recent United Nations Convention on the Rights of Persons with Disabilities, however, there is an increased onus on researchers to include disabled children and young people in their research. Research with this group of children and young people is challenging and requires careful consideration and planning in order to ensure that these children are given the opportunity to participate in an ethical manner. Much discussion around conducting research with children has centred on ethical issues, most commonly informed consent and confidentiality (Punch, 2002). In relation to the former, the provision of accessible information, the assessment of competence and respecting consent (or its refusal or withdrawal) are all key issues for researchers (Alderson and Morrow, 2011); however specific challenges arise when researching with disabled children and young people. This session will focus on lessons learnt in the course of researching with disabled children and young people for an ESRC funded PhD study about the participation of disabled children, young people and their parents in health and social care decisions. Novel ways of navigating the assent/consent process with disabled children and young people, assessing competence and the challenges encountered will be explored in this session. Experiences shared will be of benefit to those planning or conducting similar research locally, nationally and internationally. Both parents and disabled

children and young people were involved in the planning and conduct of this research.

8.6 Theme: Older people

8.6.1

Methodological issues of research with frail older people

Liz Tutton, RCN Research Institute, School of Health and Social Studies, University of Warwick, Coventry, UK

Abstract:

Undertaking research with frail older people is fraught with challenges, rarely examined in depth. This paper will consider practical and methodological issues of research with frail older people. Drawing on research studies of concepts such as comfort, hope and studies of recovery from injury in the speciality of Orthopaedic Trauma the paper will explore three areas the complexity of gaining informed consent, challenges of data collection and iii) ways of improving research through user involvement.

Gaining consent from frail older people is challenging due to the impact of injury on their ability to process information and make decisions, often compounded by co morbidity and aspects of aging. Skills are required to ensure clear understanding but interviews asking participants to recount their experience suggest that understanding of the research process is often limited.

Data collection using generic tools designed by professionals with little input from participants themselves are often misunderstood or too difficult to fill in without explanation. Often participants feel their own experience of the injury and recovery are not taken into consideration within the study and welcome the addition of interviews where they can tell their story.

User involvement in research design and methodology may improve the acceptability and usability of tools and methods that have a better fit with the lives of frail older people. However challenges

exist in finding practical methods of involvement due to perceptions of injury as a short term event and varying degrees of disability.

To conclude, knowledge gathered from frail older people has great potential to provide evidence that may be used to improve and develop practice. However obtaining this data is fraught with challenges. This paper highlights some of these difficulties, and suggests ways forward to improve our understanding in this area.

Recommended reading:

Harris, R. Dyson, E. (2001) Recruitment of frail older people to research: lessons learnt through experience. Journal of Advanced Nursing, 36(5),643-651.

Tutton, E. Seers, K. Langstaff, D. (2008) Professional nursing culture on a trauma unit: experiences of patients and staff. Journal of Advanced Nursing 61(2),145-153.

Mody, L. Miller, D. McGloin, J. Freeman, M. Marcantonio, E. Magaziner, J. Studenski, S. (2008) Recruitment and Retention of Older Adults in Aging Research, Journal of the American Geriatrics Society, 56(12),2340-2348.

8.6.2

The Singapore low vision self-management program

Vicki Drury, Associate Professor, The University of Western Australia, Perth, Australia
Co author: Sandra Mackey

Abstract:

Globally low vision is a major cause of disability. Fifty eight percent or 40 million of the world's blind people live in Asia and it is estimated that a further 20 million are severely visually impaired. Despite ophthalmic disease being a significant problem in Singapore with 20% of the elderly having some form of visual disability, prevention of blindness and resourcing low vision services is a low priority for the government and Ministry of Health.

Purpose: The aim of this study was to develop, pilot and evaluate the effectiveness of a low vision self-management program for older adults in Singapore. The hypothesis being tested was that participation in the program would improve quality of life, increase perceived self-efficacy to manage low vision and improve beneficial self-management behaviors (problem solving, goal setting, utilising an action plan, self-care, independence).

Method: A pre and post test design using two standardized instruments, the General Self-efficacy Scale and the Low Vision Quality of Life Questionnaire was used. Narrative data, gathered from group reflections and thematically analysed, was integrated with the quantitative results to provide a rich description of patients' experiences and to determine the effectiveness of the program.

Results: Improvements were noted across all domains assessed. The reflective narrative provided a qualitative insight into the impact of the program on participants' lives. Participants reported using more low vision aids, being able to perform activities of daily living with more ease and improved self-efficacy. The success of the program has resulted in further funding to roll out the program across a number of health services throughout Singapore.

Recommended reading:

Rees, G., Saw, C. L., Lamoureux, E. L. and Keeffe, J. E. (2007) 'Self-management programs for adults with low vision: Needs and challenges', Patient Education and Counseling, 69(1-3), 39-46.

Packer, T., Girdler, S., Boldy, D., Dhaliwal, S. and Crowley, M. (2009) 'Vision self-management for older adults: a pilot study', Disability and Rehabilitation, 31(16), 1353-1361.

Lim, K.-H. (2006) 'Vision 2020 and Prevention of Blindness: Is it Relevant or Achievable in the Modern Era?', Annals Academy of Medicine, 35(3), 214-222.

8.7 Theme: Community care

8.7.1

Addressing health inequity in disadvantaged CALD communities in Queensland using 'Community Navigators'

Saraswathy Henderson, School of Nursing and Midwifery, Research Centre for Population and Community Health, Griffith Health Institute, Griffith University, Australia
Co author: Elizabeth Kendall

Abstract:

Background: The 2011 Australian National Health Reform1, via the Access and Equity Policy, highlights the need to improve health services for all Australians including Culturally and Linguistically Diverse (CALD) communities. In response to this reform, the Community Navigator Model was implemented in four disadvantaged (Sudanese, Burmese, Afghani, and Pacific Islander) CALD communities in Queensland. Nine navigators were selected from the four CALD communities and trained. The navigators' role included assessing clients' needs, facilitating health promotion and access to health services, engaging in cultural advocacy, and supporting GPs to use interpreters.

Aim: We explored the 'lived experience' of the navigator's role. By gaining information about the nature of the community navigator role, community nurses and health service providers will be able to better understand the complex nature of the role and the requirements that contribute to its enactment and sustainability.

Methods: The phenomenological approach was used to explore the 'lived experience' of the community navigators as we needed to extract the essence of how the navigators experienced their role. Following ethics approval from the University Ethics Committee and participant consent, in-depth interviews were conducted with the nine navigators in October 2010. The taped interviews were transcribed and analysed using Giorgi's 2four step analysis.

Results: Three common themes emerged: (1) commitment to an altruistic attitude of servility allowing limitless community access, (2) becoming a knowledge broker focusing on the social determinants of health, and (3) 'walking the walk' to build capacity and achieve positive health outcomes for the community.

Discussion/Conclusion: The themes revealed the extent to which community navigators have the potential to make a difference to health equity in CALD communities thus contributing to the Australian National Health Reform.1 Further the model may be useful globally to address the current health professional shortages and to improve health care access. 3

Recommended reading:

National Health Reform: Improving primary health care for all Australians (2011). Department of Health and Ageing, Commonwealth of Australia Retrieved 13 September, 2011, from http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/natheal

Giorgi, A. (1985). (Ed). Phenomenology and psychological research. Pittsburgh, PA: Duquesne University Press.

Liu, A., Sullivan, S., Khan, M., Sachs, S., Singh, P. (2011). Community health workers in global health: Scale and scalability. The Mount Sinai Journal of Medicine, 78 (3): 419-435.

8.7.2

Practice nursing and the delivery of diabetes care: What can a very large routinely collected dataset tell us?

Trevor Murrells, King's College London, National Nursing Research Unit, London, UK
Co authors: Peter Griffiths, Jill Maben and Jane Ball

Abstract:

Background: The contribution of nurses in primary care settings has been hotly contested. In England, the introduction of a 'pay for performance' system, the Quality and Outcomes Framework (QOF) has been associated) with an increase in the numbers of practice nurses and in greater delegation from GPs to nurses (Leese 2006). Previous work found positive relationships between practice nurse staffing levels and QOF performance for certain long-term conditions that included diabetes (Griffiths et al, 2010). However, practice level data limit our understanding and say little about how staff are deployed to care for a particular groups of patients.

Aims: To use a large patient level database to gain greater, and better, understanding of the relationship between staffing and patient outcomes in primary care, with a specific focus on diabetes control.

Methods: A THIN database containing all the medical, measurement and therapy records from over 250,000 diabetics registered with 479 practices up to May 2010 has been used to calculate measures of staff activity (e.g. consultation rates, proportion of consultations by staff group) in relation to patients with diabetes, and haemoglobin (HbA1c) levels on an annual basis for all eligible patients for the period 2002 (n~80,000) to 2009 (n~140,000). Approaches to risk adjustment for comorbidities longitudinally have been developed using SAS software.

Results: Prevalence of diabetes appears to have increased by over 50% (2002-2009); volume of consultations has decreased overall for GPs but has increased for practice nurses. Improvements in diabetic control, irrespective of HbA1c threshold used (7, 8, 9 or 10%), have been observed.

Discussion: Since the introduction of QOF, improvements in diabetic control have coincided with an increase in activity by practice nurses set against a background of rapidly rising prevalence.

Conclusion: Practice nurse have an important role to play in the improvement of care for long-term conditions in primary care.

Recommended reading:

Griffiths, P, Murrells, T, Maben, J, Jones, S, Ashworth, M. (2010). 'Nurse staffing and quality of care in UK general practice: cross-sectional study using routinely collected data'. British Journal of General Practice, vol 60, no 1, pp 34-39

Leese, B. (2006). 'New opportunities for nurses and other healthcare professionals? A review of the potential impact of the new GMS contract on the primary care workforce.' Journal of Health Organisation and Management vol 20, no 6, pp 525-536.

Research purpose:

Externally funded research

This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department.

8.8 Theme: Staffing levels

8.8.1

Exploring assistant practitioners' perceptions of their role in acute hospital wards

Karen Spilsbury, Senior Lecturer, University of York, York, UK

Abstract:

Background: The last decade has witnessed significant growth in nursing assistant workforce numbers and their scope of practice (1). An important assistant worker development in the United Kingdom (UK) is the Assistant Practitioner (AP) role. APs are 'higher level' support workers, introduced to complement the work of registered professionals. We have conducted the first national evaluation of AP roles supporting ward-based registered nurses in Acute NHS (Hospital) Trusts in England (2).

Aims: To explore APs' perceptions of their role in acute hospital wards.

Methods: A national survey administered in November 2009, to Trusts who reported employing (or planned employment) of APs in their organisation (3). Response rate of 35% (n=381). Descriptive summary statistics and cross tabulations were used to analyse the quantitative data and qualitative data (open written responses provided by 49% of respondents) were thematically coded. The study had ethics approval (07/MRE04/20).

Results: This paper reports findings of the national survey. This study has enabled us to describe, for the first time, the national AP workforce in Acute NHS (Hospital) Trusts and, in particular, who they are, what they do, how they are prepared for their role and their experiences of developing within a relatively new role. The findings are based on the perceptions and experiences of APs themselves and make an important contribution to the sparse evidence base about these roles.

Discussion and conclusions: These findings will help policy makers, organisations and practitioners better understand AP roles in acute hospital wards and factors that enable and or inhibit the integration of 'new' assistant roles within existing occupational structures to develop and innovate service delivery and enhance patient care. There are a number of implications arising from these findings that are worthy of future consideration at national and local level when organisations are introducing and developing the AP role.

Recommended reading:

NHS Information Centre Workforce and Facilities Team (2009) NHS Hospital and Community Health Services Non-Medical Staff (England) 1998-2008. The Health and Social Care Information Centre, London

Spilsbury K, Adamson J, Atkin K, Bartlett C, Bloor K, Borglin G, Carr-Hill R, McCaughan D, McKenna H, Stuttard L, Wakefield A. (2011) Evaluation of the development and impact of assistant practitioners supporting the work of ward-based registered nurses i

Spilsbury K, Stuttard L, Adamson J, Atkin K, Borglin G, McCaughan D, McKenna H, Wakefield A, Carr-Hill R (2009) Mapping the introduction of assistant practitioner roles in Acute NHS (Hospital) Trusts in England. Journal of Nursing Management 17(5): 615-62

Research purpose:

Externally funded research

8.8.2

'A tool in the team, not a member of the team': The contribution of nurses and healthcare assistants to interprofessional teamwork in stroke care

Ruth Harris, Professor of Nursing Practice and Innovation, Faculty of Health and Social Care Sciences, Kingston University and St. George's, University of London, London, UK
Co authors: Sarah Sims; Gillian Hewitt

Abstract:

Interprofessional teamworking is considered an important part of stroke care, but previous research has highlighted constraints experienced by nurses trying to work as part of the interprofessional team and a lack of clarity in the nurses' role in stroke care (Barreca and Wilkins 2008, Burton et al 2009). This presentation reports the findings from a large multi-method study, which investigated the effectiveness of interprofessional teamworking on outcomes and patient and carer experience. It highlights patient, carer and staff perspectives of the role of nurses and healthcare assistants (HCAs) in stroke care and the barriers and facilitators to their involvement in interprofessional teamwork.

An exploratory design drawing on a realist approach was adopted which began with a realist synthesis that identified 13 mechanisms of inter-professional teamwork. These were used as an analytical framework for the study. Mixed methods were used, including qualitative interviews with 56 staff and 88 stroke patients and carers; non-participant observation of interprofessional team meetings; and completion of the Aston Team Performance Inventory (ATPI) and the Work Related Quality of Life scale (WRQoL) by all staff. The study was conducted between 2009-2011 with five inter-professional stroke teams within two highly performing stroke care pathways in the UK.

Patients and carers talked extensively about nurses and HCAs – more than any other professional group – and commented upon how highly they valued them. However, nurses and HCAs also appeared to be the least involved in the interprofessional teams. A range of factors were identified that acted as barriers or facilitators to nurses' involvement in the team, including team size and working patterns and perceptions of hierarchy between disciplines. This complex interplay of factors will be discussed with reference to the mechanisms of interprofessional teamwork identified in the realist synthesis and the context in which these mechanisms operate.

Recommended reading:

Barreca, S., Wilkins, S. (2008) Experiences of nurses working in a stroke rehabilitation unit. Journal of Advanced Nursing 63(1), 36-44

Burton, C.R., Fisher, A., Green, T.L. (2009) The organisational context of nursing care in stroke units: A case study approach. International Journal of Nursing Studies 46 (2009) 86-95

Funding:

UK – Health Service (National)

100,001 – 500,000

Research purpose:

Externally funded research

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INVESTORS IN PEOPLE

Symposia
Monday 23 April 2012

The art of decision-making: critical reflexivity when undertaking qualitative data analysis

Symposium leader: Dr Joanna Smith, Lecturer in Children and Young People's Nursing, the University of Salford, Salford UK

Symposium statement:

Qualitative data analysis is an inductive process with the explicit aim to describe and interpret the range of attributes associated with the phenomena being studied. Choices will be influenced by the study focus and the particular lens or paradigm that underpins the research. Ultimately researchers must finding the best method and analytical techniques to address the issues being investigated. This symposium will focus on qualitative data analysis: the challenges when research is driven by a theoretical framework and offer ways of analysing qualitative data to meet a range of research question across diverse child health settings will be presented.

Presentation one led by Professor Julie Taylor will debate the potential tensions that occur when undertaking qualitative research that is closely aligned to a theoretical model by drawing on recent experiences of undertaking a qualitative study on domestic abuse that underpinned by the Common-Sense Model of Health.

Presentation two led by Dr Joanna Smith will debate the issues and challenges in relation to adopting a theoretical versus pragmatic design in qualitative research. Drawing on a study that explored parents' experiences of living with a child with hydrocephalus the potential benefits of adopting a generic qualitative are outlined.

Presentation three led by Professor Jane Coad debates the challenges in ensuring data analysis is seamless, coherent and transparent when a range of data has been collected and suggest the flexibility of the framework approach makes it suitable to use as a means of analysing multiple data sets.

Presentation four led by Reena Patel will focus will on the issues and challenges when using qualitative thematic analysis alongside quantitative data analysis, by drawing on a study that evaluated the educational needs of carers in the context of home ventilation for children with complex needs.

Qualitative research and theoretical frameworks: Uncomfortable bed-fellows?

Professor Julie Taylor (Principal Investigator), Head of Strategy and Development, NSPCC (seconded from the University of Dundee); Dr Caroline Bradbury-Jones, Research Fellow, School of Nursing and Midwifery, University of Dundee

Abstract

Background: Induction and qualitative research are comfortable bed-fellows. Frequently used in qualitative inquiry, induction is the process of drawing conclusions and building theory from data that have need collected and analysed. It attempts to make individual 'cases' transferable to other settings. Induction stands in contrast to the theory testing of deduction, which is more aligned to quantitative research. Although these form a continuum, rather than being diametrically opposed, tensions can arise when these two ontological positions merge.

Aims: This paper will highlight the issues that can arise in qualitative studies that are closely aligned to a theoretical model and to explore strategies to address these.

Methods: We draw on our recent experience of undertaking a qualitative study on domestic abuse that was underpinned theoretically by the Common-Sense Model of health beliefs. Our application of this theoretical approach helped to impose structure and organisation throughout the research process. However, there was considerable potential for the framework to threaten the inductive nature of the findings.

Results: We are well-rehearsed in undertaking qualitative studies that are informed by a theoretical framework. However, close application of theory in this particular study, generated tensions – particularly during data generation and analysis – where there was risk of 'squeezing' the data to fit the model. Inductive analysis, followed by mapping onto the theoretical framework, was a key strategy in overcoming this.

Conclusions: Qualitative research can be enhanced by the use of a theoretical framework, but analysis should not be contrived in making the fit. Blind adherence to a purist application of a model is not always helpful, but divergence must be explained.

References

Gerrish K and Lacey A (2010) The Research Process in Nursing. Blackwell: Oxford.

Leventhal H, Brissette I and Leventhal EA (2003) The Common-Sense Model of self-regulation of health and illness. In: Cameron, L.D. and Leventhal, H. (Eds.) The Self-Regulation of Health and Illness Behaviour. Routledge: London, pp. 42-65.

Theoretical versus pragmatic design challenges in qualitative research

Dr Joanna Smith (Principal Investigator), Lecturer in Children and Young People's Nursing, School of Nursing, Midwifery and Social Work, University of Salford; Professor Francine Cheater Director of the Institute for Applied Health Research, Glasgow Caledonian University; Dr Hilary Bekker, Senior Lecturer in Behavioural Sciences, Institute of Health Sciences, University of Leeds

Background: Qualitative research incorporates a diverse range of methods with different ontological and epistemological underpinnings, perspectives and purpose (Smith et al 2011). The diversity of methods results in the researcher having a range of designs and analytical strategies to choose from. However, this diversity can be challenging when identifying an appropriate qualitative method that meets the aim of a study.

Aim: This paper will evaluate the potential benefits of adopting a generic qualitative approach when designing a study aimed at understanding user and carer perspectives.

Methods: Drawing on the challenges of designing a study that explored parents' experiences of living with a child with hydrocephalus, we will debate the relative merits of undertaking qualitative research without an underpinning theoretical methodology.

Discussion: Theoretically driven research is invaluable in a range of health care contexts such as explaining organisational cultures, and professional and patient behaviours (Reeves et al 2008). However, over immersion in the epistemological and ontological perspectives underpinning the chosen methodology can result in the theoretical perspective becoming the dominant focus of the research, rather than the research question posed (Sandelowski 2000). Adopting a generic qualitative research approach can assist in ensuring data collection methods and analytical strategies best suit the research question posed rather than

trying to fit the question to a particular philosophical stance. We adopt a generic research design, with data analysis underpinned by the framework approach because this enabled similarities and differences within and across parents accounts' to be identify, as well as ensuring transparency between parents' descriptions and researcher interpretations of their experiences.

Conclusion: Choosing an appropriate research approach is challenging and decisions must be based on the specific purpose of the study. In clinically focussed research such as exploring parents' experiences, we suggest qualitative methods could stand alone rather than theoretically driven.

References

Reeves S et al (2008) Why use theories in qualitative research? British Medical Journal 337: a 949

Sandelowski M (2000) Whatever happened to qualitative description? Research in Nursing and Health 23: 334 – 340

Smith J, Bekker H, Cheater F (2011) Theoretical versus pragmatic design challenges in qualitative research. Nurse Researcher 18 (2): 39-51

Abstract 3:

Application of the framework approach across data sets in a study that evaluated an Advanced Communication Skills Training programme

Professor Jane Coad, Professor in Children and Family Nursing, Coventry University (Principal Investigator); Dr Joanna Smith Lecturer in Children and Young People's Nursing, University of Salford; Professor David Pontin, Aneurin Bevan Chair of Community Health, University of Glamorgan; Professor Faith Gibson Clinical Professor of Children and Young People's Cancer Care, Great Ormond Street Hospital for Children and London South Bank University

Abstract

Background: The framework approach is well established as a means of analysing qualitative data (Smith and Firth 2011), and enables data analysis to be undertaking systematically and in-depth, while maintaining an effective audit trail thus enhancing the credibility of findings (Spencer at al 2003). When multiple data sources are collected, the challenge is to ensure the analysis is coherent and transparent.

Aim: To outline the flexibility of the framework approach when using multiple data sets.

Methods: We will draw on a study that evaluated the suitability of the National Advanced Communication Skills Training programme, developed primarily for professionals working with the adult population, for health professionals working with Children to illustrate the usefulness of the framework approach. Participant narratives were obtained from individual interviews, course evaluations, e-mail survey and reflective work records.

Discussion: Questionnaire and pilot interview were used to develop a coding index and preliminary categories. The coding index was used as a means of sorting and organising the whole data set. Making sense of participants' beliefs and experiences was achieved by exploring the relationship between categories across data sets. Categories were grouped together to form broad themes in relation to evaluating the effectiveness of the learning and teaching strategies, and the learning environment. In addition, valuable insights were gained about professionals' perceptions of communicating with children and their families, with examples of good and poor practice reported. Ultimately trainers and delegates perceived that the skills developed by undertaking the advanced communication skills training would improve communication and collaboration, which had the potential to enhance care delivery.

Conclusion: Triangulation of the data from questionnaires, interviews and reflective work records enabled us to evaluate the training programme and gain insights about the value professionals place on effective communication as a means of enhancing care delivery.

References

Smith J, Firth J (2011) Qualitative data analysis: application of the framework approach. Nurse Researcher 18 (2): 52-62

Spencer L, Ritchie J, O'Connor W (2003) Analysis, principles and processes. In Ritchie J, Lewis J ed, Qualitative Research Practice. Sage Publications, London

Abstract 4:

Application of thematic analysis across a national survey data set that evaluated an interactive competency training programme

Reena Patel, Research Fellow, Centre for Children and Families Applied Research (CCFAR) Coventry University; David Widdas, Consultant Nurse for Complex Care, Warwickshire Community Services Division, Professor Jane Coad, (Principal Investigator), Professor in Children and Family Nursing, CCFAR, Coventry University

Abstract

Background: Quantitative surveys do not always provide sufficient data to understand the short and long term impacts of provider education. In contrast, obtaining both quantitative and qualitative survey data can provide a more complete picture of the impact of the education provision, the target audience and the effectiveness of the program on care provision. This paper will explore ways of integrating thematic analysis with quantitative data findings to enhance the evaluation of an interactive competency training programme.

Aim: To discuss the value of qualitative data collection and the usefulness of thematic analysis within survey data.

Methods: We will draw on a Department of Health nationally funded study that evaluated the impact of an interactive competency training programme on the competence and confidence of professionals and parents when caring for children who have long term ventilation needs. We will show how we developed an analysis framework, underpinned by theory of change, that enabled both quantitative and qualitative data sets to be generated and short and long term impacts to be identified.

Discussion

An online survey generated both quantitative and qualitative data. Participants were multidisciplinary professionals drawn from five health care providers and 30 families. All participants were carers of children with complex care condition who required long-term ventilation. Qualitative data was handled using thematic analysis. An analysis matrix was developed to ensure both quantitative and qualitative data was systematically searched and categorised according to short and long term impacts as stipulated by the theory of change model.

Conclusion

Impact evaluation surveys are common but ensuring integration of data from both quantitative and qualitative data sets is essential in order to gain a rich understanding of outcomes and key processes. The usefulness of thematic analysis may have resonance for other researchers faced with such challenges in their data analysis.

References

Garbarino S, Holland J. (2009) Quantitative and Qualitative Methods in Impact Evaluation and Measuring Results. Governance and Social Development Resource Centre, Issue Paper, November,

IBSN 0 7044 2756 7 http://www.gsdrc org/docs/open/EIRS4.pdf

Steckler A, McLeroy KR, Goodman RM, Bird ST, McCormick L (1992). Toward Integrating Qualitative and Quantitative Methods: An Introduction. Health Education Quarterly, 19:1-8.

Symposia 2:

Cultural applications of focus group methodology: constructed realities and methodological dilemmas

Symposium leader: Vicki Drury, Associate Professor, The University of Western Australia, Perth, Australia

Co presenters: Philip Esterhuizen RN, BA(Cur), MScN, PhD Senior lecturer Amsterdam School of Health Professions, Hogeschool van Amsterdam, Netherlands

Dr Peggy Chiang, PhD, Senior Research Fellow, Singapore Eye Institute, Singapore

Symposium statement:

Focus groups by their very nature are social groups and inherent in any focus group are the cultural mores that may impact on group interaction. The focus group facilitator must understand and work within the cultural context to encourage discussion among participants without violating the cultural mores. In the following symposium we argue that inconsistencies in focus group methodology cannot be avoided. Using exemplars of focus groups from three different cultures we identify the practical realities of cultural discrepancies that confront researchers and offer some strategies to alleviate the cultural divide.

Three papers are presented in this symposium. The first paper will provide an insight into the cultural challenges confronted by a western researcher in an Asian context. Using examples from practice the presenter will discuss the significance of mianzi or face for both parties. The second and third papers demonstrate that western cultures all have different understandings and ways of doing that influence focus group discussions. In the second paper the author discusses the Dutch culture and the need for structured focus groups. Finally the third paper looks at focus groups through an Australian lens clearly identifying the significance of cultural understanding in relation to recruitment and types of participant behaviour.

Abstract 1:

Author: Vicki Drury, Associate Professor, The University of Western Australia

Asian societies tends to be group orientated with a cultural orientation of collectivism as opposed to the individualist orientation favored in western societies. Societies which have a cultural orientation of collectivism tend to value filial piety, concordance, security and obedience (Keshavarez and Baharudin, 2009). In Asian societies behaviour is constrained by rules, conformity is respected and valued, and outsiders are often ignored. The individualist-collectivist divide is the most significant difference between Asian and western cultures. In Singapore the significant cultural differences that impact on focus groups are language, face, communication style and time. Perhaps the most important cultural construct to consider when facilitating focus groups is mianzi or face as it influences how participants will respond and provides the facilitator with an understanding of how questions need to be framed. The concept of face raises specific methodological dilemmas when facilitating focus groups. The facilitator must frame questions in a manner that will elicit responses while being aware that culturally participants may be reticent to respond honestly for fear of offending people. In this symposium mianzi and other cultural mores are discussed in relation to facilitating focus groups in Asian cultures with an emphasis on effective strategies for collecting data. References: Chan, A. (2006). The Chinese Concepts of Guanxi, Mianzi, Renqing and Bao: Their Interrelationships and Implications for International Business. Retrieved from http://smib.vuw.ac.nz:8081/WWW/ANZMAC2006/documents/Chan_Alvin.pdf Hu, H. C. (1944). The Chinese Concept of 'Face'. American Anthropologist, 46(1), 45-64. Joo, Y., and Sang, H. (1998). The concept and dynamics of Face: implications for organisational behaviour in Asia. Organization Science 9(4), 522-534.

Abstract 2:

Author: Philip Esterhuizen RN, BA(Cur), MScN, PhD Senior lecturer Amsterdam School of Health Professions, Hogeschool van Amsterdam, Netherlands

Abstract:

There is a plethora of popular websites and books on Dutch culture and their stereotypical characteristics. According to these sources the Dutch are direct and forthright and complain without really wanting to change things (White, C. and Boucke, L. 2010; van Ditzhuyzen, 2009). The same sources also report the Dutch as not seeing themselves as 'typical' due to their strong sense of individuality. In contrast to this reported sense of individuality, the wife of the Crown Prince, Princess Maxima 'herself originally Argentinean 'recently caused a national incident when she stated that a 'typical Dutch' person doesn't exist. The Dutch nation as a group was highly affronted by 'a foreigner' suggesting that they had no national identity. This reaction is interesting in a highly multicultural country where more than 20% of the population is from other countries (Central Bureau of Statistics, 2011). Contradictions in Dutch group and individual identity are also described in popular literature and need to be taken into account when interacting with a group. These elements can be challenging when undertaking research and collecting data by way of focus group interviews. The risk is relatively high that the interview becomes a free for all due to direct interaction among the participants and strong opinions of the individuals (Lee and Lee, 2009) and the risk is compounded as the subject matter becomes more personal or emotive (Esterhuizen and Kooyman, 2001). This calls for structure and expertise on the part of the researcher. In keeping with this, research Carruthers (1992) indicates that environmental factors influence the way individuals perceive groups or situations and an unstructured focus group interview could, therefore, jeopardise or bias research outcomes. References: Esterhuizen, P. and Kooyman, A. 2001. Empowering moral decision making in nurses Nurse Education Today, 21(8): 640-647 Lee, J. J. and Lee, K.P. 2009. Facilitating Dynamics of Focus Group Interviews in East Asia: Evidence and Tools by Cross-Cultural Study. International Journal of Design. 3(1): 17-28. van Ditzhuyzen, R. 2009. Dutch Ditz – Manners in the Netherlands. Gottmer: Haarlem

Abstract 3:

Presenter: Dr Peggy Chiang, PhD, Senior Research Fellow, Singapore National Eye Centre, Singapore

Abstract:

Australia is a multicultural society but its culture is essentially western. The typical Australian can be described as egalitarian and informal (e.g. people call each other by their first names). Australians are often perceived as open, direct, and say what they mean. They believe in the principle of giving people a 'fair go' and standing up for their 'mates', the disadvantaged (i.e. the 'underdog').(Phillips and Smith, 2000) Humour is also an important part of the Australian identity. The Australian sense of humour is often characterized as dry, ironic, and even at times irreverent, particularly pertaining to authority.(Department of Foreign Affairs and Trade, 2008) Other Australian values and beliefs include having a good time, helping others, and volunteering (Phillips and Smith, 2000). Certain characteristics of the Australian culture can have impact on the way focus groups are conducted. These include recruiting participants for a focus group, during the running of a focus group, and the different types of participant behaviour. Using exemplars from practice these characteristics will be explored showing the importance of cultural understanding when facilitating focus groups.

References:

Phillips, T., and Smith, P. (2000). What is 'Australian'? Knowledge and attitudes among a gallery of contemporary Australians. [Article]. Australian Journal of Political Science, 35(2), 203-224.

Rice, P. L., and Ezzy, D. (1999). Focus groups. In P. L. Rice and D. Ezzy (Eds.), Qualitative Research Methods – A Health Focus (pp. 71-94). South Melbourne: Oxford University Press.

Building engaged scholarship for effectiveness in knowledge translation

Val Wilson, Professor of Nursing Research and Practice Development, The Sydney Children's Hospitals Network and The University of Technology, Sydney, Australia
Symposium leaders: Professor Jan Dewing and Professor Val Wilson

Symposium statement:

This symposium consists of three inter-related papers aimed at critically exploring how engaged scholarship and person-centred approaches contribute to building a more sustainable culture for KT to thrive.

Paper 1 considers the introductory and foundational work that needs to take place across nursing and midwifery in order to begin wide scale cultural change. The case study used in this paper features a large combined community and acute Trust in South Coast Region of England.

Paper 2 reports on the five-year evaluation of a research program based on implementing and systematically evaluating Practice Development initiatives across a healthcare organisation. A focus of the program was on creating person centred cultures through engagement of staff and creating an environment where knowledge translation is valued.

Paper 3 widens the scope to debate how Practice Development contributes to growing engaged scholarship across nursing and midwifery within health care organisations in Australia and the UK. This paper draws on a number of examples outlining which interventions work and why.

Preparing an NHS Trust for more effective knowledge translation: Introductory and foundational engaged scholarship

Jan Dewing, Professor of Person-centred Research and Practice Development East Sussex Healthcare NHS and Canterbury Christchurch University Kent England, Co-Director England Centre for Practice Development, Visiting Professor Institute of Nursing Research and Head of the Person-centred Practice Research Centre at the University of Ulster, Visiting Professor Aged Care and Practice Development University of Wollongong NSW Australia and Uniting Care Ageing South Eastern Region and School of Nursing and Applied Clinical Studies, Canterbury Christchurch University, UK
Ms Carrie Jackson, Head of Department, School of Nursing and Applied Clinical Studies, Canterbury Christchurch University, Co-Director England Centre for Practice Development, Visiting Associate Professor SNMIH University of Wollongong NSW Australia
Ms Alice Webster, Deputy Director of Nursing, East Sussex Healthcare NHS Trust, Honorary Senior Lecturer Canterbury Christchurch University

Abstract:

Working with complexity and working through trying times including wide scale organisational redesign and financial pressures is as an appropriate time as any to begin work on culture change. The NHS currently provides many such opportunities. The temporary instability and chaos offers a window of opportunity to look at the organisation's business agenda differently in order to enhance effectiveness. The emphasis within the nursing and midwifery strategy in one NHS Trust is a tripartite approach: compliance; care that does the patient no harm, quality and innovation. All three foci are needed to develop and sustain workplace cultures across the organisation that offers the sufficient and necessary conditions for more effective knowledge translation. In addition, many health providers are looking for educators and researchers to offer more than 'a one size fits all' approach. This represents a challenge for many nurse researchers and educators (Miller et al 2004). For example, Happell (2005) stresses that the available literature suggests that nurses don't tend to become involved in the conduct of formal research, nor are research findings readily utilised in practice especially when they have been formally disseminated.

This paper discusses a strategic approach to the introductory and foundational work needed to begin to shape the sufficient and necessary conditions of engaged scholarship. Special consideration will be given to the establishing of a formal partnership between the Trust and a Higher Education Institution (Jackson and Webster 2011); the contribution of a Joint Chair in Practice Development (Dewing et al 2011) and core areas in which knowledge translation has begun.

The following questions will be addressed:

1. What has been achieved thus far?
2. How has this been done?
3. How do we know the interventions are effective in terms of cultural change?
4. How does any of this contribute to enhanced knowledge translation?

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Practice development positively influences workplace culture: The outcomes of a five year evaluation

Val Wilson, Professor of Nursing Research and Practice Development, The University of Technology, Sydney and Sydney Children's Hospitals Network (Westmead), Visiting Professor England Centre for Practice Development Canterbury Christchurch University Kent England and Visiting Professor Institute of Nursing Research and Person-centred Practice Research Centre at the University of Ulster
Margaret Kelly, Coordinator GESCH, The University of Technology, Sydney, and Sydney Children's Hospitals Network (Randwick)

Abstract:

This paper will outline the outcomes of a (realistic) evaluation of a five-year research and practice development (PD) program. The program is based in a large paediatric health facility, in Sydney. Prior to the commencement of the program very little PD work had occurred in the organisation.

The evaluation incorporated all aspects of work undertaken within the program through context, mechanism, outcomes configurations e.g. nurses on ward a (C), attended research skills workshop (M), resulting in them undertaking an action research project to improve urine collection in infants (O). The evaluation provided multiple layers of CMO configurations and this enabled us to focus on our critical intent (how do we make sense of the findings in light of our developing understanding of what works in using PD approaches, for whom does this work and in what circumstances). Through the evaluation we used a range of approaches to highlight the effectiveness of different processes. This resulted in increasing our understanding of the evolving Research and PD culture and enabled us to generate a number

of hypotheses about the program of work and in so doing laid the foundation for the next phase of work in the organization (testing out the hypothesis).

McCormack (2010) suggests 'it is imperative that we demonstrate the effectiveness of 'action' arising out of practice development work' (p191). In sharing the evaluation of this program we aim to highlight the changes that are occurring for:

- Individuals (i.e. transforming self, role clarification)
- Teams (i.e. improved relationships, working together to achieve change),
- Systems (i.e. access to evidence about practice and how this is being translated),
- Processes (i.e. valuing work-based learning, authentic engagement)
- The organisation (i.e. being person-centred, being strategic) and
- Patients and families (i.e. improved outcomes, increased satisfaction)

References

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Abstract 3:

The conditions necessary for effective knowledge translation: Engaged scholarship and person-centred approaches

Jan Dewing, Professor of Person-centred Research and Practice Development East Sussex Healthcare NHS and Canterbury Christchurch University Kent England, Co-Director England Centre for Practice Development, Visiting Professor Institute of Nursing Research and Head of the Person-centred Practice Research Centre at the University of Ulster, Visiting Professor Aged Care and Practice Development University of Wollongong NSW Australia and Uniting Care Ageing South Eastern Region

Val Wilson, Professor of Nursing Research and Practice Development, The University of Technology, Sydney, and Sydney Children's Hospitals Network (Westmead), Visiting Professor England Centre for Practice Development Canterbury Christchurch University Kent England, Visiting Professor Institute of Nursing Research and Person-centred Practice Research Centre at the University of Ulster

Abstract:

The purpose of knowledge translation is the enhancement of patient care. By this we mean that patient care is not only safer and more effective it also embraces the notion of valuing the individual for whom care is being provided i.e. being person-centred. We argue that achieving this requires a longer term widespread cultural change rather than short term linear and smaller scale change of certain individual (and some may say isolated) aspects of practice. The constructs of engagement and scholarship underpin cultural transformation.

In order to achieve the (underpinning) widespread cultural transformation needed for effective knowledge translation we firstly need to truly understand what type of engagement strategies, reflective activities and critical interventions are needed within healthcare organisations to prepare nursing and midwifery to more effectively embrace and make use of different forms of knowledge (Estabrooks et al 2006). Our stance within Practice Development means that we rigorously attend to process in order to achieve our anticipated outcomes and this we will argue brings added benefits to the knowledge translation field. We therefore advocate for an 'engaged scholarship' and person centred approach to knowledge translation.

McCormack (2011) offers a framework that has as an explicit intention, the creation of connections between researchers/universities and practitioners/healthcare providers. This framework has enabled us to make explicit the relationship between the strategies, activities and interventions we are using with different stakeholder groups such as clinicians, service users, managers, academics and to highlight how this is contributing to building scholarship.Therefore, the aim of this paper is to synthesise our learning from multiple research and development project work within very different healthcare systems and share through a number of examples, what we understand and have done about engaged scholarship within our healthcare provider and academic organisations and what the next phase of this work entails.

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Symposia 4:

Strengthening nursing research: Developing complex nursing healthcare interventions

Prof. Loredana Sasso, Professor of Nursing, Dipartimento Scienze della Salute, Università degli Studi di Genova, Genova, Italy
Symposium leader: Professor Roger Watson

Symposium statement:

In a recent editorial published in the International Journal of Nursing Studies, Richards and Borglin (2011) point out that nursing research needs to implement and use complex interventions research methods thinking.

According to Richards (2011), current nursing literature reveals the lack of strong evidence for practice so far most nursing research is more descriptive than experimental. Of 210 nursing research papers published between 2000 and 2006 (Hallberg, 2006) only 15% showed effectiveness of nursing interventions in improving patient outcomes.

Nursing care is inherently a complex intervention as it acts on several dimensions including the physical one. Therefore, it is difficult to demonstrate the effectiveness of nursing practice through randomized controlled trials, although these are considered the gold standard for determining the cause effect relation between intervention and outcome.

Even if our three ongoing PhD projects aim at studying populations with different healthcare needs, complexity is shared across all of the three interventions addressing unmet needs.

In all the three projects, the attitudes and behaviors of health professionals when addressing specific patient needs are crucial. Negative attitudes can lead to poor patient outcomes, worsening their health status and impairing quality of life.

This symposium illustrates the use of the Medical Research Council (MRC) Framework (Craig, 2008) to develop three different nursing interventions systematically using the best available evidence and appropriate theory (Phase I of the MRC framework).

Abstract 1:

Using the medical research council (MRC) framework on the development of complex interventions to improve nurses' attitudes within nutritional care in institutionalised older people

L Bonetti, PhD Student in Nursing Research Methodology, University of Genoa, Italy, MSN, RN;
Am Bagnasco, PhD in Nursing Research Methodology and Masters Degree in Education Sciences, Faculty of Health Sciences, Contract Professor of Education and Nursing and Education Coordinator University of Genoa, Italy;
L Sasso, Master's Degree in Education Sciences, University of Genoa, Italy. Master's Degree in Nursing, Faculty of Health Sciences, University of Genoa, Italy, Associate Professor of Nursing, Health Sciences Department, University of Genoa, Italy, Via Pastore 1, I-16132 Genoa, Italy.

Abstract

Background: Malnutrition in institutionalized older people is a serious problem that has a negative impact on patient outcomes. Several studies in literature report that nurses have negative attitudes on this issue.

Aims: Develop a complex intervention to improve nurses' attitudes to nutritional care in older people.

Methods: We chose the Theory of Planned Behaviour (TPB) as the basis of our study.

In 2011 we conducted a preliminary study using Focus Groups (FGs) with 33 nurses working with a geriatric population to investigate their attitudes and perceptions linked to nutritional care.

The results we obtained from our FGs allowed us to decide which aspects of nutritional care could be used to develop the complex intervention. This complex intervention is currently being developed.

Results: Focus groups showed that malnutrition in institutionalized older people is often underestimated and neglected. Nurses' awareness on this issue is often low and present negative attitudes. Validated Nutritional assessment tools were neither known, nor employed.

Discussion and conclusions: Our complex intervention will be implemented in medical wards where many older people are admitted and with a high prevalence of malnutrition.

Our complex intervention shall include educational interventions to raise health professionals' awareness and the introduction of valid nutritional assessment tool in daily routine practice. Nurses' attitudes to nutritional care will be tested with the Staff Attitudes to Nutritional Nursing Geriatric Care Scale (SANN-G) based on TPB, of which we have recently validated the Italian version. Prevalence of malnutrition in the wards involved in the study will be evaluated before and after the implementation of the complex intervention.

To develop our educational intervention, we shall use the guidelines of the National Institute for Health and Clinical Excellence (NICE) and TPB.

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Abstract 2:

Using the medical research council (MRC) framework on developing a complex program, for quality of life measurement in the palliative care network of the Ligurian region

G Catania, Palliative Care Network, IRCCS AOU San Martino – IST , Genoa, Italy
M Costantini, Regional Palliative Care Network, IRCCS AOU San Martino – IST , Genoa, Italy,
M Eccaro, Regional Palliative Care Network, IRCCS AOU San Martino – IST , Genoa, Italy
A Bagnasco, Department of Health Sciences, Faculty of Medicine and Surgery. University of Genoa, Italy
L Sasso, Department of Health Sciences, Faculty of Medicine and Surgery. University of Genoa, Italy

Abstract:

Background: The WHO defines Palliative Care (PC) as 'an approach that improves the Quality of Life (QoL) of patients and their familiesâ . However, it is not realistic to expect that just measuring QoL in PC settings can positively influence practice. Although QoL assessment is recommended, a program focused on QoL assessment in PC has never been defined, nor its components identified.

Aim: Develop a program focused on measuring QoL in PC settings.

Methods: We shall use the first phase of the MRC Framework. According to phase one, the first step is to identify previously published data to: 1) define a program focused on QoL assessment in PC; and 2) identify its constitutive components. The second step is to identify a theory around the program by which change is likely to occur, and the program will be based on these results.

Results: We defined a program focused on QoL in PC as a complex program including four components: (1) patient,(2) QoL measures, (3) healthcare professionals, and (4) setting, and focused on multidimensional assessment of QoL

in clinical practice. The WHO Population Screening Principles (PSP) was chosen as the theory to underpin the intervention. We contextualized such principles in QoL measurement and as a potential useful theoretical structure of the program.

Discussion

1) QoL measurement is a complex intervention where several components interact with each other.

2) For each of the WHO PSPs, issues specific to QoL measurement were identified to have more chances of modelling a successful program.

3) A QoL complex program should include

a) the best QoL instrument;

b) abilities of both QoL instruments and healthcare professionals in identifying patients' needs; and c) define the best mode of administration of the instrument acceptable for both patients and health professionals.

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Abstract 3:

The medical research council (MRC) framework to define complex nursing interventions in the icu and correlation with visiting policies

Cecilia Deiana, PhD Student in Nursing Research Methodology, University of Genoa, Italy
A M Bagnasco, PhD in Nursing Research Methodology and Masters Degree in Education Sciences, Faculty of Health Sciences, Contract Professor of Education and Nursing and Education Coordinator University of Genoa, Italy
L Sasso, Master's Degree in Education Sciences, University of Genoa, Italy. Master's Degree in Nursing, Faculty of Health Sciences, University of Genoa, Italy, Associate Professor of Nursing, Health Sciences Department, University of Genoa, Italy

Abstract:

Background: Literature reviews from 1984 to 2011 demonstrate the difficulty in understanding the

correlation with full family presence in ICUs and nursing duties.

In Italy, only 9 ICUs of the over 400 ICUs existing are open to family members.

Meeting family and patients' needs is increasingly being acknowledged as a factor in ICUs, but the latter is resisting change.

The outcomes are improved communication with the family during stay in ICU and a better discharge and transfer plan of the patient to another ward.

Aim: The aim of this study was twofold. Firstly, since nursing interventions in ICUs are complex, we needed to define the ingredients, behaviours and attitudes of care to understand the issues that hindered the presence of family members. Secondly, to show that defined nursing standards of care (skill-mix) and knowing the pathways of patient care were the key to open visiting policies.

Methods: According to step one of the MRC Framework, we decided to adopt a mixed methods research:

Quantitative, to define the ICU nursing standards of care

Grounded Theory, by observing the team's information about the patients' pathways. Recording their behaviours during the day and mapping the item of care to define the flow of the nursing care process and relations with others.

Discussion: Boscolo Anzoletti et al. (2008) show that there is a relationship between the level of the nurses' training and experience, and their attitude to visitors.

Since behaviour is an action that involves movement through space and time (Johnston and Pennypacker, 1981), and therefore from the nurse to patients and to the team, behaviours have some impact on the environment where they occur (Raymond G. Miltenberger, 2011).

References

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Symposia 5:

Being and becoming a consultant nurse through a programme of support: Professional and methodological insights

Kim Manley, Canterbury Christ Church University, Canterbury, UK

Symposium leader: Dr Kim Manley CBE Visiting Professor/Co-Director England Centre for Practice Development ,Canterbury Christ Church University, Canterbury Kent

Symposium statement:

The symposium is based on the professional and methodological insights developed from a two year collaborative research project involving a small research team working with consultant nurses (CNs) and aspiring consultant nurses (ACNs) across England (Manley and Titchen 2011). The project team accompanied the nurses through a programme of support as they became both individual practitioner-researchers of their own practice and members of a critical research community investigating what was important to them in their everyday practice.

The project used emancipatory action research (Grundy 1982) and fourth generation evaluation (Guba and Lincoln 1989)..

Two main processes (methods) supported the CNs and ACNs in three parallel 18 month cohorts:

- monthly action learning sets including reflection in and on practice

- six monthly collaborative workshops when cohorts came together.

Synthesis arising from thematic analysis of all data sets resulted in four overarching themes: role of the consultant nurse; impact of the context on CNs and ACNs' outcomes and project processes.

A final meta-analysis captured the starting and end points of three journeys travelled by CNs and ACNs as they continually strived towards:

- becoming researcher-practitioners, integrating learning and inquiry into their everyday practice

- achieving greater effectiveness in their roles

- achieving organisational effectiveness.

The first paper describes the research approach, project process, outcomes and the new insights gained about the research approach and journey towards being and becoming a consultant nurse.

The second paper illuminates how theory and evidence from practice can be demonstrated using a framework. The third paper focuses on the facilitation principles underpinning the programme of support that have been identified as pivotal to enabling CNs first to become effective in demonstrating their own impact and then in facilitating others to be effective. These skills are argued as necessary to developed effective workplace cultures.

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Abstract 1:

Being and becoming a consultant nurse – professional insights, methodological lessons

Dr Kim Manley CBE Visiting Professor/Co-Director England Centre for Practice Development, Canterbury Christ Church University, Canterbury Kent

Professor Angie Titchen, Independent Practice Development Consultant, Visiting Professor, University of Ulster, Northern Ireland, Adjunct Professor, Charles Sturt University, Australia, Principal Investigator, Knowledge Centre for Evidence-Based Practice, Fontys University of Applied Sciences, The Netherlands, Associate Fellow, University of Warwick, UK

Abstract:

The first paper describes the project, its research approach, project processes and professional insights developed from the journey of being and becoming a CN and new insights developed around the research design.

'Sailing down the river: moving towards greater effectiveness in multiple roles'

describes the journey experienced by participants of applying the attributes of a practitioner-researcher to their work and multiple roles. Although CNs were clear, in theory, about their complex and interacting roles, their colleagues and their organizations were not. CNs turned their attention to developing their knowledge, skills and capacities for demonstrating effectiveness of their multiple roles and gathering evidence, using a variety of tools, to show their organizations their achievements. For some, this was an arduous journey because their research skills were undeveloped. Those who already had higher degrees were better able to demonstrate their effectiveness within the timescale of the project.

'Wiring them in' 'the impact on others, the organisation and service described how CNs improved the organisation's ability to draw on what they had to offer through making explicit the role's potential, achieving support and credibility and embedding it in the organisation. The impact that the CNs and ACNs had on the culture of the workplace and services led to a greater person-centred focus; achievement of best practice; strategic influence from practice through changing the workplace culture and influencing the strategic agenda, thus improving services to patients (Manley et al 2011).

The insights about the research design when compared with a previous study using a similar

approach (Manley et al 2005; Hardy et al 2009) will be shared in terms of additional strategies that will assist in achieving successful programme outcomes within the research design.

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Abstract 2:

Developing theory from practice: capturing the relationship between triggers, strategies and outcome for consultant nurses researching their own practice

Professor Angie Titchen, Independent Practice Development Consultant, Visiting Professor, University of Ulster, Northern Ireland, Adjunct Professor, Charles Sturt University, Australia, Principal Investigator, Knowledge Centre for Evidence-Based Practice, Fontys University of Applied Sciences, The Netherlands, Associate Fellow, University of Warwick, UK
Dr Kim Manley CBE Visiting Professor/Co-Director England Centre for Practice Development , Canterbury Christ Church University, Canterbury Kent

Abstract

The second paper shares insights about how to theorise and develop evidence from practice using a framework developed to capture and theorise a practice development in an earlier action research study (Binnie andTitchen 1999). It was refined and presented to co-researchers for the purpose of helping participants understand how analysis of their own practice could contribute to theory, as well as capture similarities and differences arising from different cohorts

In total 40 critical incidents were presented in action learning by participants and later linked to emerging themes from the meta analysis. At later meetings, presenters of critical incidents reported back their findings relating to the action they had taken, the impact of the action and how effective it had been. At subsequent meetings of the cohort and using the verified notes captured by the research assistant, the cohort group undertook a joint analysis of each action learning presentation (Prideaux, 1995), and revisited this over time in relation to achievement of stated action points and

recording the sources of evidence for each aspect (e.g. the triggers, goals, achievements etc) .

Through the action learning process and across all the cohorts a number of strategies were identified which were documented, tried and refined in practice over a period of time. The outcomes resulting from implementing the strategies were also identified. For each stage of the framework evidence was collated from a number of different sources that substantiated the issue, the strategies used and the outcomes achieved in tandem to a considering the theoretical principles in the literature to either strengthen understanding of the issue or to challenge the theoretical issues in response to practical experience.

The research approach and resulting framework for theorising from practice will contribute new insights in social impact through illustrating the interrelationship between inputs, actions, outputs, outcomes and impact

References

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Abstract 3:

Facilitation skills – the essential element for consultant practitioners when helping others to be effective

Dr Kim Manley CBE Visiting Professor/Co-Director England Centre for Practice Development, Canterbury Christ Church University, Canterbury Kent
Professor Angie Titchen, Independent Practice Development Consultant, Visiting Professor, University of Ulster, Northern Ireland, Adjunct Professor, Charles Sturt University, Australia, Principal Investigator, Knowledge Centre for Evidence-Based Practice, Fontys University of Applied Sciences, The Netherlands, Associate Fellow, University of Warwick, UK

Abstract:

The third paper specifically focuses on the facilitation principles underpinning the programme of support identified as pivotal to enabling CNs first become effective in demonstrating their own impact and then in facilitating others to also be effective. These skills are argued as necessary to developed effective workplace cultures.

The action learning set facilitators, as experienced facilitators of work-based learning, practice development and practitioner research, used holistic, enabling facilitation approaches (Titchen, 2004). They used ten principles for facilitating work-based learning (Manley et al, 2009) to develop a learning and inquiry culture, participants' praxis skills and sustain a commitment to the project

At the outset of the study, participants asked questions about action learning and practitioner-research which indicated unfamiliarity and uncertainty about integrated learning and inquiry. Whilst there were indications of gaps in knowledge, skill-sets and professional artistry of integrated and reciprocal learning and inquiry, participants took responsibility for the management of the project both individually and collectively.

CNs, through further developing their skills to enable others to become more effective, earned credibility from others who began to recognise what they had to offer and became valued for the contribution to services they made

The study concludes that the facilitation skills around ten principles derived from a concept analysis of work-based learning (Manley et al 2009) are central to achieving transformation in practice when combined with other multiple roles and leadership that is transformational, strategic and political. This has involved: learning in and from practice; being a research practitioner and; using the facilitation processes learned to increase effectiveness in others and transform practice to develop improved services.

We believe we have identified and shown the means through which CNs achieve improved patient services, that is through developing the facilitation skills necessary to enable others to become effective and practice to be transformed.

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UK Society of Behavioural Medicine symposium: Using behavioural medicine to improve patient outcomes through enhanced communication

Paul Aveyard, Primary Care Clinical Sciences, University of Birmingham, Birmingham, UK
Symposium leader: Paul Aveyard

Symposium statement:

The UK Society of Behavioural Medicine (www. uksbm.org.uk) is a multidisciplinary society drawing members from across healthcare and academia. We are interested in behavioural change in individuals and in groups and society, in communication in clinical contexts, in public health, and in interventions the behaviour of clinical practitioners and the organisation of care. In this symposium we consider three clinical communication scenarios. In each case we show how using an understanding of behaviour and, in particular, behavioural change techniques can lead to improved outcomes for patients.

Abstract 1:

Living with an inherited genetic condition or its risk: developing interventions to improve the psychological health of parents and their children

Alison Metcalfe, Emma Rowland and Gill Plumridge, School of Nursing and Midwifery, Kings College, London

Abstract:

Background: Families affected by an inherited genetic condition have to find ways of managing the genetic condition and sharing the genetic risk information with their children. In a recent study, we observed that many parents struggled to cope with the genetic condition and discuss its associated risk with children and young people. The lack of discussion about the genetic condition and its risks sometimes had serious consequences for the psychological health and well-being of parents, children and young people.

Method: This talk will draw on and synthesize several studies that used mixed methods including interviews, questionnaire surveys and systematic literature reviews to identify the issues affecting family members' psychological health related to discussing genetic risk information and their medium to long-term consequences.

Results: We will briefly highlight the main issues, which include parents concerns about what to tell their child at different stages of development and fears about how their child will respond. Following on we will describe how we have used these insights to develop a behavioural intervention to assist parents in developing skills to share genetic risk information according to their children's developmental stage and to respond to requests for information and managing their child's responses to that information.

Conclusion: Investing in these interventions' implementation into practice is likely lead to improved psychological health for parents and their children and is likely to be more cost-effective emotionally, psychologically and financially for families, and health and social care services.

Abstract 2:

Improving outcomes through a diabetes listener intervention for people with diabetes specific distress. Findings from an early phase study

Jackie Sturt, Division of Metabolic and Vascular Health, Warwick Medical School

Abstract:

Background: The emotional burden of diabetes is widely recognised with its impact resulting in impaired self-management behaviours. Sixty percent of the population with diabetes will experience this burden at one of 5 levels. Diabetes-specific distress (DSD) is associated with glycaemic control whereas co-morbid depression is not. Interventions targeting DSD are required to address this distress and improve glycaemic control.

Aim: Develop and embed the Diabetes Listener service, assess baseline data of referred patients, and understand causes of DSD.

Methods: Individuals struggling with their diabetes were identified during routine clinical appointments and referred to the Diabetes Listener service from April 2010-September 2011. A nurse with additional diabetes and mental health training and experience offered up to 6x45min appointments. Prior to the first appointment patients completed the Problem Areas in Diabetes Scale (PAID) scale to assesses DSD. Detailed consultation case notes are written. The Diabetes Listener uses person centred counselling techniques and approaches to understand motivational barriers and opportunities, develop awareness of negative self-talk patterns, support self-efficacy and take a problem solving and goal oriented approach to developing new behaviours. The service is available two half – days per week.

Results: 75 patients were referred and attended 179 Diabetes Listener appointments. Twelve referred patients did not attend any appointments(16%), 20 patients have had â ¥4 (54%) appointments. 61% of referred patients were female. Baseline PAID scores of referred patients were clinically significantly elevated with 75% having scores above 40 and 55% scoring over 50. Initial case note analysis indicates social isolation/aloneness to be a major factor affecting the psychological wellbeing of referred patients. Within this, diabetes isolation plays its part. Problematic relationships with people, and with food, are strong themes.

Discussion and Conclusions: diabetes clinicians effectively detect elevated DSD. Service developments to detect rising distress, and address revealed concerns, are warranted alongside research to assess intervention effectiveness.

Abstract 3:

Improving screening outcomes through more informed choice – a randomised controlled trial

Theresa Marteau, Eleanor Mann, Ian Kellar , A.T. Provost, Simon Griffin, A.L. Kinmonth, Department of Primary Care and Public Health, University of Cambridge

Abstract:

Background: The benefits of population screening programmes are realised when the majority of those invited do participate. It is required that invitations include details of the limited individual benefits and possible harms. Such invitations may select attenders who are motivated to engage in preventive action, but deter others, especially those who are socially deprived, and affect motivations to change health behaviour, exacerbating health inequalities.

Aims: to assess the effect of an informed choice invitation for screening for diabetes versus a standard invitation

Methods: We identified people aged 40-69 years, at risk for diabetes, from the registers of four English general practices. Deprivation was defined from postcode. We randomised 1272 individuals to receive an informed choice or a standard invitation. The primary endpoint was attendance. Among attenders we measured motivation to change health behaviours.

Results: We previously analysed the primary endpoint for all 1272 participants. 56% of those receiving informed choice invitations attended for screening, compared with 58% receiving standard invitations (mean difference: − 1.8% (95%CI: −7.3% to +3.6%) p = 0.51). Attendance was lower amongst the more deprived (64% vs 48%, lowest vs highest tertile, p ⇐ 0.001). There was no significant interaction between deprivation and the type of invitation received on attendance. However, Individual-level deprivation demonstrated a significant moderator effect on motivation (F $_{(4,638)}$ = 4.11, p=.003; partial Î·2 =.03): Individuals who were high in deprivation had lower motivation to change health behaviour following receipt of the informed choice invitation. Future Orientation also interacted with invitation type (F $_{(14,636)}$ = 2.18, p=.006, partial Î·2 =.05): Individuals low in future orientation had lower motivation to change health behaviours following receipt of an informed choice invitation compared with a standard invitation for screening.

Conclusions: We previously found no evidence of conflict between efforts to achieve informed

choice and efforts to enhance attendance in this practice-based screening programme. However, attendance was low in deprived groups. Moreover, deprivation, as well as future orientation, interacted with invitation type. These findings may explain this inequity. Efforts to enhance informed choice, where the implications of diagnosis are a requirement for lifestyle change, may require that the immediate benefits are communicated, as well as efforts to address the apparent barriers to diabetes self-care.

Symposia
Wednesday 25 April 2012

Symposia 7:

New insights into acute pain management in children: An international perspective

Alison Twycross, Reader in Children's Nursing, Kingston University, St George's University of London, Faculty of Health and Social Care Sciences, London, UK
Symposium leader: Alison Twycross

Symposium statement:

Despite the evidence to guide practice being readily available children's pain management practices continue to fall short of the ideal (Twycross 2007; Shrestha-Ranjit and Manias 2010; Twycross and Collis 2010) with children experiencing moderate to severe unrelieved pain post-operatively (Taylor et al. 2008; Shrestha-Ranjit and Manias 2010). Post-operative pain in children is not well managed, especially at home with children often receiving less than prescribed doses of analgesics and non-pharmacological strategies being under-used. Several studies have identified factors which may influence the management of children's pain. However, uncertainty remains as to which factors most consistently predict pain management practices.

Pain has long-term negative consequences for children, including heightened pain sensitivity, medical fears, and avoidance of future health care. Post-surgical pain also has an immediate negative impact on the child's quality of life, school attendance, and socialisation with peers. It is, therefore, important to ensure that children's pain is managed effectively. However, in the past 5-10 years little research has been carried out to explore the factors that influence nurses' pain management practices or the impact of children's pain. This symposium seeks to address this and comprises three papers about the management of acute pain in children as well as providing an international context with data being collected in both England and Canada.

Abstract 1:

Acute pain management in children: An ethnographic study in one UK hospital

Anna Williams, PhD Student, Faculty of Health and Social Care Sciences, Kingston University – St George's, University of London

Abstract:

Methods: This study being presented used an ethnographic approach to investigate the factors affecting children's acute pain management, using participant observation and interviews to collect data for 12 months (May 2010 – April 2011) on one general children's ward in a UK district general hospital. Ethnographic studies aim to describe the beliefs, practices and interactions of people, in the context in which they actually occur. Nurses, children (4-16 years), and their parents were included in the study, which aimed to explore their perspectives on pain management as well as the factors influencing pain management practices.

Findings: Nurses' conceptualisations of both 'pain' and 'children' appear to be key to understanding the ways in which pain management occurs in the clinical context. The ways in which nurses' conceptualise their own roles in pain management, and how they negotiate the processes of pain management with parents, children, and other health care professionals are also important to the process of pain management in this context. Some of the contextual barriers identified include beliefs about analgesic drugs and organisational factors such as ward norms and routines relating to the prescription and administration of analgesic drugs and delivery of non-pharmacological pain management. These findings provide an in-depth, integrated and contextualized account of factors affecting nurses' management of acute pain in hospitalised children. A number of potential implications for improving practice are identified.

Abstract 2:

An in-depth study of paediatric post-operative pain management practices in one canadian tertiary hospital

Dr Alison Twycross, Reader in Children's Nursing, Kingston University – St George's, University of London

Abstract:

Methods: This paper will present the results of a case study approach that provided an in-depth picture of paediatric post-operative pain management practices in one Canadian tertiary hospital. The views of multiple actors (children, parents, nurses, other health care professionals were considered, to explore the factors that:

1. Contribute to a good post-operative pain experience

2. Play a part in poor post-operative pain experiences.

Data were collected during June-September 2011 using participant observation, questionnaires and interviews with children (n=10), aged 5 years or over, staying in hospital for at least 48 hours after surgery, their parents and the nurses caring for them.

Findings: Eight of the 10 children reported experiencing moderate to severe pain during the first 48 hours post-operatively. The results of this study suggest that nurses on the unit gave pain medications regularly even if they were prescribed on a prn basis although there was some reluctance to administer opioids. However, pain assessments were not routinely undertaken or recorded and there was little reassessment of pain. When pain assessments were recorded this did not always result in action being taken even if the child's pain score was ⋯⟩ 5. Non-drug methods were not seen as a nursing role. Communication between the parents/child and the nurses tended to be focused on pain medications with the nurse telling the parents what they were going to do. However, parents and children reported being satisfied with pain care even if the child had experienced severe pain. Several implications for practice and future research will be discussed.

Abstract 3:

Pain in hospital and at home in children following major surgery: Physical, psychological, and economic consequences: Preliminary findings

Jill Chorney, Research Co-ordinator, Centre for Pediatric Pain Research, IWK Health Centre, Halifax, Canada

Methods

Preliminary data collected during November 2010-Octber 2011 from a multi-site, longitudinal research study of children, aged 10-18 years, undergoing spinal fusion and one parent, investigating the prevalence, predictors, and consequences of children's pain following major surgery will be presented in this paper. For two – three weeks following surgery, participants (n=14) reported their pain severity and use of pharmacological and non-pharmacological pain management strategies, and any out-of pocket expenses resulting from their recovery. Participants also completed questionnaires at four time points over the next year about their perceptions of pain and pain severity, pain management strategies, quality of life, and economic costs associated with recovery.

Findings: Preliminary results suggest that on the first day post-surgery, children had an average pain score of 6 with a worst pain score of 7.6. These scores decreased to an average of 2 and worst score of 5 by Day 7. All parents missed work during their child's hospital stay with 57% loosing income during their work absence and 43% using paid vacation time. Post-discharge, children's pain increased dramatically their first day home (average pain = 5.5; worst pain = 7.5); this was almost up to what it was at Day 1 post-surgery.

In the first week post-discharge, 86% of children used non-pharmacological pain management strategies (predominantly distraction techniques). At four to six weeks, three months, and six months post-discharge, children's self-reported pain was reduced to an average of 0.7, 2, and 1.7. At each follow-up, children reported general functioning as 83% of what it was prior to surgery.

By six months post-discharge, 29% of parents reported a work absence in the previous week because of their child's recovery and lost an average $514 in income. Families also paid around $71 dollars out-of-pocket for medication post-discharge.

Funding:

Canadian Institute of Health Research Operating Grant

100,001 – 500,000

Symposia 8:

PhD by portfolio: more or less a PhD?

Allyson Lipp, Principal Lecturer, Faculty of Health, Sport and Science, University of Glamorgan, Pontypriddd, UK
Symposium leader: Allyson Lipp

Symposium statement:

Background and context of symposium: PhD by portfolio is a relatively unknown addition to range of routes towards a doctorate that are currently available. Many nurses may be dissuaded from a committing to a traditional PhD because of its length, cost and unfocussed nature. However, the portfolio route may be an antidote for those who wish to strive for a PhD rather than a clinical or professional doctorate.

Aim of symposium: The aim is to encourage those who may be contemplating a higher degree to consider the portfolio route by outlining the journey of three PhD candidates from different backgrounds.

Outline of main content of symposium: The symposium will commence with a brief presentation outlining PhD by portfolio and differentiating it from other routes for example, traditional route and PhD by publication. The portfolio focuses on a specific topic in which the candidate is an expert and has contributed a great deal to the field. Generally, it contains 2-3 projects exemplifying where the candidate has played a key role and made a unique contribution clinically, professionally or academically.

The projects are augmented by an 'overarching statement'. This is the section where the contributions of the projects to the field are examined in depth and form the unique contribution to the body of knowledge. The portfolio route can be said to commence at the data analysis stage of research as data collection has previously occurred during implementation of the projects.

The symposium will comprise presentations from three authors giving their experiences of planning, undertaking and supervising PhD by portfolio.

Conclusions: Undertaking a PhD is a satisfying endeavour and a valuable tool for professional development. The Portfolio route is recommended as a rewarding process, which has the potential to impact on professional and clinical practice both nationally and internationally.

Abstract 1:

PhD by portfolio: Planning, plotting and process

Gail Lusardi, Senior Lecturer, IPC Specialist Nurse, University of Glamorgan/Velindre NHS Trust, Prontypridd, UK

Abstract:

Aim: To explore the processes of a specialist practitioner, constructively and systematically developing key themes and projects for PhD by portfolio.

Background: As a specialist nurse in Infection Prevention and Control (IPC), the decision to undertake a PhD seems to be a natural academic progression at this stage in my career. Experiences and involvement in national projects, studies and initiatives have helped to inform and shape my own IPC practice as an individual practitioner and has contributed to the practice of others. The decision to take the portfolio route follows nearly two years of thinking, exploring and discussing a question for a traditional PhD.

Outline: The portfolio route requires me to stratify and develop key projects while critically evaluating my contribution to the areas within them. This presentation aims to explain the reasoning for the emerging themes which are likely to become projects. These themes arise as a result of an intense examination of my career to date. The role specification for a specialist nurse in IPC specifies the expected clinical standard while the role of Senior Lecturer shapes the academic aspects, related research and IPC. In many IPC forums locally the educational and research aspects of the role are not always fully integrated and so I have been able to use my knowledge in both fields to inform others. In light of these experiences the following themes have emerged in both the clinical and academic role: Knowledge, Evidence, Practice.

Conclusions: The process of planning a PhD by portfolio is complex and requires a great deal of time and commitment. It is anticipated that this will pay dividends as I explore my professional practice in a coherent, honest and in-depth way.

Funding:

No Funding

Abstract 2:

PhD by portfolio: Reflection in action

Fiona Timmins, Senior Lecturer, Trinity College, Dublin, Ireland

Abstract:

Aim: To describe the nature of reflection and reflexivity required to fulfil the PhD by portfolio requirements at one UK University.

Background: PhD by Portfolio is intense and personal and resembles a professional autobiography. It provides a reflective overview of projects to identify a unique contribution to knowledge. This paper reports on the development and use of a framework for reflection providing an overview of the projects.

Outline: The portfolio route is 'comparable to the traditional PhD thesis in terms of demonstrating an original and significant contribution to knowledge', and required the completion of an overarching statement that develops coherence to the research.

To make a unique contribution to nursing knowledge I developed the portfolio as the evidence of both the products and processes of learning that attests to my personal and professional development and achievement. The products are demonstrated within my projects, associated publications and international presentations. The process of my learning has been examined and professed through reflection upon these projects and subsequently analysed and presented in the overarching statement.

I developed a hybrid reflective model to facilitate the process of learning. This framework for critical reflection proved invaluable to uncover the connections between my projects and the inherent meaning of my portfolio. Furthermore the paper outlines the valuable role of PhD supervision in the reflection process and in particular support in the use of reflexivity (Lipp 2004).

Conclusions: The task of demonstrating coherence and continuity between publications and projects was an inherent challenge of the PhD by portfolio route. This paper reports on the development and use of a framework for reflection that was used to provide a reflective overview of projects and thereby demonstrate a unique contribution to the body of nursing knowledge.

Abstract 3:

Portfolio route: supervision priorities

Allyson Lipp, Principal Lecturer, University of Glamorgan, Prontypridd, UK

Abstract:

Background: As PhD by portfolio is relatively unknown even experienced PhD supervisors can lack expertise to supervise via this route.

Aim: To outline best practice principles for supervision of PhD by portfolio.

Outline: Unlike PhD by traditional route, PhD by portfolio can be very personal to the candidate and so the supervisor/student match needs to be made very carefully. Once made, each of those involved needs to make an effort to get to know the each other well, whilst remaining within boundaries of the supervisory relationship. This initial investment in time will pay dividends later in the process as the supervisory team will need to give the student space to explore their career in a way that they may not previously have done.

A model of support and challenge is advocated when supervising PhD by portfolio. Students will be in unfamiliar territory and will undoubtedly feel apprehensive requiring support. However, students will also require challenge regarding an aspect of their professional worldview: All that seemed familiar and retrospective will need to be deconstructed and then reconstructed with the aim of drawing out their unique contribution to knowledge in the field.

Although they are immersed in the topic I have found that PhD portfolio students do not always fully appreciate all they have contributed to their field. Some projects are dismissed as minor or omitted. In this case the supervisor needs to be challenging and enquiring to elicit the value of previous work in the field and links between the various initiatives.

Conclusions: PhD by portfolio has the potential to provide a contribution to knowledge in nursing. Good supervision of this challenging route to PhD will enable nurses to demonstrate and celebrate their expertise to benefit practice, colleagues and academia.

Symposia 9:

Developing and sustaining the clinical academic role and pathway within the NHS

Debbie Carrick-Sen, Newcastle University and Newcastle Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK
Symposium leader: Dr Debbie Carrick-Sen
Symposium chairperson: Professor Sarah Watson-Fisher, Chief Nurse, Plymouth Hospitals NHS Trust.

Abstract:

This symposium will present the key issues, findings and recommendations from the Association United Kingdom University Hospitals (AUKUH) Clinical Academic Subgroup. The inaugural meeting took place in May 2011 and was defined as a task finish group with the following objectives:

Raise awareness of a need to develop a clinical academic career framework within the NHS.

Develop and agree a UK wide Nursing and Midwifery clinical academic career framework for implementation within the NHS.

Collectively compile evidence of benefit resulting from nursing and midwifery research.

Promote, sustain and support nursing and midwifery clinical academic careers within the NHS.

Identify opportunities to raise the profile of need for clinical academic careers within the NHS and influence the development of national policy and good practice.

The membership of the group included over 20 national and local experts and UK wide representatives. Four work streams were developed and included:

1) Scoping and mapping clinical academics (people).

2) Scoping and mapping clinical academic models and approaches.

3) Review and update of the Finch report.

4) Defining the vision of the clinical academic and a clinical academic pathway.

The symposium will present the findings from each of the four work streams. The chairperson will provide context and collectively pull the core themes together to inform the current position, potential development and sustainability of the nurse and/or midwife clinical academic within the UK. A summary of the key recommendations from the task finish group will conclude the symposium.

The symposium will contribute to global knowledge, policy and practice related to the development and sustainability of the clinical academic within health and health care.

Abstract 1:

Developing the best research professionals – Reviewing progress on eleven recommendations: A report from the AUKUH Sub-Committee on developing clinical academic careers for nurses

Professor Tony Butterworth CBE, Emeritus Professor of Health Care Workforce Innovation, Lincoln University

Professor Christine Norton, Professor of Clinical Nursing Innovation, Imperial College Healthcare NHS Trust and Bucks New University

Dr Fiona O'Neill, Workforce Development Lead, NIHR Clinical Research Network, Leeds

Abstract

In November 2010 a meeting convened by the Department of Health (England) reviewed progress made in implementing the UKCRC Report "Developing the best research professionals (2007). As an output of this meeting, senior nurses working with AUKUH (Association of United Kingdom University Hospitals) offered to create a standing Sub-Committee that might offer continuous oversight of the development of nurses undertaking clinical academic careers. This paper, one of several commissioned by that Sub-Committee offers a review of progress made since the UKCRC report was published in 2007. The report suggested that the implementation of these recommendations should be seen within 5 years.

Each of the eleven recommendations has been review and a note made on progress to date. Country specific observations are offered as well as views from Health Employers and Universities. Progress and risks are identified where relevant.

This presentation will focus on progress made to date and will include recommendations to further develop UK wide clinical academic careers.

Reference:

UKCRC subcommittee for Nurses in Clinical Research (2007) Developing the best research professionals. The Report of the UKCRC Subcommittee for Nurses in Clinical Research Developing the Best Research Professionals

Funding:

Abstract 2:

Developing and embedding clinical ac

ademic pathways to deliver a research-led care environment for patients

Sheila Adam, Deputy Chief Nurse and lead for Nursing Research and Education, University College London Hospitals NHS Foundation Trust
Professor Dame Jill Macleod Clark, Faculty of Health Sciences, University of Southampton

Abstract:

Clinical academic roles and a pathway for their development in nursing were identified as an essential component of developing a skilled and academic profession (UKCRC, 2007). However, schemes to support this in the UK remain limited. The NIHR (National Institute of Health Research) has offered up to £9m/year for non-medical research posts. This funding is unlikely to continue and these roles remain outside a true pathway which is embedded within/across organisations. Work is needed in order to deliver the following aims:

- Develop a critical mass of Nurse/Midwife clinician-academics working in embedded roles within the NHS with research capability to lead and contribute to building the evidence base.

- To produce a robust evidence-base that informs practice for nursing interventions.

- To deliver active contributions that inform patient safety, efficacy and experience by developing and testing nursing interventions/practice.

- To outline a clear clinical academic pathway with recognised components of skills, knowledge-base and development.

The work stream is taking forward and building on the definitions within the UKCRC report with the intention to identify and articulate a successful clinical academic role and pathway (Latter et al 2009) in a sustainable model. It is critical that the definitions and intended clinical academic pathway is embedded within organisations and that it is explicit to have recognised components relating to skill, knowledge and achievement.

This work is being undertaken through a systematic analysis of the literature and scrutiny of existing clinical academic development schemes and will identify :

1) essential pathway components i.e. structure/ stepping on and off points

2) detail of the role itself across the HEI/clinical divide

3) an outline pathway model

4) funding streams/sources

The symposium paper will report on the work of this group and the pathway model that has been developed.

References

UKCRC subcommittee for Nurses in Clinical Research (2007) Developing the best research professionals. The Report of the UKCRC Subcommittee for Nurses in Clinical Research Developing the Best Research Professionals

Latter,S, Clark JM, Geddes C, Kitsel F (2009) Implementing a clinical academic career pathway in nursing; criteria for success and challenges ahead. Journal of Research in Nursing, 14: 137-148

Funding:

Abstract 3:

Scoping the nature of non-medical clinical academic training and development schemes across the UK

Alison Richardson, Clinical Professor of Cancer Nursing and End of Life Care, University of Southampton and University Hospital Southampton NHS Foundation Trust.
Moya Sutton, Director of Education and Partnerships, Alder Hey Children's NHS Foundation Trust and Edge Hill University

Abstract:

Clinical academic roles for non-medical health professionals are a relatively recent role development. It is important to review and develop programmes to ensure a robust cadre of individuals with the necessary skills, knowledge and aptitude are available. To inform this, this work stream has undertaken an exercise to scope the number and nature of schemes currently operating in the UK and collate key features: aims and focus, funding, target groups and number of awards, training, development and support offered, and governance arrangements. The NIHR funded schemes were excluded from this exercise. Members of the sub group identified schemes in operation across the UK and a key contact to be approached. A proforma was emailed to 9 individuals and detailed information was obtained on 6 schemes (1 non-response and 2 replied no scheme in place). Schemes typically focussed on individual award holder and organisational objectives. Most commonly Trust(s) and university(ies) had formed partnerships across a geographical patch with involvement of an SHA, and could be either institution (university or NHS) or SHA led. Funding sources were varied, only 3 had 'direct' investment from Trusts. Few schemes had opportunities at every stage of the clinical academic pathway, some focussed on M and PhD level, whereas others on PhD and post doctoral training. Schemes were largely open to all specialities, professions and bands as appropriate to level of award. The earliest scheme was established in 2001 and the most recent in 2011, and one was under construction, most do not have funding secured beyond 2014. Arrangements around employment contracts were extremely variable. There were examples of innovative frame-

works for support and mentorship. Learning accumulated from the development and delivery of these schemes thus far should be actively disseminated in order to inform future commissioning and operation of these types of schemes.

Abstract 4:

Existing and potential clinical academics within the NHS setting

Dr Debbie Carrick-Sen, Senior Lecturer, Newcastle University and Head of Research for Nursing and Midwifery, Newcastle Hospitals NHS Foundation Trust

Dr Ann McMahon, Research and Innovation Advisor, Royal College of Nursing, UK

Abstract:

Background: Identifying existing and potential UK wide clinical academics within the NHS setting is important and of international interest. This presentation will focus on the findings and recommendations following a two phase activity based clinical academic 'people' work stream.

Aims: The purpose of the 'people' work stream was to scope existing 'clinical-academics' working in the primary, secondary and tertiary sector of the NHS. The voluntary and independent sectors were excluded from the review.

Method: A phased approach was used and included a) exploration of available existing electronic intelligence to inform existing and/or potential clinical academics using a semi-structured telephone questionnaire, and b) development and pilot of a minimum data set to enable on going collection of key information regarding this important professional group and c) completion of a brief organisation (NHS University Hospitals) written questionnaire.

 The following four cohorts of clinical academic 'people' were considered:

1. Nurse and midwife consultants.

2. Nurses and midwives employed specifically to lead the development of research across their health service employing organisation.

3. Nurses and midwives with or working towards a doctoral qualification.

4. Nurses and midwives currently on a local, regional or National clinical academic scheme.

Results: Telephone interviews confirm that there is no universal comprehensive electronic intelligence currently available to inform current and potential clinical academic workforce within the UK. A minimum dataset proforma has been developed and agreed by the AUKUH clinical academic subgroup. During Autumn 2011, the proforma was piloted in three parts of the United Kingdom. The findings from the organisation questionnaire will be presented in addition to the recommended and piloted non medical clinical academic careers data set proforma.

Symposia 10:

Improving patient and staff experiences of healthcare: The implementation, spread, adaptation and evaluation of experience-based co-design (EBCD)

Glenn Robert, Professor of Healthcare Quality and Innovation, National Nursing Research Unit, King's College London, London, UK
Symposium leader: Glenn Robert

Symposium statement:

Measuring, understanding and improving patients' experiences are of central importance to healthcare systems worldwide and are high on the UK health policy agenda. Since 2006 Professor Glenn Robert and colleagues have developed, tested and disseminated an innovative new method in this priority area: 'Experience-Based Co-Design' (EBCD).

EBCD is a form of participatory action research that seeks to capture, understand and then improve how patients actually feel and experience a health care process or service when they come in to contact with it. EBCD combines (1) a user-centred orientation (by adopting a filmed narrative storytelling approach) and (2) a participatory, collaborative change process, allowing staff to 'see the person in the patient' and placing patient and staff experience at the centre of service improvement. Patients and staff are equal partners in the change process. Essential components of the data collection phase include the use of filmed patient narratives, ethnographic observation and interviews with staff, all of which are then used to inform the co-designing of improved services jointly by patients and staff as part of a planned change process. The approach has been applied and evaluated as an innovative approach in numerous healthcare services in the NHS and has subsequently been implemented internationally.

We will present papers that (1) provide practical recommendations to support the successful implementation of EBCD, (2) then explore how EBCD spreads and is sustained as an improvement approach in healthcare organisations, (3) before illustrating how the approach can be adapted to focus on carer experiences in an outpatient setting, and, finally, (4) evaluate the impact of an 'accelerated' form of EBCD. Each of the papers will draw on different EBCD projects encompassing breast and lung cancer services, an outpatient chemotherapy service and Intensive Care Units and use film clips to illustrate key aspects of the approach.

Abstract 1:

Implementing experience-based co-design and sharing the learning

Catherine Dale, Programme Manager – Patient Centred Care, Cancer Programme Team, Guys and St Thomas Hospital
Michelle Farr, on behalf of The Point of Care Programme, The King's Fund"

Abstract:

Background: EBCD (Bate and Robert, 2007) was used in a Comprehensive Cancer Centre as an approach for making services more patient-centred. The impact of this approach was independently evaluated (The King's Fund, 2011a) and an online toolkit for undertaking EBCD in healthcare was then developed (The King's Fund, 2011b).

Aims: to describe the process and impact of this project within the participating breast cancer services and beyond.

Methods: using a realistic evaluation methodology, we undertook interviews with 7 patients and 17 staff involved in the EBCD project. The interviews took place between July and November 2010; the EBCD project had been carried out between April 2009 and July 2010.

Results: in addition to many specific changes the project also supported wider improvements. For example, a new patient group was set up to inform the development of the Cancer Treatment Centre and the project helped to ingrain a wider culture of patient involvement. Participants of successful co-design groups felt that their involvement in the project had been very beneficial and it had both significant organisational and personal impact. However, it does seem that there has been less systemic change and less cross departmental collaboration where teams were not already working together.

Discussion: the toolkit was developed to encourage the use of the EBCD approach to understand patient experience and use this understanding to drive improvements that enhance patients' experience of services. The insights shared through the toolkit were based on learning from the original project plus a number of other EBCD projects in cancer services and in mental health settings.

Conclusions: in this paper we highlight the key success factors for successful implementation of EBCD. We also use insights from the toolkit to discuss ways of ensuring these factors are in place when undertaking EBCD. This paper provides health practitioners with recommendations about how to successfully implement an EBCD approach.

References:

Bate SP and Robert G. (2007) Bringing user experience to health care improvement: the concepts, methods and practices of experience-based design. Oxford; Radcliffe Publishing

The King's Fund. (2011a). 'The Patient-centred Care Project: Evaluation report.' The King's Fund;

Abstract 2:

Spreading and sustaining experience-based co-design

Dr Mary Adams, Research Fellow, National Nursing Research Unit, King's College London

Professor Jill Maben, National Nursing Research Unit, King's College London

Professor Glenn Robert, National Nursing Research Unit, King's College London

Dr Vicki Tsianakas, Research Fellow, Florence Nightingale School of Nursing and Midwifery, King's College London

Catherine Dale, Programme Manager – Patient Centred Care, Cancer Programme Team, Guys and St Thomas Hospital

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Abstract:

Background: the use of EBCD has gathered pace in recent years, both in the UK and internationally (Bate and Robert, 2007; Iedema et al, 2010; Wolstenholme et al, 2010). There is limited research examining the spread and sustainability of this method.

Aims: to identify the key factors those facilitate and hinder the potential of an EBCD project to spread and sustain improvements in patient-centred care.

Methods: using critical realist methodology, qualitative methods were used in four different service areas. Between July 2011 and March 2012 interviews with patients (21) and with clinical staff (16) – as well as with senior organisational staff (6) – examined the 'felt' or reported effects of the EBCD project. Concurrently, network mapping was undertaken to track the spread of EBCD into other services and organisations.

Results: the study identifies the varied 'effects' of EBCD from the perspective of: (i) incremental change in staff attitudes and care practices; (ii) tangible service improvements; and (iii) ongoing shifts in organisational vision, values and goals. The study also found that service improvements are not necessarily noted by patients; however, patients formed an overall impression of a 'good' or 'poor' service from such experiences. Effective project facilitation was the crucial factor ensuring the ongoing ownership of EBCD by both staff and patients.

Discussion: early findings suggest that the spread and sustainability of EBCD is subject to 'fits and starts' as networks and stakeholders shift over time; can mutate and reshape over time according to local interests and contexts and might yield some 'final' results but also contributes to an ongoing process of innovation and 'spin off'.

Conclusions: this research highlights the central importance of key 'brokers' of patient centred improvement work and of their ongoing organisational support. Expert brokerage is necessary for introducing mechanisms for making services more patient-centred as well as for disseminating these such approaches beyond isolated 'islands of improvement'.

References:

Bate SP and Robert G. (2007) Bringing user experience to health care improvement: the concepts, methods and practices of experience-based design. Oxford; Radcliffe Publishing

Wolstenholme D, Cobb M, Bowen S, Wright P and Dearden A. (2010). 'Design-Led Service Improvement for Older People.' Australasian Medical Journal, vol 3, no 8, pp 465-470

Iedema R, Merrick E, Piper D, Britton K, Gray J, Verma R and Manning N. (2010). 'Co-design as discursive practice in emergency health services: the architecture of deliberation'. Journal of Applied Behavioural Science, vol 46, pp 73â "91

Abstract 3:

Adapting experience-based co-design to develop an intervention for carers in the chemotherapy outpatient setting

Dr Vicki Tsianakas, Research Fellow, Florence Nightingale School of Nursing and Midwifery, King's College London

Professor Emma Ream, Professor of Supportive Cancer Care, Florence Nightingale School of Nursing and Midwifery, King's College London

Professor Glenn Robert, National Nursing Research Unit, King's College London

Rebecca Verity, NIHR Doctoral Research Fellow, Florence Nightingale School of Nursing and Midwifery, King's College London

Catherine Oakley,Chemotherapy Nurse Consultant, Guy's and St Thomas' NHS Foundation Trust

Professor Alison Richardson, Clinical Chair in Cancer Nursing and End of Life Care, University of Southampton

Abstract:

Background: Chemotherapy is mostly administered as an outpatient treatment which benefits patients as they avoid hospitalisation, but they have less contact with health professionals. Patients and their carers assume responsibility for monitoring and managing treatment side-effects and contacting health professionals if patients become unwell.

Aims: to use EBCD to develop and test a carer support package in the chemotherapy outpatient setting.

Methods: in-depth qualitative analysis of carers' experience of supporting someone through chemotherapy, focusing particularly on their 'emotional journey'. It includes 20 filmed carer interviews, capturing the key emotional 'touch points' (Bate and Robert, 2007; Dewar et al, 2010), 60 staff interviews about their experience of supporting carers, and ethnographic observation of the chemotherapy outpatient setting and day unit. Data collection began in July 2011 and will be completed in January 2012.

Results: through a facilitated three-stage process which will be described, carers and staff are working together to design a support package for carers in the chemotherapy outpatient setting. This package is centring on a film to be used as a tool for educating and sharing experiences with carers. The intervention is to be tested on new carers in the chemotherapy outpatient setting through an exploratory trial. Feasibility and acceptability of the support package will be explored in focus groups, one with healthcare professionals and one with carers.

Discussion: our paper discusses the use of the EBCD approach with carers and staff, exploring the value of narratives, ethnographic observation and use of film (excerpts will be shown) as a way of engaging staff and carers in a design process so that they, together, can develop interventions grounded in carers' experience.

Conclusions: study findings will i) raise awareness in health professionals of carers' needs during chemotherapy, and ii) identify a feasible and appropriate intervention for carers that could be evaluated in a future randomized controlled trial.

References:

Bate SP and Robert G. (2007) Bringing user experience to health care improvement: the concepts, methods and practices of experience-based design. Oxford; Radcliffe Publishing

Dewar B, Mackay R, Smith S, Pullin S and Tocher R. (2010). 'Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting'. Journal of Research in Nursing, vol 15, no 1, pp 29â "41

Abstract 4:

Evaluating 'accelerated' experience-based co-design

Dr Annette Boaz, Lecturer in Translational Research, Department of Primary Care and Public Health Sciences, King's College London

Dr Sonia Vougioukalou, Research Assistant, King's College London

Dr Louise Locock, Deputy Research Director, Health Experiences Research Group, University of Oxford

Melanie Gager,ICU Follow-up Sister, Royal Berkshire Hospital, Reading

Ruth Tollyfield, Sister, Intensive Care Unit, Harefield Hospital

Dr Caroline Shuldham, Director of Nursing and Clinical Governance, Royal Brompton and Harefield NHS Foundation Trust

Dr Jonathan Fielden, Chief Medical Officer, Royal Berkshire NHS Foundation Trust

Professor Glenn Robert, National Nursing Research Unit, King's College London

Abstract:

Background: Whilst EBCD has been found to result in improved service quality, one of the major barriers to widespread implementation is the time and cost involved in the 'discovery' phase. The patient interviews in EBCD are similar to those collected for a national archive of patient experience interviews at www.healthtalkonline.org. The archive has over 2,500 interviews on over 60 different health conditions or topics. We are now evaluating the impact of using a trigger film derived from this national archive as a replacement for the for the discovery phase in EBCD.

Aims: to report early findings from a research study which aims to evaluate a new 'accelerated' form of EBCD.

Methods: using an ethnographic approach we explore the impact of the accelerated form of EBCD as it is being implemented in two Intensive Care Units (ICUs). Our study is using data drawn from observations, interviews, reflective diaries, administrative records and questionnaires. Data collection began in September 2011 and will be completed in April 2012.

Results and discussion: early findings from this evaluation will be available to be presented as part of the symposium. We will report on and discuss:

- whether the accelerated approach is acceptable to staff and patients

- how well patients feel national narratives capture and represent themes important to their own experience

- what improvement activities the approach stimulated and how these activities impacted on the quality of health care services

Conclusions: This study builds on existing evidence about EBCD which suggests that it has been effective in a range of practice settings but is costly and time-consuming. This research will add to our collective knowledge about how best to ensure patient perspectives are at the heart of service change, and to ensure this is done as quickly and cost-effectively as possible.

Building the evidence base for leg ulcer care and a community of practice

Andrea Nelson, School of Healthcare, University of Leeds, Leeds, UK
Symposium leader: Professor Margaret Harrison

Symposium statement:

Although chronic wounds are not always considered a high priority, more and more health jurisdictions are recognizing the significant burden that wounds have on both individuals and the health system. Wounds are often an exacerbation of other chronic conditions such as venous and arterial cardiovascular diseases, arthritis, further compromising the person's health status. For over a decade, our research team has been studying the care and health services available to those suffering from leg ulcers. They affect 1-2% of older adults (â ¥ 65) in westernised countries and prevalence increases with age. They have a profound effect on day-to-day life. Over and above the significant findings of our wound research (#1 – evidence based care improves outcomes; #2 choice of site does not affect outcomes; and #3 choice of high comprerssion bandage does not affect outcomes), an important but somewhat unanticipated impact has been the formation of a Canadian KT/research 'community of practice' (10 sites, 3 provinces) and an international collaboration with researchers at Leeds University UK. The Canadian group is dedicated to producing AND using evidence for best wound care practices. Each site shares strategies and supports each other in the challenges of implementing evidence-based practice in their wide range of settings. After the first implementation study (#1), to participate as a trial site, each centre had to demonstrate that it was delivering and maintaining guideline-driven care. Our practice partners have been instrumental in the design, conduct and analysis of the various enquiries grounding our approach to point-of-care issues. Our approach is of knowledge implementation and integration KT (i-KT). We present a body of work in leg ulcers to identify reliable evidence for practice and the development of a community of practice around leg ulceration.

Abstract 1:

Professor Margaret Harrison, Queen's University, Canada

We demonstrated that the provision of evidence-based care for individuals with chronic wounds makes a substantive improvement in clinical and resource outcomes. This study focused on 1) comprehensive clinical assessment (including ankle-brachial pressure index (ABPI)) to develop the plan of care; 2) use of high compression bandages for venous ulcers.

Three-month healing rates more than doubled between the year before implementation (23%) and the year afterward (56%). The number of

nursing visits declined, from a median of 37 to 25 (p = 0.04); the median supply cost per case was reduced from $1923 to $406 (p ⇐ 0.01). Evidence-based reorganization of care for people with leg ulcers is more effective, less expensive.

We evaluated the effect of place of care in mobile clients in a trial: home care by a visiting nurse vs. nurse-led community clinic. We found no statistically significant or clinically important differences in 3-month healing rates for either the clinic (58%) or home arms (57%) of the trial (p = 0.5). Nor were differences uncovered in secondary outcomes. Because some leg ulcer patients have a distinct preference over where care is delivered we also followed those who chose their care setting using the same repeated measures data collection and outcomes (minus randomization) of the home vs clinic RCT group to study the influence of having a choice on outcomes. We found a trend towards improved healing for those choosing clinic care but this was not statistically significant; 3-month healing rates (home 48.1%, clinic care 66.7%, p = 0.07), nor were there differences in HRQL or pain outcomes.

Based on these results we believe the organization of care, rather than where care is received, influences healing rates.

The largest trial to date, the Canadian Bandaging trial, is reported below.

Abstract 2:

The Canadian bandaging trial

Professor Margaret Harrison, Queen's University, Canada

Abstract:

Objective: To determine the relative effectiveness of two high compression systems: four-layer (4LB) and short-stretch bandaging (SSB) in community care of venous ulcers.

Design: Pragmatic, multi-centre, parallel-group, open-label, randomized controlled trial in 10 centres. Cognitively intact adults (â ¥18 years) referred for community care (home or clinic) with a venous ulcer â ¥0.7cm and duration â ¥1 week, with an ankle brachial pressure index (ABPI) â ¥0.8, without medication-controlled Diabetes Mellitus or a previous failure to improve with either system, were eligible.

Methods: Consenting individuals were randomly allocated (computer-generated blocked randomization schedule) to 4LB or SSB following an evidence-informed protocol. Primary endpoint: time-to – healing of the reference ulcer. Secondary outcomes: recurrence rates, health-related quality of life (HRQL), and pain.

Results: 424 individuals were randomized (4LB n=215; SSB n=209) and followed until reference ulcer healing (or maximum 30 months). An intent-to-treat analysis was conducted on all participants. Median time to ulcer healing in 4LB was 62 days [95% confidence interval (CI) 51 to 73], compared with 77 days (95% CI 63 to 91) in SSB. The difference in the distribution of cumulative healing times was not significantly different between group (log rank ï‡2 = 0.001, P = 0.98) nor ulcer recurrence (4LB, 10.1%; SSB, 13.3%; p=0.345) (unadjusted Kaplanâ "Meier curves). At 3-months there were no differences in pain (no pain: 4LB, 22.7%; SSB, 26.7%; p=0.335), or HRQL (SF-12 Mental Component Score: 4LB, 55.1; SSB, 55.8; p=0.615; SF-12 Physical Component Score: 4LB, 39.0; SSB, 39.6; p=0.675). The most common adverse events in both groups included infection, skin breakdown and ulcer deterioration.

Conclusions: The trial found no differences between 4LB and SSB for time-to-healing, HRQL, or pain. This is positive news for patient-centred care allowing choice in selecting compression technologies based on circumstances/ context.

Abstract 3:

Professor Andrea Nelson, University of Leeds

Abstract:

Trials comparing these 4layer and short-stretch compression systems have been summarised in a Cochrane systematic review and in an individual patient data meta-analysis. Both (published before the largest trial 'the CBT) concluded that a four-layer bandage was more effective than multi-component compression that includes a short-stretch bandage. The hazard of healing with a short stretch (as compared to a four-layer bandage) was 0.8, with a 95% confidence interval of 0.66 to 0.97. There is a statistically significant difference (in favour of four-layer bandaging), however, the proximity of the upper limit to the line of no effect indicates that there may be, in clinical terms, only a very modest difference between these two systems.

However, the Cochrane review acknowledged that the study setting may be important. In settings where one bandage is used more widely, the skill in its application may means it emerges as superior in a head to head comparison with a newly introduced comparator.

This paper summarises the state of the evidence of the comparative effectiveness of the two compression technologies by adding the CBT to the existing evidence. It is noteworthy that the CBT increases the information available by 50%.

When one considers the speed at which the ulcers heal then the evidence supporting the existence of a statistically significant benefit does not remain (hazard for healing with short-stretch over four layer 0.88, 95% CI 0.76 to 1.02).

Discussion: As we have gathered more and more evidence of the comparative effectiveness of these two systems (which are essentially two different ways of delivering the same intervention 'compression 'for the purposes of reducing venous hyper-tension) then the differences between them are reducing.

For nurses and patients the take home message is that compression is the key and the method of delivery is less important than indicated in some earlier texts. .

Keep on keeping on? Issues relating to duration in women's breastfeeding practice

Sally Dowling, University of the West of England, Bristol, UK
Symposium leader: Professor David Pontin

Symposium statement:

The UK has some of the lowest breastfeeding duration rates in the industrialised world. WHO guidance recommends exclusive breastfeeding for the first six months of life. In the UK data indicates that incidence falls far short of this recommendation. In this symposium we want to explore issues around duration. We will be using research papers on breastfeeding in public; teenagers experiences of breastfeeding; the representation of long-term breastfeeding and women's experiences of breastfeeding for six months as vehicles for this. The four papers draw on research and scholarship from a range of academic discipline and public health nursing research. By the end of the symposium we hope to have explored the interfaces between these areas and identified possible future avenues for inquiry and implications for practice, specifically in relation to the duration of breastfeeding.

The symposium will be chaired by Professor David Pontin, Aneurin Bevan Chair of Community Health, University of Glamorgan.

Abstract 1:

Affect, corporeality and the limits of belonging: Women's experiences breastfeeding in public in the contemporary UK

Dr. Kate Boyer, Lecturer, Geography and the Environment, University of Southampton

Abstract:

Background: The UK has some of the lowest breastfeeding duration rates in the industrialised world.

Aims: To study women's experiences of breastfeeding in public in relation to breastfeeding duration. To explore the relations between affect, corporeality and spatial practice.

Methods: 11 interviews and a 46-person survey of new mothers' experiences breastfeeding in public conducted in Southampton, Hampshire between January 2008 and December 2009; documentary analysis of 180 website postings on breastfeeding in public submitted to UK parenting website mumsnet between January 2007 and December 2010; and an exploration of a patent application for a 'portable lactation module'. The data are analysed using Sara Ahmed's notion of the 'limits of sociability' in public space in the UK.

Results: The paper makes two unique contributions to scholarship. First it increases our understanding of breast feeding and space in relation to health policy by filling a recognized gap in knowledge regarding women's experiences of breastfeeding in public in the contemporary UK. And secondly, it contributes conceptually to scholarship across the fields of sociology, cultural studies, anthropology and social and health geography and public health nursing practice by deepening our understanding of the relations between affect, corporeality and spatial practice.

Discussion: Ways in which breastfeeding women are made to feel that they are 'in the way' – or disrupting the comfort of others 'are discussed with reference to the figure of the 'feminist kill-joy' as advanced by Ahmed.

Conclusions: This paper shows how tolerance and acceptance of particular kinds of bodies are marked through affective practice in the contemporary UK, with implications for how, where, and how long women breastfeed.

Abstract 2:

'But is it a normal thing?' Teenagers' experiences of breastfeeding promotion and support

Dr Louise Condon, Senior Lecturer, Health and Life Sciences, University of the West of England, Bristol

Abstract

Background: Exclusive breastfeeding is recommended for the first six months of life. In the United Kingdom breastfeeding incidence falls far short of this recommendation, with teenage mothers least likely to initiate or continue breastfeeding. There has been little research on young mothers' experiences of breastfeeding promotion and support.

Aims: To explore teenagers' experiences of breastfeeding promotion and support

Methods: A social marketing approach was taken to explore teenagers' experiences of breastfeeding promotion and support. Participants were pregnant and teenage mothers from the Greater Bristol area who were less than 18 years old when they conceived their first child (n = 29). In-depth semi-structured interviews and focus groups were conducted between March and July 2009.

Results: Teenage mothers experience an array of conflicting norms which influence their infant feeding choices and behaviours. Breastfeeding is presented by health professionals as incontrovertibly the best choice of feeding method, but teenage mothers encounter many obstacles in initiating and continuing breastfeeding.

Discussion: This study suggests that while emphasis on the benefits of breastfeeding encourages initiation among young mothers, health professionals need to provide more ongoing support in order to increase breastfeeding duration, including support in overcoming the structural barriers to prolonged breastfeeding.

Conclusions: The social barriers to continuing breastfeeding are insufficiently recognised and addressed by health professionals. It is likely that teenage mothers would breastfeed for longer if they perceived that breastfeeding was a normal way to feed baby in their social milieu.

Abstract 3:

Representing long-term breastfeeding: what are the issues and why does it matter?

Ms Sally Dowling, Senior Lecturer, Health and Life Sciences, University of the West of England, Bristol and Dr Amy Brown, Lecturer, College of Human and Health Sciences, Swansea University

Abstract:

Background: Exclusive breastfeeding is recommended for the first six months of life; the UK breastfeeding incidence falls far short of this. This presentation looks at issues of portrayal in relation to long-term breastfeeding.

Aims: To identify issues in representation. To determine the significance of representation on women's breastfeeding practice.

Methods: Data from two recent research projects are combined, alongside analysis of health promotion and media materials. One used ethnography to explore women's experiences of breastfeeding long-term; the other was a large survey in which women were asked about the promotion of breastfeeding. The ethnography, which used participant observation in three breastfeeding support groups (providing contact with over 80 different women) and online and face-to-face interviews (with ten women), took place from January 2008 'April 2009. For the survey (March – July 2010), 1319 women who were either pregnant or had a baby aged up to two years reported their experiences of breastfeeding promotion and education in relation to breastfeeding past the age of six months postpartum.

Results: The portrayal of longer term breastfeeding is virtually absent in public health promotion and the behaviour of women who breastfeed beyond infancy is seen culturally as taboo, bizarre and unhealthy.

Discussion: Normalising long-term breastfeeding would help more women to breastfeed for longer 'in line with WHO and Department of Health targets but not with current practice in the UK. If more women were able to see breastfeeding after early infancy as a possibility they might consider this as potential behaviour for themselves.

Conclusion: Normalising the continuation of breastfeeding could increase breastfeeding up to and beyond six months, maximise health benefits

and increase the likelihood of achieving national and international targets. Drawing on a range of material we address inter-related issues of public health promotion, normalisation, increasing rates of duration and breastfeeding in public.

Abstract 4:

An exploration of the attitudes and experiences of mothers in the UK who chose to breastfeed exclusively for six months postpartum

Dr Amy Brown, Lecturer, College of Human and Health Sciences, Swansea University

Abstract:

Background: Levels of exclusive breastfeeding are negligible in the UK despite World Health Organisation recommendations to practice exclusive breastfeeding for the first six months postpartum. Numerous studies have explored the reasons behind low levels of breastfeeding; few have examined the behaviours of women who do breastfeed successfully. However, understanding the influences upon the decision to breastfeed exclusively is important in supporting women to continue breastfeeding.

Aims: To examine the attitudes and experiences of mothers who chose to breastfeed exclusively for six months in order to gain a greater understanding of how to promote, increase and support exclusive breastfeeding in the UK.

Methods: From March to July 2010 thirty-three women with an infant aged six to twelve months who exclusively breastfed for the first six months postpartum took part in an interview to explore their motivation and experiences while breastfeeding. The interview explored issues such as sources of support, difficulties and familial and peer behaviour.

Results: Exclusive breastfeeding was viewed as the default choice. Mothers were highly informed in their decision consulting expert sources rather than relying on the experiences and advice of others. High levels of support from family and peers and health professionals were found. Mothers also adopted a range of techniques to overcome criticisms and challenges from others.

Discussion: Mothers in this study were part of an environment and social network that was supportive and conducive to breastfeeding. Moreover, they were confident, knowledgeable and determined to breastfeed. All these factors are shown in the literature to be facilitators of breastfeeding.

Conclusion: Ingrained and strong beliefs that breastfeeding is the normal and healthiest way to feed an infant enable mothers to overcome challenges and difficulties and continue exclusively breastfeeding. Further work needs to explore how we can encourage this belief and determination in future generations.

Advancing patient safety in nursing through human factors, research, and improvement science

Gerry Armitage, School of Health, University of Bradford and Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Trust, Bradford, UK
Symposium leader: Dr Gerry Armitage

Symposium statement:

Patient safety is an international priority (World Health Organisation, 2006) and one of the key Principles of Nursing Practice (RCN, 2011). However, recognition of the importance of patient safety and preventable harm is a relatively recent phenomenon. Safety science has shed considerable light on why errors occur, and it is becoming abundantly clear that in many cases it is the interaction between individuals and the systems in which they work which create error and that this interaction has psycho-social as well as technical components (Woods and Cook 2003, p3-8).

Providing increasingly complex nursing care, in diverse teams and against the clock in a resource constrained world, is often a high risk activity. To reduce risk and at the same time improve quality of care, there is a need for high quality research; thoughtful innovation; and responsive practitioners. Human factors (HF) provides a framework for action. HF promotes the understanding of human interactions and other elements of a system to optimize system design, risk recognition, and human performance (Glendon et al, 2006). Embracing a HF approach requires specific knowledge and skills – and in healthcare – the patient.

We will draw on HF to structure this symposium as we consider how patient safety might be advanced. Paper 1 will provide an overview of HF and its evidence base. The subsequent papers will give separate examples of patient and staff led interventions, one part of a nationally funded research study, the other a local improvement science initiative – both underpinned by HF. We will consider the implications for policy, service improvement and safety research. Concluding comments will illuminate the linkages between papers and how they can collectively contribute to reducing preventable harm. The symposium will be chaired by Chief Nurse, Mandie Sunderland.

Recommended reading:

Glendon AL, Clarke SG, McKenna F. (2006) Human Safety and Risk Management. (2ND Edition) Taylor and Francis, London.

Royal College of Nursing Principles of Nursing Practice (2011) Available at: http://www.rcn.org.uk/development/practice/principles/principle_c Accessed 5/11/11

Woods DD Cook RI. (2003) Mistaking Error. In Hatlie MJ and Youngberg BJ. Patient Safety Handbook. Boston: Jones and Bartlett.

Abstract 1:

What are 'human factors'? A literature review piloting the rcn evidence compendium critical appraisal process

Jenny Gordon, Programme Manager, Evidence for Practice, Quality Standards and Innovation Unit (QSIU), Learning and Development Institute, Royal College of Nursing, London

Lynne Currie, Project Manager 'Patient Safety Lead and Chris Watts, Project Manager 'Evidence for Practice, (QSIU), Royal College Nursing, Learning and Development Institute, London.

Abstract:

The purpose of this paper is twofold. First it will outline the key elements of human factors and the relationship to patient safety; and second it will describe the critical appraisal process used in identifying and critically appraising the literature around human factors.

The paper will share the findings of a literature review within the context of patient safety and will also outline key messages emerging from the evidence which underpins the application of a human factors framework in nursing in order to detect, mitigate and investigate errors that can occur in the delivery of care to patients. It is envisaged that the output of the literature search on human factors will provide delegates with an understanding of the importance for nursing of the relationship between human factors and the effective management of patient safety.

The paper will also describe the process developed by QSIU for an 'Evidence Compendium' which was piloted using human factors as the topic. This resource allows identification, appraisal, and synthesis of evidence for practice across key nursing topics. The process was developed from a range of nationally used appraisal tools (CEBM, 2011; SIGN, 2008). This compendium can be used by researchers at all levels as a systematic appraisal tool. The output of the compendium will be summary reports presenting the best available evidence for use in informing both learning and development initiatives and policy developments across the RCN and beyond.

Recommended reading:

Centre for Evidence Based Medicine (2011) Critical Appraisal. Website available at: http://www.cebm.net/index.aspx?o=1157 Accessed 27 October 2011.

Scottish Intercollegiate Guidelines Network (2008) SIGN 50: a guideline developers handbook. Available online at: http://www.sign.ac.uk/pdf/sign50.pdf. Accessed 27 October 2011

Funding:

Abstract 2:

Empirical study: The development of a patient-led, patient safety incident reporting scheme (Ward et al 2011)

Dr. Gerry Armitage, Senior Fellow/Senior Lecturer and Dr. Jane Ward, Senior Fellow. Bradford Institute for Health Research

Abstract:

Background: Patients are an important source of patient safety information and have the capacity to report safety incidents which may provide health care organisations with improvement opportunities (Ward and Armitage, In Press). Currently, no system exists that routinely captures reports from hospital patients about their safety concerns.

Aim: to examine the efficacy of three mechanisms for capturing patient safety reports from hospital patients in the United Kingdom.

Methods: Exploratory pilot design. Three ideas for reporting mechanisms were developed from staff and patient focus groups: 1:1 interviewing; using written forms; and telephone reporting. Three directorates participated: Medicine, Surgery and Cancer Services; three wards from each directorate were randomly assigned one reporting mechanism. Recruitment was designed around service delivery. Demographic information was taken, with patients then left to report any safety concerns via the assigned mechanism. Reports were content analysed using a pragmatic qualitative approach. Report statistics were analysed using ANOVA.

Results: 176 patients were recruited between March and May 2011. 194 reports were received from 78 patients (44% of the sample). There was a main effect for mechanism on the likelihood of reporting ($F = 9.736$, $p < 0.001$), with patient interviews more likely to yield reports compared to other mechanisms ($p < 0.001$, $p < 0.05$). In addition, there was a main effect for mechanism on the number of reports per patient ($F = 8.292$, $p < 0.001$) – patients using the interviewing mechanism reporting higher numbers per patient ($p < 0.01$, $p < 0.01$). A taxonomy of patient reports was developed, identifying 35 report types.

Discussion and conclusion: Patients are more likely to report safety concerns when offered the opportunity to talk face-to-face about such concerns. We have added a novel contribution to the existing literature on patient safety reporting. There are implications for the design of patient involvement and clinical governance initiatives.

Recommended reading:

Ward J, McEachan R, Lawton R, Armitage G, Wright J, Watt I. (2011) Patient involvement in patient safety: protocol for developing an intervention using patient reports of organisational safety and patient incident reporting. BMC Health Services Research 11:130

Ward J. and Armitage G. Can patients report patient safety incidents in a hospital setting? A systematic review. BMJ Quality and Safety in Health Care. In Press

Funding:

Abstract 3:

Improvement science: Improving ward rounds using a 'considerative checklist'

Dr Gordon Caldwell, Consultant Physician, Worthing Hospital, Western Sussex NHS Trust, Worthing; Caroline Lecko, Patient Safety Lead, National Patient Safety Agency, London and Patient Safety Advisor, Royal College of Nursing, London

Abstract:

Background: Checklists have been internationally evidenced as a means of reducing error and improving safety in complex situations both inside and outside of healthcare (Gawande, 2009). This paper will consider a related practice development initiative implemented within the general medical service in one UK hospital which has been introduced to improve the effectiveness of ward rounds and team communication.

Aim: To explore whether a checklist approach to medical ward rounds reduces errors and improves patient safety

Approach: The Caldwell Considerative Checklist Process (CCCP) was developed by Herring et al, to identify the essential elements of a medical ward round, focusing on five areas of process; preparation, consultation, progress assessment, discharge planning and handover. This differs from simply checking if an aspect of patient care has been completed to the systematic identification and discussion of medical and nursing actions required, and how they are communicated. It is termed an 'at the point of care check and correct' process (Herring, Caldwell and Jackson 2011).

Evaluation (2009-2010): Concurrent qualitative data collected through semi-structured interviews with doctors and nurses, suggest that ward round communication between team members (and with patients) is improved as a result of the CCCP. The CCCP has also been mapped against a range of National Patient Safety Agency guidance (including NPSA, 2007) to evaluate content and process; this includes:

• observation chart review

• drug chart review

• compliance with infection control precautions

Furthermore, the CCCP informs a local audit tool for measuring service improvement (Herring, Caldwell and Jackson 2011). Reliable outcome measures can, however, be difficult to achieve due to the complex nature of many medical conditions.

Recommended reading:

Gawande, A. (2009) The Checklist Manifesto: How to Get Things Right, Profile Books, London.

Herring R, Caldwell G, Jackson S. (2011) Implementation of a considerative checklist to improve productivity and team working on medical ward rounds. Clinical Governance: An International Journal 16 (2): 129 – 136

National Patient Safety Agency (2007) Safer Care for the Acutely Ill Patient: Learning from Serious Incidents, National Patient Safety Agency, London.

Workshops

Monday 23 April 2012
11.50 – 13.20

1

The role and use of systematic review methods in an academic setting

Rumona Dickson, Director/Senior Lecturer, Liverpool Review and Implementation Group, University of Liverpool, Liverpool, UK

Abstract:

Target Audience: Students or academic faculty involved in the conducting systematic reviews as part of an academic programme.

PhD students who want to refine their review skills as part of their completing their dissertation

Researchers who need to conduct a systematic review to support a grant application for proposed research

Do you have a clinical question and wonder how to search the literature to address it? Or perhaps you are conducting a systematic review as part of an academic exercise at the Masters or PhD level. Or perhaps you are preparing a funding application and need to provide evidence of having searched the literature in a specific area. If you classify yourself in any of these areas then you will find this workshop helpful in focusing your research questions and in making a research plan to answer your research questions.

The process of conducting systematic reviews was developed to assist in addressing questions related to the effectiveness of health care treatments and as such is a research process in its own right. However, the role and use of systematic reviews in a much broader sense is expanding. The conduct of such reviews has become a common component of Masters level study and to a lesser extent is being used to help structure the literature reviews for PhD thesis. Systematic reviews are also required by research funding bodies to demonstrate the need for the conduct of further research such as randomised controlled trials.

This workshop is designed for clinicians, students and/or academics who have a review topic that they are, or would like to pursue. It is designed to provide advice/guidance on all aspects of the systematic review research process. Research questions can be related to quantitative or qualitative evidence.

This interactive workshop will provide a brief overview to the concepts of systematically reviewing the literature. It will go on, through small group facilitated discussions to allow participants to refine their research question(s), search strategies and to plan for data extraction and data analysis. Depending on the size of the group and the areas of interested it is envisioned that each participant will be able to take part in at least two different facilitated groups of their choice.

Expected outcomes

At the conclusion of the workshop participants will have a good understanding of the process of formulating a review research question, conducting a systematic review and will have explored the research activities required to address their particular research questions.

The workshop presenter has extensive experience in the conduct of systematic reviews as well as the use of systematic reviews within the academic setting and the establishment of health care policy. Follow-up support, via email, will be provided to participants if requested.

Funding:

No funding

Workshop level:

Postgraduate(Masters level)

Monday 23 April 2012
14.30 – 16.00

2

The final sprint in the doctoral journey: Making sure you are match fit

Annie Topping, Director – Centre for Health and Social Care, CHSCR, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK
Co author: Julie Taylor

Abstract:

This workshop is aimed at delegates who are currently or imminently embarking on the final stages of doctoral study.

Undertaking a doctorate is undoubtedly a challenge. In nursing many candidates undertake a doctorate on a part time basis, juggling work, study and life. One of the key hurdles is that final period leading to successful completion and entering the next career phase as a postdoctoral researcher. This is an intense period that includes writing up, preparing for the viva voce examination, planning publications and dealing with any post-examination mopping up.

The aim of this workshop is to explore the particular challenges that final stage presents and discuss practical solutions with two experienced supervisors and examiners.

Learning Outcomes

At the end of the workshop participants will be enabled to:

1. Have identified strategies to aid successful completion

2. To understand the purpose of viva voce and critical explore it as a performance with distinct roles and possible outcomes

3. Begun to consider expectations of a postdoctoral researcher

The workshop will be divided into three parts:

The final writing up process

This will explore the inevitable challenges of the writing up process including time management; self-motivation; the role of your supervisory team in providing support and guidance; the role and choice of examiners and what examiners look for in a thesis. Some devices for helping your reader judge your thesis favourably will also be explored.

The Viva Voce Examination

The focus will be on preparation for the viva voce, the value of undertaking a mock viva. The purpose and possible outcomes from the viva voce will be examined. As will ways of dealing with difficult questions.

Transition to Post doc

Here we will discuss next steps and possible routes to a successful early research career including publication planning.

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 crossing the 'Finishing line' and starting the next journey as a postdoctoral researcher.

Funding:

No funding

Workshop level:

Postgraduate(Doctoral level)

Tuesday 24 April 2012
15.40 – 17.10

3

Writing for publication: Standards and ethics

Roger Watson, The University of Sheffield, Sheffield, UK
Co author: Cynthia King

Abstract:

This workshop will be led by the Editors in Chief of Journal of Advanced Nursing and Journal of Clinical Nursing.

Format: Seminar followed by exercises and discussion

There is a trend towards the development of an increasing number of standards related to the presentation of different types of manuscript (eg RCTs and systematic reviews), the attribution of authorship and the systematic detection of similarity between manuscripts and published material (CSE 2006, Errami et al. 2008, Marusic et al. 2011).

An short overview of these trends will be provided followed by some case studies based on the experience of the Editors in Chief for discussion in groups.

Particpants should be willing to contribute to a discussion and to comment on the case studies.

Learning outcomes:

• trends in academic publishing

• ethical issues in academic publishing

Recommended reading:

Council of Science Editors (2006) CSEâ ™s White Paper on Promoting Integrity Council of Science Editors. Reston,VA

Errami M, Hicks JM, Fisher W, Trusty D, Wren JD (2008) Deja vuâ ”A study of duplicate citations in Medline. BIOINFORMATICS 24 pp 243â "249

Marusic A, Bosnjak L, Jeroncic A (2011) A Systematic Review of Research on the Meaning, Ethics and Practices of Authorship across Scholarly Disciplines PLoS ONE 6 e23477

Funding:

No Funding

Workshop level:

Postgraduate(Doctoral level)

Posters
Monday 23 April 2012

Theme 1: Education

1

Memoing: An active tool in research

Camille Cronin, School of Health and Human Sciences, University of Essex, Southend-on-Sea, UK

Abstract:

Background: The use of memoing as a reflective tool to record the researcher's abstract thinking is recommended (Alvesson & Skalldberg 2009). Reflexivity involves reflecting on the way in which research is carried out and understanding how the process of doing research shapes its outcomes. It may be viewed as interpreting the interpretation.

Aim: The aim is to explore the usefulness of active memoing in research.

Method: Reflexivity played an integral component in case study research on five students' experiences of learning in work placements. Healthcare settings were explored using critical incident interviews, observations and documentation

Results: Memos serve to place data within time or place. Throughout the study the researcher made entries in a note book and reflected on experiences whether good, bad or indifferent. These entries were useful when retracing events and how one felt. These activities reinforce the rigour in research and forms an important part of the research process providing links between methods used and approaches taken.

A striking feature of this research was the frequent overlap of data analysis with data collection and interaction of the researcher. Field notes, a running commentary, are an important means of accomplishing this overlap and about what is happening in the research. These notes and ideas become useful in cross-case comparisons or when patterns start to emerge in building a theory (Yin 2009).

The study suggests learning in the workplace is unpredictable and proposes a model for workplace learning offering a pragmatic approach to dealing with the complexities of the learning environment.

Conclusion: We need to reflect more on our own research practices: the role we play in producing certain kinds of knowledge; how and why we came to the conclusions and how the resultant knowledge functions to shape the world. Using reflexive memos is one way to achieve this.

Recommended reading:

Alvesson M, Skalldberg K (2009) Reflexive Methodology 2nd edition, London: Sage.

Yin R, K (2009) Case Study Research: Design and Methods. 4th Edition London: Sage Publications.

2

Using critical realism theory in systematic reviews to improve evidence for nursing interventions

Kay Currie, Reader in Nursing, School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, UK

Co authors: Jude Spiers, Patricia H. Strachan, Alex M. Clark

Abstract:

Purpose: This poster provides an overview of the way in which critical realism theory was integrated with systematic review methodology in a meta-synthesis of qualitative research drawn from the international literature.

Background: The use of theory in systematic reviews is innovative because it can be challenging to take abstract theory and integrate it effectively into the procedures of systematic review methodology. Yet, theory can add important dimensions and sophistication to the conceptualization, interpretation and synthesis stages of review methods.

Review Aim: To understand the main individual and contextual factors promoting and inhibiting self-care in people with confirmed symptomatic heart failure.

Application of Theory: Critical realism is a meta-theory that points to the importance of understanding how individual and contextual factors come together in complex ways to influence human behaviour and outcomes (Clark et al 2008). 'Heart failure self-care need' can be defined as 'a lack of something wanted or deemed necessary for effective heart failure self-care by patients, caregivers or by research (Reigel et al 2009). In this review we conceptualized 'needs' as related to barriers and facilitators of effective self-care that included not only individual factors (such as knowledge, beliefs, and attitudes) but also contextual factors related to culture, society, and circumstance. During interpretation, we sought to understand heart failure self-care in terms of patients' own self-care management techniques and how elements of context affect heart failure self-care, identifying the causal barriers and facilitators of self-care. Synthesis involved the reviewers re-interpreting studies in the light of each other, reading across studies to develop higher order constructs that were drawn on to re-interpret the themes identified. Critical realism directs this synthesis to create an original understanding of not only what the main barriers and facilitators are to effective self-care but also seeks to explain the complexity of how these relate to each other.

Recommended reading:

Clark AM, Lissel S, Davis S. (2008) Complex Critical realism: Tenets and applications for nursing research. Advances in Nursing Science, Vol. 31(4), pp. E67 E79.

Riegel B, Moser D, Anker SD, Appel LJ, Dunbar SB, Grady KL, et al. (2009) State of Science: Promoting self care in persons with heart failure: A Scientific Statement from the American Heart Association. Circulation, Vol. 120(12), pp. 114163.

3

Recruiting for continence promotion trials: Barriers and solutions for optmizing efficiency

Rona Agnew, Glasgow Caledonian University, Glasgow, oUK

Co author: Eleanor van den Heuvel; Cara Tannenbaum,

Abstract:

Hypothesis / aims of study: Continence promotion involves educating people that evidence-based therapeutic options exist, and that improvements and cures can be achieved at all ages. Randomised control trials are notorious for failing to be efficient in recruitment with 50% of studies not meeting their recruitment target or needing to extend the study (1). Given the anticipated challenges with recruitment for the current continence promotion trial, a preliminary evaluation of recruitment efficiency was carried out following 4 months of collecting data (2). The aim of this report is to describe the efficiency of early recruitment efforts for a continence promotion trial in the United Kingdom.

Study design, materials and methods: Randomised controlled trial using open label clustering in a 2 x 2 factorial design. Each cluster was randomly allocated to participate in a workshop using constructivist learning theory, a workshop that distributed evidence-based self-management tools for incontinence, a combination of the two, or a control intervention on general women's health. The target population is community-dwelling women 60+with incontinence who have not talked to a health care professional about their condition.

Results: 165 organisations were contacted during the first four months of the study, with 19 groups agreeing to host a workshop (11 % uptake).

Interpretation of results: There remains significant reluctance among community organisations to host events on bladder health. All attendees at such events will not necessarily be women with incontinence, which reflects reality but also limits the potential pool of recruits to a continence promotion trial. To ensure that recruitment targets are met it will be essential to continually evaluate the recruitment process.

Concluding message: Based on the present recruitment efficiency of 30%, more innovative strategies are needed to find ways to increase uptake if the power of the study is to be maintained.

Recommended reading:

Treweek,s., Pitkethly,M., Kjeldstrom, M., Taskila, T., Johansen, M. Sullivan, F., Wilson, S. Jackson,C., Jones, R., Mitchell, E,. (2009) Strategies to improve recruitment to randomised controlled trails (Review), The Cochrane Collaboration, Wiley: London

McDonald, A.M., Knight, R.C., Campbell, M.K., Entwistle, V.A., Grant, A.M., Cook, J.A., Elbourne, D.R., Francis, D. Garcia, J., Roberts, I. (2006) What influences recruitment to randomised controlled trials?

Funding:

The Canadian Institutes of Health Research

No funding

Post Doctoral award

Theme 2: Long-term Conditions

4

A critical review of outcome measures adopted in stroke self-management interventions.

Emma Boger, Post-graduate research student, Faculty of Health Science, University of Southampton, UK.
Co author: Sara Demain; Susan Latter.

Abstract:

Self-management interventions have received growing attention as a tool for promoting the effective management of long-term health conditions (Lorig and Holman, 2003). Evidence for their role in stroke care is growing. Evaluation is partly problematic to uncertainty regarding the processes affecting change (Jones and Riazi, 2011). Outcome measurement has a key role in understanding health-related change.

Objectives: To undertake a review of outcome measures used in stroke self-management intervention research and evaluate these for psychometric properties and robustness using the COSMIN checklist (Mokkink et al., 2010) (Fig 1).

Design: The review adopted a Critical Realist paradigm.

Data sources: Electronic databases, Government, World Health Organization, Stroke organisations websites, internet search engines, hand searches of references.

Review methods: Study abstracts were identified against inclusion criteria and retrieved for appraisal, using the following criteria: (1) published in English; (2) addressed a stroke specific self-management intervention; (3) published between January 1990 and June 2011.

Results: 20 studies were retrieved; 14 met the eligibility criteria (Fig. 2). No studies measured self-management as a discrete concept. 34 different measures were adopted and assumed to capture concepts related to self-management. 11 measures were developed with stroke populations. 12 measures had established reliability and validity in stroke populations. 6 measures had established responsiveness data in stroke populations. 5 measures met all COSMIN checklist criteria (Fig 3). 7 studies adopted unpublished measures. 11 studies adopted measures without established psychometric properties in stroke populations.

Conclusions: The use of measures without established psychometric properties contributes to the confusion surrounding the theoretical premises underpinning stroke self-management interventions and the paucity of results demonstrating change following self-management interventions. Further enquiry into how the concept of self-management in stroke operates, would help to develop and clarify the theoretical premises supporting stroke self-management interventions and aid selection of existing measures or development of new measures.

Recommended reading:

Jones, F. & Riazi, A. (2011). Self-efficacy and self-management after stroke: a systematic review. Disability & Rehabilitation, 33, 797-810

Lorig, K. & Holman, H. (2003). Self-management education: history, definition, outcomes, and mechanisms. Annals of Behavioral Medicine, 26, 1-7.

Mokkink, L., Terwee, C., Patrick, D., Alonso, J., Stratford, P., Knol, D., Bouter, L. & De Vet, H. (2010). The COSMIN checklist for assessing the methodological quality of studies on measurement properties of health status measurement instruments: an inte

Funding:

UK – Higher Education Institution

10,001 – 50,000

Doctoral programme

5

Is there a relationship between macular thickness and components of the metabolic syndrome in individuals without diabetes mellitus?

Nicola Pamphilon, Research Nurse, Diabetes & Vascular Medicine Centre, Peninsula Clinical Research Facility, Royal Devon & Exeter NHS Foundation Trust, Exeter, UK
Co author: KM Gooding; CI Ball; AC Shore

Abstract:

Background: Maculopathy is a common feature at diagnosis of type 2 diabetes. However, it is not known whether macular thickening, a preclinical sign of macular oedema, occurs in prediabetes.

Purposes: To examine whether macular thickness is increased in individuals with features of the metabolic syndrome, namely waist circumference, blood pressure, and fasting levels of triglycerides, HDL-cholesterol and glucose in non-diabetic individuals.

Methods: 50 non-diabetic Caucasian individuals were recruited (25 males, age range: 26-78 years, BMI range: 20-46 kg/m2). Macular thickness, divided into fovea and the inner and outer temporal, nasal, superior and inferior quadrants, was assessed by Optical Coherence Tomography. Additional assessments included: arterial blood pressure, fasting glucose and lipid profile (including triglycerides and HDL-cholesterol), BMI and waist circumference. Features of the metabolic syndrome were collectively entered into a forced regression model to examine their relationship with thickness in the macular subdivisions.

Results: Fovea thickness was within the normal range for all participants. Features of the metabolic syndrome were not collectively associated with macular thickness. However, mean arterial blood pressure (MAP) was independently associated with macular thickness in all regions (standardised

beta=0.381,p<0.05) except for the outer nasal quadrant (standardised beta=0.346,p=0.071) and the avascular fovea region (standardised beta=0.105,p=0.591).

Conclusions: MAP, independent of other features of the metabolic syndrome, is associated with thickness in the inner and outer quadrants of the macular. Further research is needed to fully elucidate this relationship.

6

Development of the Liverpool Infant Bronchiolitis Severity Score: Using a Delphi questionnaire to determine which symptoms to usefully include

Clare van Miert, Alder Hey Children's NHS Foundation Trust, Liverpool, UK
Co authors: Francine Verhoeff; Paul McNamara; Bernie Carter.

Abstract:

Background: Bronchiolitis is an acute respiratory condition of infancy (Hall, 2001). Up to 5% of all these infants will be hospitalised (Greenough, 2001). There is a need for a valid scoring instrument sensitive to important clinical changes (Bialy, 2011).

Purpose: This study aims to (i) identify which symptoms should be usefully included in a scoring instrument and (ii) develop definitions for 'mild', 'moderate' and 'severe' bronchiolitis in order to facilitate the 'weighting' of scores for each of these symptoms.

Methods: Health care professionals (HCPs) located in the UK and Ireland were invited to participate with a four round Delphi questionnaire. HCPs were asked to consider a number of symptoms / risk factors (rounds 1&2) and statements which define admission / discharge criteria and characteristics of 'mild', 'moderate' and 'severe' disease (rounds 3&4). HCPs were asked to rank them from 1-5 according to importance; 1 being extremely important and 5 completely unimportant.

Consensus was considered achieved when 80% or greater of the rankings fell into either the 1-2 (important) categories or 4-5 (unimportant) categories. Where consensus was not achieved in the first round, participants were sent a summary report of collated rankings and comments and were asked to re-rank the symptoms / risk factors and statements in light of this information.

Results: 198 HCPs (nurses (62.9%); paediatricians (27.4%); GPs (3.2%); physiotherapists (4.8%); assistant nurse practitioners (0.5%); student nurses (1.1%) completed round one of the Delphi questionnaire and 144 HCPs completed round

two. Consensus for 'important' was achieved for 43 symptoms / risk factors from a sum total of 101. No further symptoms / risk factors achieved consensus following re-ranking in round two. Rounds three and four will be completed by December 2011.

Conclusion: Consensus has been achieved for 43 symptoms / risk factors as 'important' when assessing an infant with bronchiolitis for disease severity.

Recommended reading:

Hall CB (2001) Respiratory syncitial virus and parainfluenza virus. New England Journal of Medicine. 344 (25): 1917-1928

Greenough A et al. (2001) Health care utilisation of chronic lung disease, related hospitalization for RSV infection. Archives of Diseases in Childhood. 85: 463-468

Bialy L, Foisy M, Smith M, and Fernandes RM (2011) The Cochrane Library and the Treatment of Bronchiolitis in Children: An Overview of Reviews. Evidence-Based Child Health 2011; 6: 258-275

7

Continence care following stroke: A survey of nurses' intention

Rona Agnew, Glasgow Caledonian University, Glasgow, UK
Co author: Jo Booth.

Abstract:

Hypothesis / aims of study: Urinary incontinence is a common consequence of stroke reported to occur in 40% of survivors. Nurses are the main providers of continence care yet little is known about how post-stroke incontinence is managed, although containment activities predominate with active approaches to support recovery of bladder function being less common(1). According to the theory of planned behaviour (2)intention to behave predicts actual behaviour in practice thus the aim of this study was to explore stroke nurses intentions for continence care practices.

Study design, materials and methods: Using the theory of planned behaviour a structured survey tool was developed to measure intention towards continence care in patients with urinary incontinence following a stroke. The questionnaire was developed, piloted and its properties. A postal survey was undertaken over a 6 week period. Key principles to improve response rates were considered (3).

Results: 186 postal questionnaires were sent out with 81 completed questionnaires returned suitable for analysis (43% response rate). Descriptive analysis suggests that overall, stroke nurses intend to promote continence in patients who are

urinary incontinent following a stroke. Correlation analysis of the ordinal data was performed using the spearman rank order correlation (Spearman's rho), with significant set at the 0.05 level (2-tailed). The correlation explored nurses' intention to promote continence and the other constructs of the theory of planned behaviour

Interpretation of results: Stroke nurses intend to promote continence however subjective norms and perceived behavioural control play a significant role in determining general intention of nurses towards patients with urinary incontinence following a stroke.

Concluding message: Both subjective norms and perceived behavioural control are indicators of nurse's intentions in relation to continence care in patients with urinary incontinence following a stroke. Although nurses intend to promote continence, barriers exist.

Recommended reading:

Booth,J.; Kumlien, S.; Zang, Y.; Gustafsson, B.; Tolson, D. (2009) Rehabilitation nurses practices in relation to urinary incontinence following stroke: a cross-cultural comparison Journal of clinical nursing, 18 (7), pp 1049-105

Fishbein, M. and Ajzen, I.(1975) Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research, Addison-Wesley: Reading, M

Edwards,P.; Roberts,I.; Clarke,M.; DiGuiseppi,C.; Pratap, S.; Wentz, R.; Kwan, I.; Cooper,R (2007) Methods to increase response rates to postal questionnaires, Cochrane database of systematic reviews (Online

Theme 3: Workforce Issues

8

What is teamwork in ICU? An ethnographic investigation of interdisciplinary practice

Andreas Xyrichis, King's College London, Florence Nigtingale School of Nursing and Midwifery, London, UK

Abstract:

Background: This paper reports on a study investigating the social processes that enable teamwork in complex health care environments, using intensive care units (ICU) as an example of a highly complex healthcare setting. The research was conducted against a backdrop of political and public pressure for safe, quality, and efficient healthcare, in which interdisciplinary teamwork was argued as key to containing these challenges.

Aim: Three specific objectives guided the conduct of the research; to investigate the social processes that enable teamwork in ICU; to explore the effect of the spatial and temporal environment on teamwork; and to examine how information technology might foster or constrain teamwork practices in ICU.

Method: Over 200 hours of non-participant observation and 23 semi-structured interviews were collected over a period of 12 months, from April 2008 to March 2009, in three London ICUs. NVivo 8 (QSR International) was used to manage the analysis process. Data were analysed following standard social science procedures of data reduction, data display, conclusion drawing and verification.

Results: Teamwork in ICU can be conceptualised as a dynamic set of social processes consisting of monitoring and supporting behaviours, enabled through six key teamwork elements: having a global view; a shared insight; assertiveness; coordination; experience; and trust. These elements operate within and are affected by the spatiotemporal and technological environment of the ICU.

Discussion/Conclusion: Organisation and delivery of multidisciplinary work in ICU is inherently complex. A comprehensive understanding of this can only be developed through a multifaceted evaluation of ICU work encompassing examination of health care professionals' interactions, alongside an analysis of the spatiotemporal and technological forces that impact on the delivery of health care. This paper brings these forces together in a new analytical synthesis of teamwork in ICU.

Recommended reading:

9

A congruency model toward an environmentally based nursing program

Portia Zoleta-Vitug, St. Paul University, Manila, Philippines.

Abstract:

The state of the environment is a global concern that affects the lives of people. The drawbacks of the environmental exploitation have drastically become evident. Air pollution poses impediments and develops chronic illnesses such as lung cancer. Global warming has also altered the water cycle which in the long run can affect the industry of agriculture and nutrition of the people. Although many organizations have formulated measures and refined the curriculum concerning health and environment, the causal links between environmental change and human health are too complex that people have to find a way of forestalling the negative effects of environmental hazards and providing an avenue of a wedded interest on health and environment.

This study is an attempt to rationalize the importance of globally-competitive environmental nursing curriculum in view of benchmarking with international schools. The author utilized a congruency model to review the current nursing curriculum in the Philippines and selected foreign curricula in an attempt to integrate the 7 environmental principles in the core subjects of the current Philippine Nursing Program. The author made use of the MDGs and ICN in search of ways to maximize opportunities to foster preventive measures and wellness in CMO.

The author believes that environmental health is integrative in the role of nurses. This study unravels the complex causes of illness vis-a-vis environmental health which challenges the academe and the Higher Education to look into the urgency of addressing the need to make our current nursing curriculum more dynamic and up-to-date thereby, making our curricula at par with international standards.

Funding:

10

Health care staff's views about preventing medication errors: what hospital incident reports tell us?

Marja Harorkaonen, University of Eastern Finland, Faculty of Health Sciences, Department of Nursing Science, Savonlinna, Finland.
Co authors: Hannele Turunen, Finland; Susanna Saano; Katri Vehvilaoinen-Julkunen.

Abstract:

Health care staff's views about preventing medication errors: what hospital incident reports tell us?

Background: The medication errors do occur in the patients' care despite of focusing to the subject in past decade around the world. The web-based error reporting systems are important tools in bringing up the occurred errors in patients care and learning from them.

Aims: The aim of the study was to use database from web-based error reporting system to produce information which can be used to understand medication errors better. In this conference we will present nurses' and other health care professionals' views about preventing medication errors that were written down to the error reports.

Methods: The data were used retrospectively from one University Hospital's web-based error reporting database in Finland. Between January and December 2010, total of 1617 error reports were logged in the database. A number of medication errors and near misses included in this study were 671. Statistical methods were used to analyze the data. Results are reported using frequencies and percentages.

Results: Most medication errors (83 %) were reported by nurses. The majority of the errors did not cause any harm to patients (65.7 %). Most errors were administering errors (39.9 %) or documenting errors (25.2 %). Nurses and other health professionals thought the most effective way to prevent errors are the enhancement of attention and caution. The development of collaboration between teams and care guidelines were seen as utmost important.

Discussion: Improving the safety in medication process is intensely important for diminishing the damage that happen to patients and for increasing quality of the health care.

Conclusions: Nurses and other health professionals who see the reality of medication process in hospitals can give important information about preventing errors. Their views should be used to develop safer practices in hospitals.

Recommended reading:

11

A systematic literature review of releasing time to care: The productive ward

Stella Wright, KTP Associate for Productive Ward, The Shrewsbury and Telford Hospital NHS Trust/ Staffordshire University, Shrewsbury/Telford, UK

Abstract:

Releasing Time to Care: The Productive Ward programme was developed by the NHS Institute for Innovation and Improvement and launched in England in 2007. The programme comprises thirteen self directed modules which aim to increase the proportion of time spent providing direct patient care, improve the patient and staff experience and make changes to the ward environment in order to improve efficiency (NHS Institute for Innovation and Improvement 2007). The programme has been adapted for use in other healthcare settings and exported internationally.

This systematic review provides an overview of papers published on Releasing Time to Care: The Productive Ward programme between 2005 and June 2011. A search of the terms 'Releasing Time to Care' and 'Productive Ward' on healthcare databases (CINAHL, Medline, Science Direct, ProQuest Nursing, PsycINFO, Health Business Elite, British Nursing Index, Embase and HMIC) identified 92 sources. All papers were read and subject to a quality assessment. Twenty two articles met the inclusion criteria. The review revealed a lack of research on The Productive Ward which meant it was necessary to adopt a flexible approach and include non-empirical literature. Themes arising from the literature review include improvements to the patient and staff experience, leadership and staff development, and challenges to successful implementation. It also highlighted areas which require further exploration such as long-term sustainability of the programme and the consistency of data measurement between organisations.

The review contributes to the knowledge of improvement science as it tentatively reports how The Productive Ward programme has been used to transform nursing practice for the benefit of patients and frontline staff, and how it resulted in cost savings. The current review has also provided the foundation for a mixed-methods research project evaluating the impact of the programme at an acute trust in the West Midlands.

Recommended reading:

NHS Institute for Innovation and Improvement (2007) Releasing Time to Care: The Productive Ward [Online]. Available from: http://www.institute.nhs.uk/quality_and_value /productivity_series/productive_ward.html [Accessed: 7 October 2011]

Funding:

12

A collelational study of family stress and adaptation among the surviving parents of the New York City firefighters who perished in the World Trade Center disaster

Mary Frances McGibbon, Assisstant Professor, New York City College of Technology, New York, USA
Co author: Lynn Lotas

Abstract:

The parents of the New York City Firefighters who perished in the World Trade Center Disaster have spent the last ten years dealing with the impact this stressful life event has had on themselves and on their own family. However, it was not clear to what extent this individual stress affected their health status. This was especially noteworthy given the magnitude of the stressful event and the amount of media coverage that has prevailed throughout the past ten years.

This study had three purposes: to examine the perceived level of stress experienced by the parents of the New York City firefighters who died in the World Trade Center Disaster (WTCD); to examine the prevalence of stress related health problems experienced by these parents; and to examine the relationship between the perceived level of stress and stress-related health problems experienced by these parents. The Double ABCX Model of Family Stress is used as a framework for this study. Perceived levels of family stress were measured with the Family Inventory of Life and Changes (FILE, 1991), stress related health problems were measured using the Center for Disease Control and Prevention Health Related Quality of Life-14 (CDC HRQOL-14) survey tool, and the Demographic Information Data Sheet (DIDS) provided self-identifiable demographic information. The results of these tools were correlated to examine relationships between the proposed variables.

The results revealed significant associations. The findings that the trauma of WTCD, and the loss of a family member in the attack, seems to continue to impact the lives of this group ten years after the WTCD, and in many cases remains as acute today as it was then. This study highlights the importance of preparedness, early and continuing support for victims of catastrophic events.

Recommended reading:

(2006). Alcohol use, mental health status and psychological Well-being 2 years after the World Trade Center attacks in New York City. American Journal of Drug and Alcohol Use, 32 (2), 203-24.

Brackbill, R.M, Thorpe, L.E., DiGrande, L., Perrin, M., Sapp, J.H., Wu, D., et al (2006). Surveillance for world trade center disaster health effects among survivors of collapsed and damaged buildings. Morbidity and Mortality Weekly Report, 55 (2), 1-18.

Fairbrother, G., Galea, S. (2005). Terrorism, mental health, and September 11: lessons learned about providing mental health services to a traumatized population. A Century Foundation Homeland Security Project, New York, 1-44.

Funding:

13

To develop a quality of working life survey instrument for hospital nurses

Ming Yi Hsu, Chung Shan Medical University, Taichung, Taiwan.
Co author: George Kernoham

Abstract:

Background: The high turnover of hospital nurses worldwide means that some staff remain in post for only a few months; in stark contrast to expectations of role-extension and greater demands placed on nursing staff. To understand the problem, it is necessary to fully evaluate the concepts, constructs and units of working life.

Aim: To develop a quality of working life survey instrument for hospital nurses.

Methods: A quantitative descriptive design was employed. Included were registered nurses in medical or surgical wards with at least two years' nursing experience and a position below assistant manager in medical or surgical wards. Bartlett's test of sphericity and a measure of sampling adequacy were used to assess the factorability of survey data. Results were subjected to correlation, internal consistency reliability testing and principal component analysis.

Results: A total of 700 registered nurses were recruited. Six conceptual dimensions and 33 factors were identified to explain hospital nurses' quality of working life.

Conclusion: This study makes a contribution to the knowledge of nurses' quality of working life through a new and deeper understanding of definitions, and categories. It thus informs measurement. Following further validation, these components could be used to identify strengths and weakness in nurse leadership and management in any given hospital.

Recommended reading:

Hsu MY. & Kernoham G.W. (2006) Dimensions of hospital nurses' quality of working life, Journal of Advanced Nursing, 54(1), 120-130

Vagharseyyedin, S.A., Vanaki1, Z., and Mohammadi, E. (2011) Nature Nursing Quality of Work Life: An Integrative Review of Literature. Western Journal of Nursing Research, 33(6) 786â "804

The National Union of Nurses' Association, R.O.C. (2010) An investigation of nurses work condition. The National Union of Nurses' Association News, 72: 6.

14

An exploration of nurses working time utilization in their everyday practice

Ming Yi Hsu, Chung Shan Medical University, Taichung, Taiwan.

Abstract:

Background: Nurses face an increasing level of complexity in patient care, in hospital structures and various administrative activities. The International Council of Nurses (ICN) and Pfizer Inc (2009) surveyed the 'Nurses in the Workplace: Expectations and Needs' in 11 countries and main result showed that 46% of participated nurses considered their workload was heavier than 5 years ago. To understand the problem, it is necessary to fully evaluate how the nurses utilise their skills on their everyday practice.

Aim: An exploration of nurses working time utilization in their everyday practice.

Methods: Data collection used the 'nurses' workload diary' and 'Nursing competencies questionnaire' from Oct 2010 to Sept 2011. Nurses' workload dairy recorded by 2 experienced and trained research nurses. Sampling inclusion criteria are hospital nurses who work in a Medical Centre, surgical and medical wards and position below nurse manager. Exclusion criteria are nurses who work in special nursing wards; for example operation room, pediatric wards, obstetrics and gynecology ward and psychiatric ward. Independent t-test, ANOVA, Pearson product moment correlation coefficient, chi-square, multivariate logistic regression and multivariate regression were used to determine the relationship among variables and to determine the contribution of factors to the final regression model.

Results: Only half of the participants considered they are very clear about what they have to do while they are working. Nurses spend most of their time on nursing care and communication which they considered they completed 50-70% of what they should do on these two types of nursing.

Expectative results and contributions: The results of this research could help to understand the overall scope of nurses work contents and its relationship with nursing competencies. The results also could help to improve nurses' work conditions and set up healthcare delivery enhancement programs.

Recommended reading:

The National Union of Nurses' Association, R.O.C. (2010) An investigation of nurses work condition. The National Union of Nurses' Association News, 72: 6

Girot E.A. (1993) Assessment of competence in clinical practice: a phenomenological approach. Journal of Advanced Nursing, 18, 114-119.

Buchan J. (1999) Evaluating the benefits of a clinical ladder for nursing staff: an international review. International Journal of Nursing Studies 36, 137-144.

15

Practical wisdom in nursing and healthcare: a concept analysis

Yvonne Christley, Lecturer, University of the West of Scotland, Ayr, United Kingdom
Co authors: Anna O'Neill, Laura McMillan, Louise McCallum.

Abstract:

Background: The Aristotelian concept of practical wisdom is gaining popularity in the healthcare literature, despite this practical wisdom remains an ambiguous term. To date practical wisdom has not been clearly defined in the nursing literature and this paper attempts to define and characterise its key features and its relationship to excellence in nursing practice.

Aim: This paper is a report of a concept analysis of practical wisdom in nursing.

Methods: Rodgers' (2000) evolutionary method of concept analysis was used to guide the analysis as it aims to assist in the description and explanation of concepts of importance to nursing knowledge and practice.

Results: Practical wisdom in nursing and healthcare is about having the correct balance of scientific, technical and practical knowledge and skill to do the right thing, in the right way, at the right time. Practical wisdom acts as a method of integrating both the art and science of nursing knowledge and practice by mediating between the different types of knowing and transforming them into a unified and unique understanding of patient care needs. Nurses who are practically wise have a moral and professional insight that enables them to understand the different types of knowing and to adapt and apply this knowledge in complex and unpredictable care situations.

Conclusion: Practical wisdom is the link that cohesively unites nursing knowledge and practice and as such is of profound international significance to nurses, nurse leaders, scholars and other health professionals. This paper identifies the ground breaking importance of practical wisdom to excellence in nursing and healthcare and articulates the first steps in the evolution of a de novo theory of the practical wisdom embedded in everyday caring practices. Finally, it highlights the meaning associated with practical wisdom in patient encounters and provides direction for further research into its application across professions.

Recommended reading:

Rodgers, B. L. (2000) Concept Analysis: An Evolutionary View. In Rodgers B. L. & Knafl K. A. (Eds.), Concept Development in Nursing: Foundations, Techniques, and Applications (pp. 77-102). Philadelphia: W. B. Saunders Company.

16

Is compassion an essential component of nursing care?

Barbara Schofield, Calderdale & Huddersfield NHS Foundation Trust, Calderdale Royal Hospital Halifax, UK

Abstract:

The shape of current nursing in Britain dates from the industrial revolution, and in hospital based and formally organised nursing care. Compassion, as an element of tending to the sick is a core value enshrined in nursing philosophy and practice. In recent times national guidance implies that compassion is essential to achieve good patient outcomes. Yet the application of compassion in everyday nursing practice is not monitored and its place as an essential component of nursing is not formally acknowledged.

Despite continued discussion and research regarding compassion in nursing, patient experience of health care continues to reflect inadequate, negligent care. The Patient's Association report, 'Listen to patients, speak up for change' presents such examples of poor patient care (Patient's Association, 2010). Continued exposure of these experiences has led to a significant loss of public confidence in the NHS and in nursing. The Prime Minister's Commission for Nursing and Midwifery in England calls upon nurses to provide high quality, compassionate care (Department of Health, 2009). If nurses are to respond to the public and the government to improve experience and outcomes for patients, we need to understand what compassion in nursing care is, and if it is essential to good patient outcomes.

There are numerous claims regarding what constitutes compassionate care and there is little doubt that compassion is complex. A concept analysis, based on Walker and Avant's (2011) framework has been undertaken. Evidence, both research based and grey literature including reports from enquiries surrounding a number of recent high profile cases were used as the basis of the synthesis. This paper will discuss the essential attributes and antecedents of compassion as defined by these literatures; and present a theoretical framework constructed as the foundation for a study exploring compassion as an essential component of quality patient experience and nursing care.

Recommended reading:

Department of Health (2009) Front line care: report by the Prime Minister's Commission on the Future

of Nursing and Midwifery in England. Department of Health, London.

The Patient's Association (2010) Listen to patients, Speak up for change. Internet: www.patients-association.org.uk/listentopatients.speakupforchange (Accessed 24/12/2010)

Walker, L.O. & Avant, K.C. (2011) STRATEGIES FOR THEORY CONSTRUCTION IN NURSING. 5th Edition. Prentice Hall. Upper Saddle River.

17

Utilising the Warwick Patient Experiences Framework (WaPEF) in developing NICE Patient Experiences Guidance

Sophie Staniszewska, Senior Research Fellow, Royal College of Nursing Research Institute, School of Health and Social Studies, University of Warwick, UK
Co authors: Ian Bullock, Liz Avital

Abstract:

Background: The Warwick Patient Experiences Framework (WaPEF) was developed to inform and shape the development of the NICE guidance and quality standards on patient experiences of health services.

Objectives: To identify generic themes and sub-themes of patient experience in three clinical areas: cardiovascular disease, diabetes and cancer.

To use the themes and sub-themes identified in the three clinical areas to develop the Warwick Patient Experiences Framework (WaPEF) as an overall generic patient experiences framework that has potential relevance for all patients using adult health services.

To utilise the WaPEF in the development of NICE Guidance on patient experience in the NHS.

Methods: The WaPEF was developed using thematic qualitative overview which utilised key elements of systematic reviewing in the development of search strategies, inclusion and exclusion criteria and in the extraction of data from papers.

Results: The WaPEF identifies seven key generic themes that characterise patient experience: patient as active participant, responsiveness of services; an individualised approach, lived experience, continuity of care and relationships, communication, information and support.

Discussion: The WaPEF is the first multidimensional framework for patient experiences with a robust underpinning, based on research evidence of what constitutes a good patient experience. The WaPEF informed the structure and content of the NICE guideline. The guideline was published in

February 2012 and will form a key part of the NHS Outcomes Framework in England and Wales.

Recommending reading:

NICE. Patient experience in adult NHS services: improving the experience of care for people using NHS adult services. NICE Clinical Guideline 138.

18

Medicinal plant use for the management of unintentional injuries in Uganda; a systematic review of the literature

Patience Muwanguzi, University of Leeds, UK
Co authors: Jim A Jolly, Kate J Thomas, Andrea E Nelson

Abstract:

Background: Many ill or injured persons in Africa do not receive medical care from orthodox health facilities, and many deaths are not reported [1]. Plants are widely used for their medicinal properties in Sub-Saharan Africa. They are readily available, cheap and attractive therapeutic agents. This is the first systematic review of medicinal plants used for the management of injuries in Uganda.

Materials and Methods: PUBMED (all years), AMED (1985-2010), EMBASE classic + EMBASE (1947-2010) and MEDLINE (1950-2010) were searched through the OVID platform to identify studies that reported medicinal plant use in Uganda. The search was conducted between November 2009 and January 2010 and repeated in 2011 with no language restrictions. Data were extracted in a standardised manner.

Results: The search identified 114 papers from which 23 relevant citations were retrieved. Nine papers met the inclusion criteria, i.e. they reported medicinal plant use in the management of injuries in Uganda. These papers described 121 plant species belonging to 49 families, used mainly for the treatment of open wounds (n=60) and snakebites (n=59). 17 species were mentioned in more than one study.

Conclusions: A limited literature base describes the management of injuries using plants in Uganda. A large number of plants are used, mainly for the treatment of wounds and snakebites. A critical evaluation of the phytochemistry and pharmacology of the alleged curative plants and the traditional ethnobotanical practices employed is recommended.

Recommending reading:

Kobusingye, O. C., Guwatudde, D., Owor, G. & Lett, R. R. (2002). Citywide trauma experience in Kampala, Uganda: a call for intervention. Injury Prevention, 8, pp 133-136.

19

Is there a Specific Haemodynamic Effect in Reflexology: A Systematic Review of Randomised Controlled Trials?

Jenny Jones, PhD Student /Staff Nurse, School of Nursing, Midwifery and Health, University of Stirling, Inverness, UK

Abstract:

Objectives: Reflexology claim that the feet are representative of the body and that massage to specific points of the feet increases blood supply to mapped internal organs. This review provides the first systematic evaluation of existing reflexology RCT's to determine whether there is evidence to suggest a specific haemodynamic effect, and to examine whether researchers attempt to develop study designs which systematically controlled for non-specific effects in order to isolate this specific component. And to highlight the methodological challenges that future reflexology researchers need to overcome in order to demonstrate a specific haemodynamic effect as claimed

Design: 52 RCT's of reflexology using adult subjects, published from 1990 to September 2011, were retrieved.

Interventions: Studies using reflexology foot massage techniques as the intervention versus sham reflexology , foot massage, conventional treatment or no treatment as the control.

Outcome measures: Any haemodynamic parameter potentially involved in the regulation of circulating blood volume and flow.

Results: 7 RCT's suggest that reflexology has an effect on selected cardiovascular parameters; however 5 of these delivered the reflexology intervention as a whole complex treatment, with the data collector often delivering the intervention themselves.

Conclusions: This systematic review found that the lack of methodological control for non-specific massage effects means that there is currently little convincing evidence to suggest the existence of a specific haemodynamic effect. Furthermore, few studies controlled for non-specific effects in order to isolate any specific active component, despite the haemodynamic claim being a key part of the therapeutic value of reflexology. Future research approaches should aim for more robust methods which can allow a specific haemodynamic effect to reveal itself, to help the public make a more informed decision about the safety and quality of the reflexology haemodynamic claim and for reflexologists to be able to guarantee minimum product quality in their practice.

20

A narrative case study of family transition up to one year following head injury

Charlotte Whiffin, University Campus Suffolk, Ipswich, UK
Co- author: Chris Bailey; Caroline Ellis-Hill; Nikki Jarrett; Peter Hutchinson

Abstract:

Background: Head injury is recognized worldwide as a major public health concern (Engberg and Teasdale, 2004). Those affected are typically young so the individual and their family live with the consequences for many years. Through role change, stress and reduced quality of life the non-injured members are considered an at risk population. With the perspective of individual members well documented there is growing interest in how the family as a whole makes sense of their experiences and how these experiences change over time (Jumisko et al, 2007).

Aims: To explore a) the life narrative changes experienced by non-injured family members and b) effects on family function up to one year following head Injury.

Methods: A narrative case study of nine non-injured members from three families affected by TBI (recruited August to December 2009). Twenty-six interviews were completed (at one, three and twelve months post injury). Participants were asked to describe events and experiences that had been important to them. An in-depth, comprehensive analysis included commitment to the sequential and structural features of the extended account (Riessman, 2008). Analysis was completed on three levels; the individual, the family and in-between family cases.

Results: Narratives of illness, from a non-patient perspective, illustrated how family members felt they themselves had changed. As a result families were 'reshaped'in the wake of head injury and the non-injured members reported differing levels of success when the injured person reoccupied their space within the family system.

Discussion: Implications for practice include the need for professionals to understand the family's needs not just in terms of change as a product of injury but also change as a symptom of the experience.

Conclusion: Early interventions to support the changed family are in need of exploring as a key part of working with families post head injury.

Recommended reading:

Engberg, A.W. and Teasdale, T.W. (2004)

Jumisko, E., Lexell, J. and Sӧderberg, S. (2007)

Riessman,C.K. (2008) Narrative Methods for the Human Sciences. London: Sage Publications.

Posters
Tuesday 24 April 2012

Theme 1: Pregnancy

1

The effects of language proficiency of immigrants in a host country and influences on their childbirth experience

Zahra Ghaffari, Faculty of Health and Human Sciences, University of West London, London, UK

Abstract:

Background: Recent reports from the UK Confidential Enquiry into Maternal and Child Health highlight inequalities in rates of maternal death among ethnic minority groups. A common problem for most ethnic minority groups, in particular recent migrants to the UK who are pregnant, is lack of fluency in English. An interim assumption could be that poor communication between providers and users of care is reflected in lower and late utilisation of maternity services with delay in identification of complications, where intervention could have prevented or reduced harm.

Aim: The aim of this study is to elicit non-English speaking women's views and experiences to identify ways in which the maternity services can meet the needs of this specific population.

Methods: This qualitative study uses a grounded theory approach with interviews to discover perceptions and experiences of women who have limited or no English. This study uses a sample of 15 Farsi speaking women who have experienced birth in the UK, as an exemplar of non English speaking women. Data collection commenced following NHS ethical approval in March 2011 in four NHS Trusts in England. Following the principles of grounded theory, data analysis uses a coding and thematic approach. Further sampling may be required to reach saturation in some categories.

Results: Key themes emerging are the effect of country of origin, UK's maternity systems, education, relatives and families role and social support.

Discussion and Conclusion: The results provide information to guide health care providers on the needs of immigrant women in their new host country. This could reduce maternal morbidity and mortality within this specific group of service users.

2

Childbirth in figures of Finnish women aged 35 years: A register-based study

Reeta Lamminpao, University of Eastern Finland, Department of Nursing Science, Kuopio, Finland

Abstract:

Background and aims: Maternal age of women giving birth has increased in the Western world. Association of maternal age $\longrightarrow$35 years and poor pregnancy outcomes as well as pregnancy complications have been addressed in several studies. In 2009 the number of births in Finland was 60 794, of which the number of women aged $\longrightarrow$35 years old was 18,7%. The mean age of all women giving birth in Finland has been around 30 years. The aim of this paper, as a part of a larger study, is to describe characteristics of childbirth of women 35 years compared to women $\longleftarrow$ 35 years old.

Methods: The data for the study consists of three national Finnish health registers: Medical Birth Register, Register of Congenital Malformations and Hospital Discharge Register. The permission to use the data was gained from the National Institute for Health and Welfare (THL) in 2010. The data contains information of 690 555 women and their newborns between the years 1997-2008. The data were analyzed statistically and presented with crosstabs.

Results and conclusions: The number of women 35 years was 128 265 (18,7%) out of 690 555. Women 35 years had more (7,1%) preterm infants ($\longleftarrow$37 weeks gestation) than women $\longleftarrow$ 35 years (5,6%). Therefore, older women had more newborns with birth weight $\longleftarrow$2999g (16%) than younger women (14,7%). The number of newborns weighting $\longrightarrow$4000g was 20,1% with women 35 years and 17,8% with younger women .

Older women also had less vaginal births (71,3%) than younger women (77,6%) whereas the rate of Cesarean sections was higher being 22,8% versus 15,5% with younger women.

In conclusion, the increase of advanced aged women in childbirth will challenge counselling practices in maternal care.

3

Don't forget to get pregnant! The synchronism and asynchronism of family and career.

Julia Philippou, King's College London, Florence Nightingale School of Nursing and Midwifery, London, UK

Abstract:

Recent research on careers have paid particular attention to the changing nature of labour markets, the increase in the numbers of single parents and dual career couples and the effect on family-work integration. Particular attention has been paid to trends of women delaying having children or choosing not to have them at all and the dynamics that allow women to achieve career and life fulfilment.

This paper examines the changing nature of nurses' careers and identifies issues surrounding career-family integration. Data were collected from 33 semi-structured interviews with nurse employers and employees, as part of a larger scale study conducted between September 2007 and August 2008 in London.

The effect of the traditional family cycle of marriage, childbirth, child rearing, and empty nest has been identified to have considerable implications on individual nurses' careers. The study identifies a complex relationship of work-related dynamics and personal factors influencing nurses' careers and the meaning they give to their career in the context of competing demands of family, individual life and work integration. Organisational support was fundamental to finding balance between career and personal life however what constitutes an appropriate balance differs from person to person. A deep sense of motherhood was evident in participants' accounts with children being the number one priority, but, career was of high importance with participants searching for stimulation, achievement and enrichment of their work.

The study contributes to recent career theory and raises the importance of work-life integration particularly in a female dominated profession such as nursing. Findings raise important issues for the management of nurses' careers. The skills involved in navigating careers and maintaining work-life integration in the light of the changing landscape of careers are now necessary for all individuals regardless of the sector in which they are employed.

4

Promotion of exercises to postnatal mothers and benefits achieved

Shanthi Ramasubramaniam, Lecturer, College of Nursing, Sultan Qaboos University, Muscat, Oman

Abstract:

Aim/ purpose: The study was done to enhance the well being of postnatal mothers by demonstrating postnatal exercises on the first postnatal day and assessing for the benefits achieved .

Methods: One group post test only design was used for the study. A total of 84 mothers were selected as samples. Both normal delivery and caesarean mothers were selected using the convenient sampling technique. The study was done in the post natal wards of Sri Ramakrishna hospital. The exercises were demonstrated for both category of mothers .Item analysis and descriptive self report was used to analyze the data.

Findings related to benefits of postnatal exercises after 45th day after delivery: The study revealed that postnatal exercises proved to be beneficial as it had reduced back pain (self reported by 81%), regained their abdominal muscle tone self reported by 69%, had better bladder control and no complaints of urinary incontinence(52% self reported). Reduction to pre pregnancy weight self reported by 63%. The cesarean mothers also were benefitted by improved circulation 81% and relief of gaseous distension in the immediate postoperative period , self reported by 72%.

Majority of the mothers 79% ,self reported that they had a sense of being fresh and active throughout the day and 56% reported enhanced sleep at night.

Findings related to, not able to perform the specified number of times exercises until 45th day after delivery. mothers reported that they were not able to do the exercises for the specified number of times as they had problems like crying of baby 48% , visitors 68% and tiredness 45% and did not feel important 34% .

Conclusion: Based on these findings the researcher recommended postnatal exercises be demonstrated to all mothers during antenatal period and encourage to do exercises from the first day postpartum to gain maximum benefits.

Recommended reading:

Artal, R, Toole, M O'., (2003)'Guidelines of the American College Of Obstetricians and Gynecologists for Exercise during pregnancy and the postpartum period. British Journal of Sports Medicine 37:6-12.

Larson – Meyer, D., E, (2002) 'Effect of Postpartum Exercise On Mothers And Their Offspring: A Review of the literature' . Obesity research , Vol.10 No.8 August, pp 841-853.

Fine P, Burgio K,Borello-France D, etal.(2007) 'Teaching and Practicing of pelvic floor muscle exercises in primiparous women during pregnancy and the postpartum period'. American Journal of Obstetrics and gynecology :197.,107 e1-107,e5.

5

Pregnancy outcomes of immigrant women attending a perinatal clinic: a retrospective two-month chart review

Jessica McAllister, Faculty of Nursing, University of Alberta, Edmonton, Canada.
Co author: Donna Gibbons, Gina Higginbottom

Abstract:

Background: If service providers and midwives are not willing, trained and practiced in providing culturally competent maternity care, negative consequences can occur ranging from miscommunication to serious health and safety events representing ethical and legal issues (Medding and Haith-Cooper, 2008). This project compliments a mixed-methodological, interdisciplinary project exploring experiences of immigrant women in accessing and navigating maternity care services in Alberta, Canada.

Aim: To compare immigrant and non-immigrant maternal health and pregnancy outcomes in a sample of women for informing future research and public health initiatives to promote culturally competent perinatal care.

Methods: A chart review (Mar-Apr 2011) was conducted of postpartum women and their neonates who attended a perinatal clinic at a tertiary hospital. Data from 35 newly immigrated women ($\leftarrow$5 yrs) and their neonates (Group A) were compared to that of 347 established immigrants/Canadian-born women (Group B). Maternal health data included, a) change in body mass index, b) gestational diabetes, c) hypertension, and d) pregnancy complications. Birth outcomes included, a) length of pregnancy and parity, b) mode of delivery, c) complications, d) birth weight, length and head circumference, e) Apgar scores, f) intensive care admissions, and g) length of hospital stay. Data was compared using t-tests where appropriate (p $\leftarrow$0.05, StatPlus, Analyst-Soft Inc.)

Findings: Group A had inadequate prenatal care twice as often (p$\leftarrow$0.0001), used labour epidurals (p 0.0003) and narcotics less (p$\leftarrow$0.0001), and required more delivery assistance via forceps or vacuum (p 0.0008). Neonatal complications including meconium, fetal heart rate abnormalities, sepsis, and respiratory distress were more common in Group A neonates (p$\leftarrow$0.0001). Group B had more obese mothers, smokers (p$\leftarrow$0.0001), and caesarean sections (p 0.0006).

Discussion/Conclusions: This data is significant since many Canadian healthcare institutions do not capture ethnicity and immigration data, as does this perinatal clinic during risk and genetic

assessments of a hugely diverse patient population.

Recommended reading:

Meddings, F. and Haith-Cooper, M. (2008) Cultural and communication in ethically appropriate care. Nursing Ethics, 15, pp 52â "61.

Salway S, Reime B, Higginbottom GMA, Bharj K, Chowbey P, Ertan K, Foster C, Friedrich J, Gerrish K, Kentenich H, Mumtaz Z, O'Brien B (2011) Contributions and challenges of cross-national comparative research in migration, ethnicity and health: insights

6

Assessment of knowledge, attitude and practice of prenatal diagnostic techniques act among antenatal mothers

Vidya Seshan, College of Nursing, Sultan Qaboos University, Muscat, Oman

Abstract:

Introduction: The preference for a son continues to be a prevalent norm at the traditional Indian household. This is evident from the declining sex ratio which has dropped to alarming levels according to census 2001 reports.

Methodology: A descriptive study was conducted in 2010 among 50 antenatal mothers by purposive sampling technique from one of the Maternity Centre in Coimbatore District, Tamilnadu,India.

Findings: *The study shows that 52% of the women were primipara, 42% had middle school education, 82% belongs to lower class of socio-economic strata and 76% were housewives. Regarding the knowledge of PNDT Act 76% of the women were aware of the availability of a method for intra-uterine sex determination but a lesser number 36% only knew that doing so is punishable under the law and even fewer 32% only were aware of the declining sex ratio in the country.

Majority of the study subject(68%) had inadequate knowledge followed by 28% had moderately adequate knowledge and only 4% had adequate knowledge. Analysing education and attitude in our study group showed an increase in education is accompanied with an improvement in the attitude. The area wise assessment of practice of sex determination has the mean score of 19.42 Â± 2.66, which is around 50% of the total score, it shows partially adoptive practice. Chi-square association revealed that there was no significant association between mothers knowledge and practice scores when compared with their demographic variables. Increase in knowledge of Prenatal Diagnostic Technique has influenced the attitude to sex determination in the positive direction in this study.

Conclusion: A concerted effort by the Medical fraternity, the law, political leaders, NGOs, media, teachers and the community itself is the need of the hour.

Recommended reading:

Dhaduk,K.M.(2009)

Garg,S & Nath,A.(2008)

Bardia,E. & Paul,S.K(2004)

Funding:

No Funding

7

Do doctors and nurses have different professional and personal views on traditional and complementary approaches to health?

Ava Lorenc, London South Bank University, London, UK.
Co authors: Mitch Blair; Nicola Robinson.

Abstract:

Background: Traditional and complementary approaches to health (TCA), including home remedies, herbal medicine and homeopathy, are commonly used by families but rarely discussed with conventional primary health care practitioners (Lorenc et al 2010). Patient and practitioner factors – personal and professional – affect how TCA are addressed in primary healthcare consultations.

Aims: To explore differences between GPs', nurses' and health visitors' experience, knowledge, attitudes and reported clinical behaviour regarding TCA.

Methods: GP practices were selected in NW London, an ethnically diverse area, and practitioners invited to participate. Semi-structured qualitative interviews with 13 GPs, 9 health visitors (HVs) and 6 nurses were conducted between May 2007 and February 2008. Framework analysis and Atlas.ti software were used.

Results: For GPs, biomedical theory, efficacy evidence, safety and access were strong influences on attitudes, overriding personal factors (GP ethnicity and personal TCA use). HVs had greater knowledge and understanding of TCA than practice nurses, from personal and professional experience. HVs reported discussing TCA with families using family-centred approaches, facilitated by their close relationship with parents in the home environment. Practice nurses were reluctant to engage with patients about TCA because of concerns about liability, lack of information and practice and policy constraints.

Discussion: The issue of TCA use by patients highlights the tension between personal and professional influences on primary healthcare practition-

ers. Continuing education of practitioners about TCA and promotion of access to reliable, evidence-based information sources may help to fulfil professional duty to patients. Detailed professional guidance for nurses on their role regarding TCA may also be needed to clarify issues of liability and policy and thus encourage communication with patients.

Conclusion: GPs' and nurses' knowledge and views of TCA differ and HVs may be more influenced by personal experience. Education, policies and guidance may improve discussion of TCA in primary care consultations.

Recommended reading:

Lorenc A., Blair M., Robinson N. (2010) Parents' and practitioners' differing perspectives on traditional and complementary health approaches (TCA) for children. European Journal of Integrative Medicine, 2: 9-14

Funding:

UK – Research Charity/Foundation

100,001 – 500,000

Externally funded research

8

What works in smoking cessation in secondary care? A pilot study

Susan Jones, Research Associate, Teesside University, Middlesbrough, UK
Co author: Sharon Hamilton

Abstract:

Background: Smoking is of international concern due to its widespread use and detrimental effects on health. Many smokers would like to quit but do not become motivated to take action until they are admitted to hospital with a smoking-related illness. A hospital-based service was developed and piloted by drawing on and adapting a number of service models that work well in the community.

Aim: To identify the effectiveness of the pilot service and its long-term sustainability.

Methods: A mixed methods approach was used to collect data from April 2008 to March 2009 on the uptake of the service, the outcome and stakeholder experiences. Local stop smoking service datasets were used in combination with user questionnaires (n=44), user telephone interviews (n=19), service staff interviews (n=5), Trust staff interviews (n=5) and system implementation surveys (n=4).

Results: Referral and assessment rates increased exponentially during the pilot service. A four week quit rate of 42% was achieved. This compares favourably with rates achieved by community-based services. Patients were positive about the service and appreciated the support they received. Their transition into secondary care after discharge from hospital worked well on occasion but could have been improved.

Discussion: Although the research base around the service organisation and structure was limited the evaluation findings supported the available studies. Where the design of the pilot service reflected the research evidence it was more effective but some aspects of the evidence were not adopted. In these areas there is the potential to improve the effectiveness and long-term sustainability of the service.

Conclusion: This poster describes the impact on quit rates and patient experience of a new smoking cessation pilot service in an acute Trust that was informed by the available research evidence. It provides some information into the application of this research when it is introduced into hospitals.

Recommended reading:

Department of Health (2009) NHS Stop Smoking Services: service and monitoring guidance 2010/11. London: Department of Health.

Eadie, D., Bauld, L. and MacAskill, S. (2008) Smoking cessation support in secondary care in Scotland. Edinburgh: Health Scotland.

Rigotti, N. A., Munafo, M. R. and Stead, L. F. (2008) Interventions for smoking cessation in hospitalised patients. Issue 2. The Cochrane Database of Systematic Reviews.

Funding:

UK – Health Service (Local)

1,000 – 10,000

Externally funded research

9

Breast screening awareness: How much do women know?

Savithri Raman, College of Nursing, Sultan Qaboos University, Muscat, Oman

Abstract:

Introduction: Breast cancer is one of the most common cancer in women accounting for 23% of all female cancers worldwide (Arafat et al., 2010). Oman accounts over 104 cases registered every year (Ajmi, 2008) and stands second top accounting 11.6 % (8,347 cases) in GCC countries and thus a concern for many Omani woman (Balakrishnan, 2011). Clarity in patient education on breast self examination/ Breast screening awareness is the dilemma from past one decade. The issue therefore calls a serious intervention in Educating women on importance of screening breast cancer, since early detection allows more treatment choices

Aim: The aim was to identify the awareness of Omani women regarding Breast Cancer and Breast screening methods.

Methodology: A survey was conducted as part of Community Activity Programme on Breast Cancer Awareness Campaign,. The survey included women's awareness on types of cancer, screening methods used for diagnosing cancer and Symptoms of breast cancer. Out of the 150 participants, 98 women responded to the ques-

tionnaire. The questionnaire was collected prior to the delivery of the breast cancer awareness programme. Data was analysed using Inferential statistics

Results: Awareness on commonest type of cancer: Out of 98 women, 80% of them expressed that breast cancer is the commonest cancer.

Knowledge regarding Signs and symptoms of breast cancer: Majority identified Mass in Breast (67%) and Nipple discharge(60%) as signs and symptoms of breast cancer. Below 36% and 31% identified Pain and change in size and shape of breast respectively as sings and symptoms.

Awareness on Screening methods of Breast cancer: Although 83% knew about BSE. The recommended breast screening methods such as mammogram, clinical breast examination were least known among the participants.

Conclusion: Creating breast screening awareness and breast self examination helps in improving the health seeking behaviour and facilitate early detection and treatment.

Recommended reading:

1. Kesteloot, H.E.C., & Zang, J.(2006) "Differences in breast cancer mortality worldwide". European Journal of Cancer Prevention,15,pp.416-423.

2. Tfayli, A., Terraz, S., Abou, M.R., and Shamseddine, A.(2010) "Breast Cancer in Low and Middle Income Countries": An Emerging and Challenging Epidemic. Journal of Oncology, doi:10.1155/2010/490631.

Balakrishnan, R. (2011)" Oman has the second highest incidence of cancer in GCC". Muscat daily, 22nd February 2011.

10

Segmentation in communities with greatest health inequalities: so what for public health interventions?

Alison Bareham, Research Assistant, Centre for Health and Social Care Research, University of Huddersfield, UK.

Co authors: Annie Topping; Serena McCluskey; John Stephenson; Paul Butcher.

Abstract:

Background: In 2008 the Department of Health (England) funded a series of Change4Life initiatives in nine 'Healthy Towns'. One 'Healthy Town' used a survey to elicit baseline healthy lifestyle data from four wards (pop: 52,403) with poor health outcomes. The Healthy Foundations Life-stage Segmentation Model was incorporated into survey design. This scale draws on social marketing principles to categorise individuals, and can be used to predict responses to public health campaigns and interventions (DH, 2010). When used with geographic information systems (GIS),
population segments can be identified by specific location, potentially increasing precision.

Aims: The aim was to gather lifestyle data to enhance understanding of health attitudes and behaviours in four local populations experiencing greatest health inequalities. A further aim was to interpret the data to underscore future public health planning and local campaigns.

Methods: The instrument incorporated previously validated and standardised measures of segmentation, nutrition, smoking, alcohol, and exercise. Data was collected in two phases in March – May and October-November 2011, by locally recruited staff who distributed the survey to randomly selected households based on postcode and council tax banding augmented with targeted recruitment. This was boosted through quota sampling based on ward profile demographics (Phase 2). Online completion was offered in addition to paper.

Results: Analysis of Phase 1 responses (n=610) indicated that the segmentation profile differed from 'normal' distributions. Phase 2 (n=648) is currently undergoing analysis.

Discussion & Conclusions: Techniques drawn from social marketing are increasingly popular in public health communities. Segmentation models may hold some validity and offer precision for targeting interventions on local populations. This paper will contrast the results from the two data sets to examine the validity of segmentation categorisation in traditionally under-represented populations experiencing greatest health inequalities; and discuss the implications for public health practice.

Recommended reading:

Department of Health, 2010. Healthy Foundations Life-stage Segmentation Model Toolkit. London: Department of Health.

11

Evaluation of Chrysalis: a weight management programme in delivered in GP practices

Ros Kane, SL, Lincoln University, UK

Co authors: Claudia Watson; Aaron Burgess.

Abstract:

Background: An Adult Weight Management service (Chrysalis) has delivered 39 programmes across the 4 General practices in the UK. It is a 12 week x 1 hour programme of lifestyle advice and change in order to support patients to lose and maintain weight loss. Patients attend in small groups of approximately 12 patients. Follow ups occur at 3 and 12 months post course.

The service was introduced in February 2009, and has seen over 500 patients. A new on-line resource
has recently been introduced to enhance the delivery of the programme.

Methods: Qualitative analysis of data collected through focus groups and in-depth interviews with participants on the weight management programme. Data were collected in Spring 2011.

Multivariate analysis of routinely collected statistical data pertaining to personal behaviour and outcomes of patient participation, with particular emphasis on assessing the feasibility of the on-line resource. The statistical data have been collected and collated on a continuing basis from the introduction of the intervention until the time of analysis (February 2009-September 2011).

Ethics approval was sought and granted prior to data collection commencing.

Results: The qualitative data have identified key areas of success of the intervention. They have also highlighted areas of potential improvement in the delivery of the intervention.

The statistical data are currently being analysed and will be presented in full at the conference.

Conclusion: Valuable lessons from this evaluation can now be disseminated to inform the future development and delivery of other weight management programmes, both nationally and internationally.

Recommended reading:

The national Institure for Health and Clinical Excellence (2006/10) Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE. London http://egap.evidence.nhs.uk/obesity-cg43

12

The most effective algorithm for incorporating interferon gamma release assays in TB contact screening

Marie O'Donoghue, TB Clinical Nurse Specialist, Imperial College Healthcare NHS Trust, London, UK

Co authors: Nicholas Drey; Onn Min Kon.

Abstract:

Background: There is no gold standard for the diagnosis of latent TB infection (LTBI). Interferon gamma release assays (IGRAs) were developed to improve the diagnosis of LTBI but there is controversy over the most effective strategy for their use in clinical practice. This is reflected in the diversity of published guidance and practice in nurse led TB screening clinics.

Aim: The aim of the study was to determine how the various screening strategies affect the prevalence of LTBI in the same cohort.

Methods: This was a cross sectional study design comprising 558 consecutive adult contacts of TB cases screened between 2008 and 2010. We applied the test results from our local algorithm (concurrent IGRA and TST) to algorithms derived from NICE (IGRA is only performed following a positive TST) and US guidance (IGRA or tuberculin skin test) and compared the outcomes. For the purpose of this analysis, LTBI was defined as the outcome predetermined by each algorithm. Data were collected December 2010-March 2011.

Results: The prevalence of LTBI was 5%, 19% and 26% according to NICE, US and local algorithms respectively. NICE failed to identify LTBI in 11 (4.6%) contacts aged ←---35 years and 82 (34%) contacts aged ---→35 years. The US IGRA strategy failed to identify LTBI in 10 (4.1%) contacts and potentially over diagnosed LTBI in 8 (2%) contacts. NICE had the highest completion rate (97%) with the most complex local algorithm at 87%.

Discussion and conclusion: Our results show that that each algorithm will miss or over diagnosis LTBI in a proportion of individuals. The local strategy was the most sensitive but arguably the least effective because it had the lowest screening completion rate. These findings provide new insight into the effectiveness of public health policy from clinical practice. The cost effectiveness and public health implications of each approach needs evaluating.

Recommended reading:

National Institute for Clinical Excellence (NICE) (2011) Clinical diagnosis and management of tuberculosis, and measures for its prevention and control

Mazurek, G.H., Jereb, J., Vernon, A. Lobue, P., Goldberg, S. and Castro, K. (2010) Updated Guidelines for using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection, United States Morbidity and Mortality Weekly Report (MMWR) 59 (

Funding:

No Funding

Master degree

13

A feasibility study examining the use of a progressive tailored, pedometer based exercise programme to increase and maintain activity levels in phase IV cardiac rehabilitation

Gillian McCorkell, Lead Nurse Research and Development, WHSCT, Altnagelvin Hospital, Londonderry, UK

Co authors: Margaret Taggart; Annette Dean; Siobhan O'Neill, Mark Tully; M Cupples; Vivien Coates.

Abstract:

Introduction: Regular physical activity is known to improve coronary risk factors and is a core component of cardiac rehabilitation (CR) programmes. Despite the well documented benefits, it appears that the maintenance of physical activity after completing an 8 week CR programme tends to be poor.

Aim: The study explored the feasibility and acceptability of using pedometers to promote physical activity in phase IV CR participants.

Design: Randomised Control Trial comparing usual care(control)with the pedometer based exercise intervention.

Method: Following an 8 week hospital based phase III CR programme 69 participants were recruited and assigned to a control or pedometer-based intervention group. The intervention group wore the pedometer for the study duration (6 weeks), and were helped to set a weekly step count goal. The control group wore a 'blinded 'pedometer, with no weekly step count goal. Quantitative data were complemented by semi structured interviews conducted with all participants.

Results: Baseline characteristics were comparable between groups. Quantitative data showed significant increase in steps/day in the intervention group compared to the control (p←---0.005). The largest change occurred in the first week of the intervention.

Qualitative analysis revealed that all the participants in the study enjoyed taking part and found the study valuable.

Conclusion: The findings indicate that a progressive, tailored pedometer based exercise programme maintains and indeed increases physical activity levels in phase IV CR participants and indicates feasibility to conduct a full randomized controlled trial.

Participants need some type of maintenance plan after 8 weeks completion of the CR programme. The extended duration and ongoing contact with the CR staff enhances confidence and promotes exercising / physical activity when discharged from the service.

This tailored pedometer based exercise programme did motivate the participants to continue physical activity after phase III CR.

14

The development of a decision tool for the management of Urinary Incontinence in women in primary and community care

Dawn Dowding, Professor of Applied Health Research, University of Leeds, UK.

Co authors: McCaughan D, Booth J, Cheater F, Siddle A, Watt I, Bland M, Torgerson D.

Abstract:

Background: Urinary Incontinence (UI) affects about 15% of the general population and is more common in women (1). The aim of this study was to develop a decision tool that was designed to help health care professionals assess which type of UI people have more effectively, with the aim of improving management of the condition.

Methods: Tool development was in three stages. In stage 1 prototypes of decision tools were developed based on evidence (2). Content and format of the tools was evaluated using focus groups and in-depth interviews with 52 primary and community health professionals. In stage two the tool was tested for reliability and validity using 25 clinical scenarios. 10 health care professionals were randomised to use the tool to determine their assessment of UI type and proposed method of treatment. In stage 3 the tool was evaluated for acceptability and feasibility of use in primary care settings.

Key Findings: The decision tool was evaluated as acceptable to practitioners for the assessment and management of UI in women. Reliability analysis of tool use is currently ongoing; results of this will also be presented. The feasibility study will be completed in October 2011. Initial findings from the feasibility study will also be presented.

Discussion: The tool developed in the study has the potential to improve the assessment and management of UI in women in community settings. It has been shown to be particularly useful for practice nurses, who highlighted the lack of education and training in the management of UI in women. It also has the potential to be transferred into electronic format and added to existing EHR systems in primary care; where it can be available to all health care staff for the assessment and management of UI in women.

Recommended reading:

McCrother C et al (2004). Storage disorder of the bladder: prevalence, incidence and need for services in the UK. British Journal of Urology International, 93: 763-769.

National Institute for Health and Clinical Excellence (2006) Urinary incontinence: the management of urinary incontinence in women. (Clinical Guideline 40). http://www.nice.org.uk/nicemedia/pdf/CG40fullguideline.pdf

15

The persceptions of health promoters regarding the health promotion programme for families with adolescents orthaned by HIV and AIDS

Mmapheko Doriccah Peu, Senior Lecturer, University of Pretoria, South Africa.
Co authors: Dr Mmapheko Doricah Peu

Abstract:

Background: Health promotion and education are still greatly needed in communities to help combat the effects on HIV and AIDS. For the success of this programme, a successful integration of services and adequate distribution of resources are needed to benefit the vulnerable groups in the communities. The objective of the study: The objective of the study was to explore and describe the perceptions of health promoters with regard to health promotion programme for families with adolescents orphaned by HIV and AIDS.

Method: A focus group interview was conducted on the purposively selected participants at the rural Hammanskraal region. Data was analysed using the adapted Tesch method of data analysis and main categories, sub-categories and themes were isolated.

Results: The following categories emerged as the perception of health promotion regarding health promotion programmes for families with adolescents orphaned by HIV and AIDS: attitude, home visits, health education and resources. Findings were controlled with literatures of similar studies.

Recommendations: Based on the findings, it was therefore recommended that extensive health promotion and health education programmes that are in line with the recent technology should be used in order to attract more people buying into the overall aims and objectives of the programmes.

Conclusions: It was concluded that the perceptions of health promoters focused and emphasized attitudes, home visit, health education and resources.

16

Rasch Analysis of the Spinal Cord Injury Ability for Daily Living Scale

Hsiao-Yu Chen, National Taichung Nursing College, Department of Nursing, Taiwan

Abstract:

Background: The Spinal Cord Injury Ability for Daily Living (SCIADL) Scale was developed especially for clients with spinal cord injury living in the community. Accordingly, the outcome measures of medical rehabilitation indicate the degree of independence of clients, which must be professionally evaluated.

Objective: The purpose of the study was to investigate the reliability and validity of the SCIADL Scale, examining its components in the community population.

Methods: Data were collected from October 2010 to March 2011. Purposive sampling was employed involving six spinal injury associations and a cross-sectional survey of 241 clients with spinal cord injury living in the community. The participants were required to fill out their demographic and disease characteristics, as well as the SCIADL Scale. Rasch analysis was then performed.

Results: On average, the participants had managed with spinal cord injuries for 14 years. The original SCIADL scale have 19 items, with a total score of 54. The scale was initially weighted according to level of difficulty and its total scores came to 101 in three subscales (self-care, education and leisure, and toileting). The person reliability index of each assessment scale was 0.95, 0.87, and 0.83, respectively, demonstrating good reliability. The eigenvalue of unexplained variance in the 1st contrast was less than 2.0; thus, all three subscales were considered unidimensional. Four items, however, were out of the range of the fit statistics, they were "use of the telephone" (Outfit MNSQ 1.62), "moving in bed and bedsore prevention" (Outfit MNSQ 6.85), "shopping" (Infit MNSQ 1.52, Outfit 1.63), and "bladder control" (Infit MNSQ 0.42).

Discussion: The findings of this study demonstrated that the SCIADL Scale is a valid and reliable functional assessment scale. It consists of three unidimensional constructs. The three subscales were tested for person reliability in the Rasch analysis and showed good reliability.

Recommended reading:

Catz, A., Itzkovich, M., Tesio, L., Biering-Sorensen, F., Weeks, C., Laramee, M. T., Craven, B. C., Tonack, M., Hitzig, S. L., Glaser, E., Zeilig, G., Aito, S., Scivoletto, G., Mecci, M., Chadwick, R. J., El Masry, W. S., Osman, A., Glass, C. A., Silva, P., Soni, B. M., Gardner, B. P., Savic, G., Bergström, E. M., Bluvshtein, V., & Ronen, J. (2007). A multicenter international study on the Spinal Cord Independence Measure, version III: Rasch psychometric validation. Spinal Cord, 45, 275-291.

Chen, H.Y., Lai, C.H. & Wu, T. J. (2011). A study of factors affecting moving forward behaviour among people with spinal cord injury. Rehabilitation Nursing, 36(3), 91-127.

Lim, S. M., Rodger, S., & Brown, T. (2009). Using Rasch analysis to establish the construct validity of rehabilitation assessment tools. International Journal of Therapy and Rehabilitation, 15, 251–260.

17

The needs of health promoters regarding the health promotion programme for families with adolescents orphaned by HIV and AIDS

Mmapheko Doriccah Peu, Senior Lecturer, University of Pretoria, South Africa.
Mrs Maseapo Portia Mthobeni, Dr Mmapheko Doricah Peu

Abstract:

Background: Several factors have been identified as contributors towards constraining the rendering of the health promotion programme. The needs of the health promoters in rendering the services to the community, especially the families with adolescents orphaned by HIV and AIDS, keep on growing. Given the current situation, it appears that the disease burden may not be reduced unless the health promotion programme is effectively and efficiently planned and rendered.

The objective of the study: The study objective was to explore and describe the needs of health promoters regarding the health promotion programme for families with adolescents orphaned by HIV and AIDS. This will point out possible factors that improved or constrained the effectiveness of health promotion for health planners to be able to close any possible gaps regarding the effectiveness of health promotion strategies.

Method: This was a qualitative study using a descriptive, explorative and contextual design. The participants were purposively selected and a focus group interview conducted at the setting of their own environment. Data was analysed using the adapted Tesch method where categories, subcategories and themes were isolated.

Results: The categories that explored and described the needs of health promoters with regard to families with adolescents orphaned by HIV and AIDS were: financial needs, resources, basic life needs, educational needs, and caregiver's needs. The discussion of the findings was verified by the literature control of the similar studies.

Recommendation: It was recommended that continuing professional development for managers should be conducted in order to promote staff satisfaction and skill development.

Conclusion: The study has proven that there were wide range of needs for health promoters regarding health promotion programme.

Recommended reading:

18

Nurses perspectives on their developing roles in the hyper acute stroke setting within the multidisciplinary team

Joanne Brooke, Senior Lecturer, Acute and Continuing Care, Health and Social Care, University of Greenwich, London, UK
Co authors: Julia Slark

Abstract:

Background: Hyper acute stroke units (HASUs) have been implemented in London. The role of the nurse on a HASU is multifaceted, diverse and continues to expand with changes in stroke management. However, there is a lack of information regarding nurse perspectives on their developing roles in the hyper acute setting and their role within the multidisciplinary team.

Aim: The study aimed to explore nurses perspectives on their developing roles within the clinical environment of hyper acute stroke nursing.

Methods: Qualitative data were collected from nurses working on the HASU or either of the stroke units (SU) within Imperial College Healthcare NHS Trust. Nurses perspectives were explored via paired interviews with a double-layer design, categories band 5 or 6 staff nurse, layer HASU or SU, using a question route. Data were analysed using Interpretative Phenomenological Analysis (IPA) to identify themes.

Results: Between April and July 2011 9 paired interviews were completed, 5 with HASU and 4 with SU nurses, 2 with band 6 and 7 with band 5 nurses, 78% of nurses had rotated between units, experience of stroke care ranged from 8 months to 11 years. Four themes emerged from IPA; support from fellow nurses, good communication but minimal involvement with the multidisciplinary team, unclear career paths (band 5 nurses progressing to band 6) and positive ethos of the nurses.

Discussion: Positive and negative themes were identified; nurses remained passionate and caring regarding their role within stroke care and expressed interest in being involved more closely with the decision-making process within the multidisciplinary team. Nurses also expressed the need for a clear path of progression to develop their professional career.

Conclusion: An understanding of the complex roles of the nurse in hyper acute stroke care has emerged. Clear pathways of progression from band 5 to band 6 are being developed.

Theme 3: Children and Young People

19

Minimising pain response during routine infant immunisation: A fesaibility study to inform a radomised control trial (RCT)

Anne Mcgowan, Public Health Wales, Vaccine Prevenatable Disease Programme, Temple of Peace and Health, Cardiff, UK
Co authors: Simon Cottrell, Richard Roberts, A Lankshear.

Abstract:

Background: By 13 months of age a child should have received 10 routine immunisation injections at four visits, each involving multiple injections. It is important to look at interventions to reduce pain associated with immunisations and to examine the evidence base for clinical practice. This study examines the clinical practice of two nurses giving infant immunisations either one after another or at the same time.

Method: During routine immunisation clinic visits between June and November 2010 a convenience sample assessed to be statistically adequate of 72 babies were randomised to receive two injections due either sequentially or simultaneously into opposite limbs. The vaccination process was video recorded starting before the injections were given continuing for 120 seconds after. Responses were independently coded by two paediatric nurses using a validated Modified Behaviour Pain Scale (MBPS) (Ipp et al 2007). Parents completed a visual analogue scale (VAS) assessment of the baby's level of distress immediately pre – and post-immunisation.

Results: Preliminary findings were that median observed MBPS scores do not indicate a difference in pain overall. Because patterns differ further analysis is required.

The parents'(VSA) assessment shows an overlapping distribution with median scores suggesting no difference in parents' perception of distress (p 0.06).

Conclusion: Preliminary assessment suggests no difference in pain response between simultaneous and sequential vaccination. Discriminatory power could be increased by increasing the frequency of coded observations. The methodology proved successful and could be used in a larger RCT. Initial findings from this study support the consensus from the Horn and McCarthy study in 1999; which did not identify different distress behaviours in the children's response between the two groups.

Recommended reading:

Ipp, M. et al. (2007). Vaccine related pain: randomised controlled trail of two injection techniques. Arch Dis Child, 92: pp.1105 â " 8.

Horn, M. McCarthy, A. (1999). Children's response to sequential versus simultaneous immunisation injections. J Pub Health Med, 13: pp. 8 – 23.

20

Exploring the roles of Midwives and Health Visitors in addressing child poverty.

Lynn Nowen, Public Health Programme Manager, Glasgow Centre for Population Health, Glasgow.
Co author: James Egan.

Abstract:

Background: Increasing the likelihood of a healthy childhood is critical to reducing health inequalities. This paper describes Healthier, Wealthier Children (HWC), a 15 month partnership project launched in October 2010, which aims to ameliorate high levels of child poverty in Glasgow. With Scottish Government funding – and NHS, local authority and voluntary sector partners – HWC seeks to develop sustainable pathways between Early Years and Money/Welfare Advice workforces to support families at risk of, or experiencing, child poverty.

Aims: The paper details findings of a mixed-method evaluation of HWC delivery; client outcomes and changes in NHS practice. Its overall aim was to test a strategic approach to linking Early Years and Money/Welfare advice services that could be mainstreamed.

Methods: The evaluation, being undertaken by Glasgow Centre for Population Health, will conclude in March 2012. Methods – including client record analysis, semi-structured interviews, NHS workforce surveys and stakeholder focus groups – will be reviewed in the paper, with an ongoing survey of NHS Midwives and Health Visitors being the main focus.

Results: Data up until July 2011 reveal that Midwives and Health Visitors make 74% of all HWC referrals to advice services. Substantial financial gains in 27% (n = 143 / 522) of client cases completed by advice services have been recorded, with other outcomes including immigration advice, addressing fuel poverty and homelessness referrals.

Discussion: The NHS workforce survey, with a 35% stratified random sample (n= 400), will explore attitudes, impact on practice and changes in knowledge and behaviour.

Conclusion: This paper will suggest that multi-agency interventions have the potential to affect the behaviours and attitudes of NHS workforces but training and development are necessary to ensure sustainability and, in this case, continuing impacts on child and family poverty.

50,001 – 100,000

Externally funded research

21

The UKCRF Induction Framework for Clinical Research Staff – 2011

Kornelia Hathaway, Education & Training Manager (Clinical Research), Addenbrooke's Clinical Research Centre, Cambridge University Hospitals NHS Foundation Trust, UK.

Abstract:

Background: The UK Clinical Research Facility Network (UKCRF Network) aims to identify, develop and share systems for the delivery and management of operational activities across the clinical research and experimental medicine infrastructure in the UK and Ireland. Accordingly, the UKCRF Network Education &Training Group focuses on professional development of clinical research staff to enable them to deliver safe, ethical and robust facilitation of research studies. Nurses form the largest staff group in the UKCRF Network.

In 2009 the group identified that there was no generic guidance or structure available in the UK on what constituted best practice for mentoring research staff through their professional induction when new to clinical research. This led to the group's lengthy and complex nationwide project of scoping, developing, refining and launching the UKCRF Induction Framework for Clinical Research Staff 2011.

Aim: This poster will provide an overview of the document and its utilisation.

Overview: The Induction Framework offers a comprehensive and clear structure and guidance, as well as identifying the key areas and themes a mentor/education lead would plan and follow through with a member of staff new to the conduct of clinical research studies. The document is not designed to provide particular competencies, but is an overall knowledge-based induction to clinical research – stretching over the first 3 months.

The document's main part centres around 9 Themes that are core to education and training in clinical research, such as: Understanding Clinical Research, Research Governance & Ethics, Consent and Recruiting Participants, Information Governance, Quality Assuranceâ

Mentors are given clear instructions. Suggestions for key resources as well as supporting introductory reading is provided.

Outlook: The document is being adopted by a number of Clinical Research Facilities in the UK as well as serving as a reference document for the wider national clinical research arena.

22

Breastfeeding and infants with Down syndrome: An underreported care need

Roja D Sooben, Senior Lecturer in Learning Disability Nursing, University of Hertfordshire, UK

Abstract:

Background: Research studies around breast feeding and breast feeding patterns among mothers of infants born with Down syndrome (DS) remain an under reported research phenomenon. About 700 infants are born with DS every year in the UK (Morris, 2011) and for many the ability to breast feed may present with a range of difficulties particularly as a consequence of facial and other anatomical structural abnormalities associated with DS, which commonly leads to a weak sucking reflex and subsequent swallowing difficulty (Sasaki et al,2010). Despite compelling evidence within the general population that BF can help with physiological and emotional well being of both mother and child, there is a profound gap as to how new mothers of infants with DS are supported in the infant feeding decision-making and of their personal experience of breast feeding.

Aim: The aim of this presentation is to report on the methods and key findings of a literature review undertaken to look at factors associated with breast feeding patterns in mothers of babies with DS.

Discussion & conclusion: Of the seven studies eligible for this review only one study is UK based, first published in 1983 (Aumonier and Cunningham, 1983). What this review underlines is that despite the clear evidence of the government's commitment to addressing health inequality, given the health status of many infants with DS, it remains hard to fathom the present lack of focused and decisive public health attention to BF in infants with DS. This is the first study of its kind in the UK.

Recommending reading:

Morris JK (2011) .The National Down Syndrome Cytogenetic Register for England and Wales 2010 Annual Report. www.wolfson.qmul.ac.uk/ndscr/ (accessed 20 February 2012)

Sasaki Y, Kamasaki Y, Hidaka K, Fujiwara T (2010) Promotion of growth and development in a Down's syndrome infant with complications. Pediatr Int 52(4):653'6

Aumonier ME, Cunningham C (1983) Breast feeding in infants with Down's syndrome. Child Care Health Dev 9(5): 247'55. 4. Equality Act 2010. HMSO, London

23

The transition experiences and perceptions of newly qualified children's nurses working as children's community nurses

Angela Darvill, School of Nursing, Midwifery and Social Work, University of Salford, UK

Abstract:

This presentation will report the findings from a qualitative study of eight newly qualified children's nurses' transition into children's community nursing teams during the preliminary months of their employment in the North West of England.

The presentation discuss the context of the current political climate that has driven an increase in the recruitment of newly qualified children's nurses to children's community teams.

The aim of the study was to illicit the meaning of role transition for newly qualified children's nurses working as children's community nurses in children's community nursing teams and what were the conditions that facilitated or inhibited this.

Data was elicited between April 2009 and 2010 from field notes of participant observation of the nurses undertaking their role and from semi structured interviews. Qualitative content analysis was used to analyse the data.

The emergent theme of from shadowing to lone visits will be presented. Moving from shadowing to lone working, having time, and access to the support of experienced members of the team are all implicated in a smooth transition. In addition, the factors that inhibited this smooth transition will be explored.

Whilst a great deal of attention has been paid to the transition experience of newly qualified nurses joining acute hospital based services both nationally and internationally, little attention has been paid to those entering a community setting.

Previous studies have illuminated the challenges for newly qualified nurses during their early stages of professional role transition and the fact this manifests in reality and transition shock (Kramer 1974, Boychuk Duchscher 2007, 2009). However this study identified that these participants experienced less stress and anxiety as a result of a model of supervision parts of which created an ideal experience for them.

Conclusion: Recommendations regarding the early stages of transition of newly qualified nurses will be considered.

Recommending reading:

• Kramer, M. (1974) Reality shock: why nurses leave nursing. St Louis Mosby.

• Boychuk Duchscher, J (2007). Professional role transition into acute-care by newly qualified graduated baccalaureate female registered nurses. Unpublished PhD thesis .University of Alberta, Canada.

• Boychuk Duchscher, J. (2009) Transition shock: the initial stage of role adaptation for newly

graduated Registered Nurses. Journal of Advanced Nursing. Volume: 65 (5), p 1103-1113

Theme 4: Education

24

The pursuit of excellence in user involvement in nurse education programmes

Julia Terry, Mental Health Nurse Tutor, Swansea University, College of Human and Health Sciences, Carmarthen, UK

Abstract:

Background: There is increased impetus for service user involvement in nurse education programmes, with nursing regulatory body standards stating user involvement must be demonstrated as a requirement. Multifaceted benefits of user involvement in nurse education have been identified, including a process of transformational learning (Rush, 2008), and students identifying improvements they can make in practice (Simpson, 2006).

However, user involvement in nurse education is not without its tensions, as those involved have acknowledged a variety of barriers, tokenistic gestures and a myriad of complexities (Stickley et al, 2010). A Florence Nightingale travel scholarship facilitated a study tour of the UK and Ireland, where 15 universities were visited to explore best practice in this area; serving as a pre-research backdrop for a PhD.

Aims: To discover best practice methods that support and prepare individuals for service user involvement activities

To explore experiences of support and preparation from service users' perspectives

Method: This study tour was approached as conversations with service users, carers and nurse educators, who discussed their experiences of user involvement in nurse education. A topic guide for areas of inquiry was developed from the travel scholar's base user involvement group and the literature.

Results: User involvement in nurse education varies widely, with a range of innovative approaches in place. Essential processes in the cycle of user involvement are identified, including ongoing recruitment, access to resources and senior management support. Recommendations are currently being implemented in the scholar's own organisation with good effect.

Conclusions: Users and carers are an under-utilized resource in nurse education, and individuals say they have benefitted from involvement just as universities have benefitted from them. This scholarship provided the opportunity to identify best practice methods that support user involvement in nurse education, in order that they are shared with wider audiences.

Recommended reading:

Collier, R., Stickley, T. (2010) From service user involvement to collaboration in mental health nurse education: developing a practical philosophy for change. The Journal of Mental Health Training, Education and Practice Volume 5 Issue 4

Rush, B. (2008) Mental health service user involvement in nurse education: a catalyst for transformative learning. Journal of Mental Health. 17 (5): 531-42

Simpson, A (2006) Involving service users and carers in the education of mental health nurses. Mental Health Practice, 10 (4) 20-24

25

Development and evaluation of a tailored information pack for patients with cancer of the rectum

Gloria O'Connor, Stoma Care Dept., Altnagelvin Hospital, Glenshane Road, Londonderry, UK. Co authors: Vivien Coates, Siobhan O'Neill.

Abstract:

Background: A diagnosis of rectal cancer carries unpredictability for patients as to the surgical outcome (at least three possible outcomes) and whether or not they will have a stoma, either temporary or permanent. A preliminary information needs assessment and literature search suggest that the information needs of these patients are not adequately met, and that patients differ in the type and amount of information they wish to receive. Tailored information may be more effective than generic information in meeting their information needs.

Aims: to develop an evidence-informed, tailored information pack for rectal cancer patients and evaluate the effects of the pack using a randomised controlled trial.

Method: From October 2007 to October 2008 a series of fourteen leaflets on various aspects of rectal cancer were developed. These can be tailored according to the patients' treatment plan, and according to the information they wish to receive. Readability statistics were checked and a graphic designer helped ensure that the leaflets are visually appealing, uncluttered and easy to read. Initial drafts were circulated to relevant healthcare professionals to check accuracy and relevance of information and patient representatives were consulted using focus groups.

December 2008 to April 2010 – the information pack was evaluated using a RCT (76 participants across four sites). The intervention group received the newly designed, tailored information pack whilst the control group received the information currently used for this group. Participant data was collected at three time points using validated instruments measuring satisfaction with information, anxiety, depression and adjustment.

Results: Patients who received the intervention (tailored information pack) had significantly higher satisfaction with information scores (p = .00) and significantly lower anxiety levels (p = .03) than those in the control group.

Posters
Wednesday 25 April 2012

Theme 1: Education

1

Teaching communication and reflection to undergraduate nursing students: An audit of student performance

Fiona Timmins, School of Nursing and Midwifery, Trinity College Dublin, Ireland

Abstract:

Aim: To examine the extent nursing students incorporate reflection and evidence into their communication assignments.

Background: Although internationally reflection in nursing is an accepted feature in nursing education and practice, students often struggle with this particular concept. This paper examines the effectiveness of structured teaching on reflection and ascertains the extent to which students later incorporate reflection into their writing.

Methods: A quantitative approach was used to examine nursing students essays anonymously (n=240) An eight item audit tool was used to collect data.

Results: The majority of students attempted to include a framework for reflection within their essay. Those who both included this and used it fully tended to score higher on overall marks for the module, although there were a few students who scored very high without using a structured framework. Some students were noted to have referred to a model but maintained their analysis to the description only and did not fully utilize the model. While most students referred to textbooks or published papers, their use of these was at the description level. There was little evidence of higher levels of learning demonstrated. There was also little use of research evidence.

Conclusion: Students need to be encouraged to fully utilize and incorporate models of reflection into their written work when relevant. They also need to be encouraged to move beyond descriptive levels in both reflection and reading and integrate a wider range of research literature with a less superficial level of analysis.

2

Registered nurses evidence based practice: A longitudinal study the first five years after graduation

Ann Rudman, Karolinska Institutet, Department of Clinical Neuroscience, Division of Psychology, Stockholm, Sweden.

Co authors: Petter Gustavsson, Anna Ehrenberg, Anne-Marie Bostrom, Lars Wallin.

Abstract:

Background: The capacity to provide evidence based practice is one of five core competencies that all healthcare professions are proposed to possess to meet the needs of the 21st century healthcare system(Institute of Medicine 2003, Cronenwett et al. 2007).

Aim: The aim of this study was to prospectively examine the extent of Swedish nurses' evidence based practice during the first five years of professional life.

Methology: An observational longitudinal study, with yearly data collections during five years. Two national cohorts (named EX 2004 and EX 2006) of Swedish registered nurses during their first years in clinical practice. They had completed a 3 year academic nursing program and mainly worked in in-patient care settings. A total of 2107 (EX 2006) and 2331 (EX 2004) nursing students were eligible, 1207 and 1227 nurses were included in the current longitudinal samples. The nurses had a mean age of 1.2/33.9 years old and a majority were female. The cohorts were representative of the general nursing population. Data was self-reported and collected through annual postal surveys. Evidence based practice was conceptualised as a process and measured by a scale including six items. Data were analysed with latent growth curve modelling.

Results: The extent of evidence based practice was compellingly stable, between the two cohorts and over time. Individual differences existed and these individual differences remained stable over time. However, the extent of practicing the different components of evidence based practice on a monthly basis varied considerably, from 10% of the nurses (appraising research reports) to 80% (using other information sources than databases to search for knowledge).

Conclusion: The extent of evidence based practice remained unchanged during the five first years of professional life. The contribution of undergraduate education appears instrumental for nurses' professional practice in their early career.

Recommended reading:

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D.T. & Warren, J. (2007) Quality and Safety Education for Nurses. Nursing Outlook, 55(3), 122-31.

Institute of Medicine (2003) Health Professions Education: A bridge to Quality, http://www.nap.edu/openbook.php?record_id=10681.

3

Undergraduate nursing students' perceptiion of effective clinical teacher

Girija Kalayilmadhavanprahbakaran, Sultan Qaboos University, Muscat, Oman
Co authors: Raghda K. Shukri, Jahara Hayudini, Suresh K. Narayanan

Abstract:

Clinical Instructors behaviors play a key role in learning process of students. This study explored the effective Clinical Instructor characteristics perceived important by Omani undergraduate nursing students of College of Nursing (CON) at Sultan Qaboos University (SQU). Methods: With permission from ethical and research committee, 40 items questionnaire on a four point Likert – scale was administered to students (N=120) of CON who were exposed to clinical instruction. Data collected during the last two weeks of clinical posting in spring 2010, April 20th to May 5th. Each student took 10-15 minutes to answer. Data analyzed in SPSS version 16. Results: Study revealed that SQU nursing students, both male and female rated professional competence as the most important clinical Instructor characteristic and Instructors relationship with students as the second most important characteristic without any discrepancy (p ⋯>0.05). A significant difference (p ⟵0.05) between male and female students perceptions on personal attributes of instructors was reported. Evaluating objectively and role modelling was rated as first rank among the variables under the category of professional competency. Students perceived 1: 4 teacher – student ratios as the best. Discussion Findings of the study highlighted the professional competence of a clinical instructor as the most important characteristic and this agrees with previous studies (Claudette, 2007). Nursing students of from Arab countries like Jordan

reported the same findings (Nahas et al., 1999). This study revealed role modelling behaviour of clinical instructor as most important characteristic and agrees with Ibry, 2000 who strongly recommended that role modelling as one among the three key roles of clinical teachers. Conclusion Objective evaluation, respecting students and good communicative skills with role modelling characteristics are highly valued by SQU nursing students. The results may assist multicultural faculty to appreciate students views and acknowledge areas of success as well as areas needing improvement.

Recommending reading:

Claudette, K., 2007. Student's perception on effective clinical teaching revisited. Nurse Education Today 27 (8), 885-892

Irby, D.M., & Papadakis M., 2000. Does good clinical teaching really make a difference?.The American Journal of Medicine Volume 110 (3), 231-232

Nahas, V. L., Nour,V., and Al-Nobani, M., 1999. Jordanian Undergraduate nursing Student's perception of effective clinical teachers. Nurse Education Today 19, (8) 639-648

4

First reports on motivation and competence among nursing students

Maria Jirwe, Senior lecturer, Karolinska Institutet, Department of Neurobiology, Care Science and Society, Division of Nursing, Stockholm, Sweden Co authors: Petter Gustavsson, Ann Rudman

Abstract:

Background: Studies have identified autonomous or controlled motives for choosing a nursing career even though researchers still uses old value words like altruism for describing the motivation. The degree of autonomous motivation affects not only professional development but health (Ryan & Deci 2002). While lack of autonomy may increase stress (Jirwe & Rudman, 2012; Ryan & Deci, 2002) the presence of autonomy can lead to high perceived competence and low anxiety (Black & Deci, 2000).

Aim: The purposes of this study was (i) to evaluate the reliability and validity of two newly adapted and translated instruments, Self-Regulation Questionnaire for Nursing Students (SRQ-Ns Swedish version) and Perceived Competence Scale (PCS Swedish version) and (ii) to explore autonomous vs controlled motivation and perceived competence in relation to perceived stress, experiences of burn-out symptoms and work engagement.

Methodology: Data were collected with questionnaires between September and December 2011. A total of 113 university college nursing students registered at their first semester participated in the study, age ranged from 18 to 46 years with 89 women and 24 men. Cronbach's alpha was conducted to evaluate internal consistency and exploratory factor analysis was used to evaluate the underlying dimensions.

Results: The factor analysis confirmed the proposed underlying dimension and Cronbach alpha was high for both instruments. Nursing students with autonomous motivation, had high perceived competence, were more engaged, perceived lower levels of stress, burnout and performance-based self-esteem compared to students with more controlled motivation.

Discussion: The type of motivation students have has an impact on health and well-being and how students engage in their studies.

Conclusion: Students with the controlled motivation were more stressed than students who were more autonomously motivated. Given the negative impact that controlled motivation can have on students future interventions could be directed to give autonomous support already during education.

Recommending reading:

Black, A.E., & Deci, E.L. (2000). The effects of instructors' autonomy support and students' autonomous motivation on learning organic chemistry: A self-determination theory perspective. Science Education 84, 740-756.

Jirwe, M., & Rudman, A. (2012). Why chose a career in nursing? Accepted for publication in Journal of Advanced Nursing.

Ryan, R.M. & Deci, E.L. (2002). Overview of Self-Determination Theory: An Organismic Dialectical Perspective. In: Deci, E. L. and Ryan, R. M. eds. Handbook of Self-Determination Research. New York: The University of Rochester Press, 3-33.

5

Access recruitment and retention of black and minority ethnic students: The role of pedagogical cultural competence

Stacy Johnson, School of Nursing Midwifery and Physiotherapy, University of Nottingham, UK

Abstract:

Background: By 2012, all courses leading to the registered nurse qualification in the UK will be Bachelor's Degree level. There is concern that this might threaten the diversity of the nursing workforce.

Aims: This study aimed to explore issues for access, recruitment and retention of BME students on degree courses from the seldom heard BME students' perspective

Methods: This was a qualitative, action research study. This paper reports on the problem identification and action identification stages. Data was collected through focus groups (n=3) and interviews (n=4) and analysed using iterative, thematic analysis. Two tools designed to assess cultural competency were developed.

Results: Four themes emerged a)choosing nursing, highlighted the role of family/communities, cultural factors and poor perception of job prospects, in the decision to study nursing b) choosing to go the notion that choosing a particular University depended on how diverse and welcoming the University was perceived, c) being chosen which revealed BME students perceptions that the processes for selection sometimes disadvantaged BME students and d) choosing to stay, their views that course completion depended on formal/ informal support and lecturersindividual attitudes/treatment.

Discussion: Cultural competence (Kalyanpur and Harry 1999) is not as evident in the nursing education process as it is in nursing practice. Steps should be taken to ensure that education processes including marketing, selection (Singh 2011), and individual pedagogical practice, reflect cultural competence. This might be achieved through better use of diversity data, individual/ organisational self assessment and staff development. The Individual and Organisational Cultural Competency Self Assessment Tools were developed to support Schools to achieve this.

Conclusion: As nursing becomes an all degree profession, nurse educators need to apply cultural competence in their individual academic practice. Schools of Nursing would benefit from more culturally competent and anti essentialist processes in order to retain a diverse student population.

Recommending reading:

• Kalyanpur, M. & Harry, B. (1999). Culture in Special Education: Building a Posture of Reciprocity in Parent-Professional Relationships. Baltimore: Paul Bookes.

• Singh, G. (2011) Black and minority ethnic (BME) students' participation in higher education: improving retention and success - a synthesis of research evidence. York: HEA

6

Accelerated nursing programme for graduates: How do interactions between postgraduate nursing students and their mentors influence their learning in practice?

Margaret Lascelles, Senior Nursing Lecturer, School of Healthcare, Univeristy of Leeds, UK

Abstract:

This presentation aims to discuss selected findings from qualitative research undertaken to explore the nature of the student-mentor relationship within practice settings in an accelerated nursing programme and to understand the impact of the student mentor relationship on learning. The purpose of the presentation will address one of the research questions: How and to what extent do the interactions between students'and mentors' influence a student's learning experience?

Using a case study design and a qualitative approach a convenience sample of six graduate students undertaking a postgraduate pre-registration accelerated nursing programme and eighteen mentors participated in the study over a calendar year during 2007-2008. Ethical approval was obtained. Data collection strategies involved semi-structured interviews with both students'and their mentors'over four clinical settings. Data analysis adopted an eclectic approach drawing upon Ritchie et al's (2003) framework analysis and Stake's (1995) case study approach. Data was scrutinised to generate key categories and was further explored to draw out a set of themes and sub themes. The students'themes relevant to interactions were: being approachable, time with mentor, using initiative, relationships/ interactions and participation in care. Mentor themes were: role, self directed students and engagement/ participation in care.

There is limited research on the experiences of postgraduate students undertaking an accelerated pre-registration nursing programme(Halkett and Mc Lafferty 2006), this research can add to the body of knowledge about learning in practice. Graduate students were keen to learn and wanted focused time with their mentor to discuss, question and reflect upon the implications of care decisions. Positive student-mentor relationships facilitated learning. The relationship between confidence, challenge and support was central to learning. Familiarity with the pattern and organisation of care enabled students to learn. The contribution that experienced knowledgeable mentors provided practice enhanced student learning.

Recommended reading:

Halkett, A. and E. McLafferty. (2006) Graduate entrants into nursing-Are we meeting their needs? Nurse Education Today. 26, pp.162-168.

Ritchie, J., L. Spencer, and W. O'Connor. (2003) Carrying out qualitative analysis In: J. Ritchie. and J. Lewis. eds. (2003) Qualitative Research Practice. A Guide for Social Science Students and Researchers. London: Sage.

Stake, R.E. (1995) The Art of Case Study Research. London: Sage.

Funding:

7

Competency based enrichment program for graduating student nurses of state universities in Region I: A prototype

Neil Francis, Marcos Memorial State University, Naguilian, Philippines
Co authors: Edelyn M. Fang, Jarvin M. Hechanova, Marie Coreen, E. Mangaoang, Don Mariano

Abstract:

The nursing profession is faced with so many ordeals in the midst of the fast- paced transformation in the society. With such, competent performance by healthcare providers including graduating student nurses is necessary not only in the country but globally as well.

The main objective of the study is to determine the level of competency of graduating student nurses from state universities in Region I along the 11 Key Areas of Responsibilities which served as basis in developing a prototype competency enrichment program.

A descriptive- evaluative research design was used with valid and reliable structured checklist questionnaire. The study was conducted from October 2010 to November 2011. The respondents were graduating student nurses of state universities in Region 1 particularly from Don Mariano Marcos Memorial State University (DMMMSU), Mariano Marcos State University (MMSU), Pangasinan State University (PSU) and University of Northern Philippines (UNP). Purposive-convenience sampling was used and 265 respondents were selected with the aid of the Slovin's Formula. Frequency Count, Percentage, Average Weighted Mean, Analysis of Variance and Tukey's test were used to treat the data.

The study revealed that UNP has the highest population and most of the respondents have a family income of Php 5,001 10,000 and primarily, females. It was also found that self and clinical instructors' evaluations in terms of the level of competency of the graduating students are generally very satisfactory though self-evaluation is higher than the clinical instructors' evaluation. Furthermore, family income and the school significantly affect the level of competency of student nurses. Finally, all the 11 Key Areas of Responsibilities are strengths of the respondents.

An electronic learning material was developed by the researchers and recommended for implementation by nursing schools to further promote and improve the competence of graduating student nurses and consequently produce world class nurses from Region I.

Recommending reading:

• Tilley, D. D. (2008). Competency in nursing: A concept analysis. Journal of Continuing Education in Nursing, 39(2), 58 64.

• Lorenzo, F. (2008). 'Nursing Shortage is Global, Local Impact' Frightful.

• Polit, D.F. and Beck, C.T. (2008). Nursing Research: Generating and Assessing Evidence for Nursing Practice.

Theme 2: Research

8

Broadening the horizons: Nurses Encouraging Industry Research to the 'green shoots' of Cumbria and Lancashire

Lesley Hutt, CLCLRN, Preston, UK.
Co authors: Kathryn Fairbrother, Christopher Rhymes, Emma Giddings.

Abstract:

The National Institute for Health Research (NIHR) supports research across 25 Comprehensive Local Research Network's (CLRN) within England. A key part of this research is that of Industry research. Each CLRN across England has an Industry Manager who helps to facilitate and deliver Industry Research in their network. Within the Cumbria and Lancashire Comprehensive Local Research Network; the industry portfolio has begun to flourish. In order to increase engagement into industry portfolio studies; the Industry Manager has a dual role. She is also the lead nurse and with her clinical background she can grasp the idiosyncrasies of the many speciality areas. She utilises her generic Research practitioner workforce in order to assist in facilitation of Industry studies within areas naive to research. An awareness of Principal Investigator's (PI's) is imperative. The Industry Manager ensures that PI's are aware of their responsibilities and how much time they will need to dedicate to this role. Robust feasibility is vital to ensure that realistic targets are set; The IM has a vision of realistic research and will only send out studies that she feels are deliverable. The IM is instrumental in helping to facilitate efficient site set up and delivery of targets. She does this with her local knowledge, with help from her core Trials Team if extra resource is needed and indeed seeing if there is a need for new posts to be developed in that speciality area. The IM continues to ensure that these processes occur in order to maintain recruitment to time and target. New speciality areas will continue to be developed. The following specialities have been developed to date; Reproductive Health, Renal, Cardiology, Urological, Respiratory, Infectious Diseases, Primary Care, Ophthalmology, Pain, neurosciences and Musculoskeletal.

Theme 3: End of Life Care/ Cancer

9

Caring for the dying in Australian hospitals: The impact of death anxiety. A qualitative exploratory study

Melissa Bloomer, Monash University, School of Nursing and Midwifery, Melbourne, Australia.
Co authors: Ruth Endacott, Wendy Cross, Margaret O'Connor.

Abstract:

Background: In Australia, only 1/3 of dying patients receive specialist palliative care treatment 1 , with the majority being cared for in general wards.

Aims: The aims were to identify how nurses:-

1. Recognise when a patient is dying; and

2. How nurses respond to the dying patient.

Methods: A two-step approach was used involving two acute hospital wards excluding critical care and palliative care), identified from hospital records as having the highest death rates.

Firstly, non-participant observation of nurses providing care to dying patients was undertaken over several months, either prompted by phone call from a nurse, informing the researcher that a patient is dying, or random initiation of an observation episode. All nurses were invited to participate and consented at the commencement of the study, with consent re-affirmed for each episode of observation.

Secondly, focus groups and one-on-one interviews were undertaken with the nursing staff, nursing management and medical staff to further clarify and further explore the data obtained from the observations.

Results: This study revealed that while nurses did not overtly declare patients as dying, they presented information in a way that ensured the medical officers ceased active treatment and commenced palliation. Nurses identified patients as dying based on their 'instinct', assessment, and patient suffering.

While nurses endorsed palliation, they changed the way they cared. The dying were moved to single rooms, behind closed doors/curtains, care was minimised and became task-focussed, avoiding anything more than superficial conversation with the patient/family.

Discussion: Despite Australian nurses' outward acceptance of death as an outcome, their behaviour demonstrated that 'death anxiety'2 impacts upon dying care.

Conclusion: Australian nurses are not educationally and/or emotionally prepared to care to the dying. Future work will focus on whether this death anxiety in nurses is also culturally determined.

Recommended reading:

Mitchell, G. K., Johnson, C. E., Thomas, K. & Murray, S. A. 2010. Palliative care beyond that for cancer in Australia. Medical Journal of Australia, 193, 124-126.

Lehto, R. H. & Stein, K. F. 2009. Death anxiety: an analysis of an evolving concept. Research & Theory for Nursing Practice, 23, 23-41.

Conclusion: Tailored information is more effective than generic information in meeting the information needs of rectal cancer patients.

10

What are the needs of community nurses in delivering palliative care to people with long-term conditions?

Gillian Tomison, NHS Tayside, Cornhill Macmillan Centre, Perth Royal Infirmary, Perth, UK.
Co author: Joan RS McDowell

Abstract:

Title: What are the needs of community nurses'in delivering palliative care to people with long-term conditions?

Background:

It is estimated that in the UK by the year 2030, the number of people over the age of 85 years will have doubled. Although not a fundamental characteristic of ageing, many of these elderly people may well be living with one or more long-term condition (Tullett and Neno, 2008). There is evidence to suggest that caring for people with a long-term condition is a key part of community nurses' work (Wilkes et al, 2008). While the Scottish Government document 'Living and Dying Well' (Scottish Government, 2008) identifies the need for generalist palliative care to be available to all people with a long-term condition.

This poster describes a recent study undertaken by a Palliative Nurse Practitioner as part of her MSc which asked the question 'What are the needs of community nurses in delivering palliative care to people with long-term conditions?' A qualitative exploratory descriptive design was employed. Following ethical approval, ten community nurses (Band 5-7) were recruited from a purposive sample following a process of randomised stratified sampling, according to geographical area and Band for matched numbers. Semi-structured interviews were undertaken and audio recorded with written informed consent. The interviews were transcribed verbatim and analysed using an adapted Burnard's framework. The study found that establishing therapeutic relationships, having access to resources, co-ordination and provision of clinical care and collaborative working were all highlighted by the community nurses as needs in delivering palliative care. If these four needs were met, the community nurses believed they could deliver palliative care to their patients. Issues around a lack of resources, community nurses' educational needs and the late referral of patients with non-malignant long-term conditions to community nursing were also identified.

Recommended reading:

Scottish Government (2008) Living and Dying Well: a national action plan for palliative and end of life care in Scotland. Scottish Government, Edinburgh

Tullet M, Neno R (2008) Approaches to long-term conditions management and care for older people: similarities or differences? Journal of Nursing Management 16: 167-172

Wilkes L, Cioffi J, Warne B, Harrison K, Vonu-Boriceanu O (2008) Clients with chronic and complex conditions: their experiences of community nursing services. Journal of Nursing Healthcare and Chronic Illness Wilkes L, Cioffi J, Warne B, Harrison K, Vonu

Theme 4: Workforce Issues

11

Are preceptorship programmes effective in the retention of newly qualified/registered nurses entering their first employment position? A systematic review of the literature

Susan Robinson, Clinical Nurse Trainer-District Nursing, Croydon Health Services, Croydon, UK

Abstract:

A nursing shortage is forecast due to insufficient people entering the profession and the overabundance of nurses in the 50 to 55 age range and their impending retirement. Alongside this is the significant problem of retention of nurses after entry to the profession. The transition from newly qualified nurse to staff nurse is very stressful leading to attrition rates of between 55 and 61 %.

A systematic review of the literature was undertaken in 2010 to ascertain the effectiveness of the preceptorship system, with regard to retention and turnover rates of newly qualified nursing staff, as the implementation of preceptorship is now mandatory from 2010 and costly to the organisation in terms of time; money; potential stress and burnout of existing staff.

Searches were undertaken on databases of the British Nursing Index (BNI), Cinahl, Yourjournals@ovid and Cochrane, using MeSH-like terms of 'Nurse; newly qualified nurse; newly registered nurse, new graduate nurse; preceptor and mentor'. Inclusion criterion was set for studies that reported on preceptorship programmes for nurses gaining employment following qualification as a registered nurse. Appraisal and critical analysis of studies was undertaken using a tool devised from the REPOSE Guidelines.

This review adds to the body of knowledge with reference to the effectiveness of preceptorship programmes. The results providing a rationale for implementation of appropriate preceptor programmes in an attempt to improve retention and turnover rates, within organisations as well as to the nursing profession.

Preceptorship programmes will differ in their content as different areas or specialities of nursing require different skills and competencies to ensure competent and confident practitioners. Preceptorship programmes are effective in reducing turnover rates and increasing retention rates of newly qualified staff entering their first year of employment, providing the most crucial factor of ongoing support is included in preceptorship programmes.

Recommended reading:

Nursing and Midwifery Council (NMC) (2008a) Statistical Analysis of the Register 1st April 2007 – 31st March 2008 [Online] NMC London Available from www.nmc-uk.org/aDisplayDocument.asp?DocumentID=5730 [accessed 12th May 2010]

Schumacher D (2007)Caring Behaviours of Preceptors as Perceived by New Nursing Graduate OrienteesJournal for Nurses In Staff Development Vol 23(4) pp186-192

12

Promoting positive organisational culture to improve workplace practice and patient outcomes

Jane Tillott, University of Wollongong, Sutherland, Australia
Co author: Sarah Tillott

Abstract:

The poster will address the current gap in the literature regarding positive workplace practice as well as how a brain based model (SCARF) may assist further understanding and improve nursing culture and patient outcomes.

Workplace dissatisfaction has been an ongoing issue within the nursing workforce for decades and has been linked to a decline in psychological and physiological health of the individuals whom work within challenging environments (Mcnees-Smith 1998). Currently, reports of increased sick leave, medication error (Longo 2007), premature retirement or resignation from the workforce (Griffin 2004) and poor patient care has been associated with a decline in workplace practices. Research also indicates a deterioration of workplace ethics, collegiality and camaraderie (Longo 2007) with poor workplace culture.

To improve these outcomes and promote the development and effectiveness of healthcare and nursing practice, positive interventions are required to enhance the organisational culture.

With the advent of functional magnetic resonance imaging (MRI), interesting research is emerging in reference to how human behaviour is influence by threat or reward stimuli and the effect that this has on organisational the culture and staff engagement.

This poster presentation addresses these issues by examining the literature and one neurobiologically based framework developed by Rock (2008) known as SCARF.

SCARF is an acronym for Status, Certainty, Autonomy, Relatedness and Fairness. This model aims to explain how individuals operate within culture from a biological, sociological and psychological perspective using these domains.

This model can be applied to any area where individuals collaborate to form a culture and therefore its implications are relevant to the health care setting world wide. The research implications of how SCARF may facilitate a positive organisational culture are of global interest.

Recommended reading:

Griffin, M 2004 'teaching cognitive rehearsal as a shield for lateral violence: an intervention for newly licensed nurses' Journal of Advanced Nursing vol. 55, pp. 778-787 (Online Proquest)

Longo, J 2007 ' Bullying in the workplace, Reversing a culture, Centre for American Nurses' Journal of Nursing Ethics vol. 17, no. 5, pp. 614-627 (Online Google Scholar)

Mcnees-Smith 1998 'The relationship between job satisfaction and demographic variables for healthcare professionals

13

Translation, Traduire, Traducir ah what a mess!

Rachel Taylor, Research Associate, Department of Children's Nursing, London South Bank University & Cancer Institute, University College London, UK.
Co authors: Faith Gibson, Beki Moult, Nicola Crichton, London UK.

Abstract:

Background: The ability to provide information is essential in healthcare, especially in research to enable as diverse a population as possible to participate and therefore be more representative of the population. However, translating information sheets and methods of data collection, i.e. questionnaires, has significant cost implications. Translating outcome measures needs to be through a systematic process, translating first into the target language, then back into English (http://www.mapi-institute.com/linguistic-validation/methodology). Machine translators have been available since the 1940's and have become sophisticated enough to have day-to-day application since the 1990's (Kirchhoff et al 2011).

Aim: To evaluate machine translators for use in health care research.

Methods: Backward translation was evaluated by scoring the Strengths and Difficulties Questionnaire (www.sdqinfo.com) translated from 26 languages into English using Google Translate and Babylon9 (rated the best free and to-buy machine translators). Translation quality was scored using the Translation Assessment Quality (TAQ) Tool (Hablambos Juntos 2009), which rates four aspects of translation from 0â "3 (higher score= lower quality) and provides a total score (0-12). Data are presented descriptively.

Results: None of the backwards translations of the SDQ were perfect. The median percentage of acceptably translated sentences was 55% (range 9-91%) in Google and 30% (0-82%) in Babylon. The median total score using Google Translate was 7 (range 0-10) and through Babylon9, 8 (4-12).

Summary: Our evaluation suggests Google is superior to Babylon, but neither provides consist-

ent translation quality to be used without editing. Forward translation (English to three languages) is currently being evaluating the translation of a patient information sheet, written according to NRES guidelines (NPSA 2011) to a reading ease of ⋯⋯⃗70%, grade ⃖⋯⋯7. This paper will discuss in-depth the methodological challenges of translation. The implications of the results for future use will be examined and recommendations will be proposed.

Recommended reading:

Hablambos Juntos (2009) Assessing translation: a manual for requesters (Tool 6). UCSF Fresno Centre for Medical Education & Research: Fresno, CA

Kirchhoff K, Turner AM, Axelrod A, Saavedra F (2011) Application of statistical machine translation to public health information: a feasibility study. Journal of the American Medical Information Association. Early view

National Patient Safety Agency (2011) Information sheets and consent forms: guidance for researchers and reviewers. National Research Ethics Service

Funding:

UK – Higher Education Institution

1,000 – 10,000

Externally funded research

14

The prescribing practices of nurses who care for patients with skin conditions: a questionnaire survey

Nicola Carey, Senior Research Fellow, Universtiy of Surrey, Division of Health and Social Care, Guildford, UK
Co authors: Molly Courtenay; Karen Stenner

Abstract:

Aim: This is a study of the prescribing practices of nurse prescribers (NP) who care for patients with skin conditions.

Background: In the United Kingdom nurses in primary care frequently prescribe medicines for skin conditions, but concerns have been raised about role preparation and access to continuing professional development (CPD). The prescribing practices of nurse independent supplementary prescribers who care for patients with skin conditions have yet to be evaluated.

Methods: A convenience sample of 186 qualified NPs who prescribed for skin conditions completed an on-line questionnaire survey between May-July 2010.

Results: The majority worked in primary care (78%), and general practice (62.9%). Only 20 (10.8%) had a specialist-module in dermatology, 104 (55.9%) training in dermatology, and 44 (23.7%) no specialist training. Nurses with specialist-dermatology training prescribed more items per week, used their qualification in a greater number of ways and prescribed the broadest range of products (p⃖⋯⋯0.05). Ninety six (72.7%) had access to CPD, with e-learning reported as the preferred method of access (94, 50.5%).

Conclusion: Large numbers of nurses in primary care prescribe medicines for skin conditions and are involved in medicines management activities. This has important implications for improved resource use and cost savings and will be of interest to those involved with service planning. Lack of specialist dermatology training is a concern and is associated with lower prescribing-related activities. If NPs are to maximise their contribution to patients with skin conditions, provision and access to specialist dermatology training and CPD must improve.

Funding:

UK – Industry

100,001 – 500,000

Externally funded research

15

The relationship between teenage sexual health knowledge, contraceptive practices and accessing professional advice

Clare Whitfield, Faculty of Health and Social Care, University of Hull, UK.
Co author: Julie Jomeen, England, UK

Abstract:

Background: A significant number of young people 16 and under have had sex; national conception rates (ONS 2009) suggest that considerable numbers are engaging in risky behaviour by not accessing effective contraception. As education and health care agencies address these issues (Jolley 2001), a broad understanding of how young people's sexual health knowledge impacts on their use of contraception and professional support is essential to accurately tailor services.

Aim: To develop an understanding of how young people's knowledge base relates to their use of contraception and access to advice.

Method: A wide-ranging questionnaire was carried out during March 2010. Students in school years 9, 10 and 11 within a defined geographical area were invited to take part. Over 2000 young people responded to questions exploring levels of sexual health knowledge, types of contraceptive practices and individual approaches to accessing professional advice. Knowledge levels were measured using a Total Knowledge Score, calculated by totalling correct responses to questions about general sexual health, sexually transmitted infections and contraception. Associations between TKS, contraceptive practices and access to support services were examined.

Results: The analysis of TKS demonstrated a positive relationship with behaviours such as using condoms, saying 'no' to an unwanted sexual encounters and attending health services for advice in the past year (with the exception of termination) and a negative relationship with behaviours such as not discussing contraceptive use with friends or girl/boyfriend or not attending health services for advice in the past two years.

Discussion: High knowledge is a more important determinant of both positive contraceptive behaviours and accessing contraceptive services.

Conclusions: Building confidence to discuss and use contraception requires sensitive and focused education that recognises differing levels of awareness and knowledge between girls and boys and across year groups.

Recommended reading:

Office of National Statistics (2009) Under 18 conception statistics [Internet] ⃖⋯⋯ available from http://www.everychildmatters.gov.uk/resources-and-practice/IG00200/⋯⋯⃗

Jolley S (2001) Promoting teenage sexual health: an investigation into the knowledge, activities and

perceptions of gynaecology nurses. Health and Nursing Policy Issues. 36(2), 246-255

Theme 6: Acute Care

16

Smoking cessation services in acute hospitals: The evidence-base and an evaluation of the provision in one acute hospital in the UK

Sharon Hamilton, Reader in Nursing, Teesside University, Middlesbrough, UK
Co author: Susan Jones.

Abstract:

Background: Smoking is a major cause of mortality. In an attempt to reduce smoking rates, an increase in the availability of smoking cessation services has been recommended in the UK including the provision of smoking cessation services in acute hospital settings. A number of policy documents, Cochrane reviews and other research findings support a move into the acute setting.

Aims: To identify the evidence-base underpinning the introduction of smoking cessation services into acute hospitals and to evaluate the introduction of a new service in one acute hospital.

Methods: A mixed methods approach was used and commenced with a review of the research evidence. Data were collected (April 2008-March 2009) to evaluate the uptake, outcome and stakeholder experiences of the new service. Service data-sets were analysed to establish uptake and outcome. Interviews were conducted with service users (n=44), service staff (n=5), hospital staff (n=5), and follow-up telephone interviews were conducted with users (n=19). Data were analysed thematically (Braun and Clarke).

Results: A total of 42% of those accessing the service had quit smoking at 4 weeks. Patients were very positive about their experiences and felt that acute hospitals were an appropriate place in which to offer smoking cessation advice. Findings from the interviews suggested that to achieve maximum effectiveness, hospital-based stop smoking services require broad acceptance within their organisation. The evidence-base and the evaluation illustrated the importance of thorough preparation and training of frontline staff prior to the service launch to raise awareness and embed interventions into routine practice. The evaluation also identified the challenges associated with providing a smooth transition for patients between hospital and community services.

Conclusion: The findings from this study, when combined with the relevant research evidence, highlighted that acute hospitals are a suitable environment for smoking cessation services.

Recommended reading:

Braun V. & Clarke V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology 3, pp 77-101.

17

Identifying the feeding needs and regimes of patients with Dementia in the acute hospital setting

Colleen Cherry, Learning and Development Lead and Evidence Based Council Facilitator, Therapy Services, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK
Co author: Irene Mabbott, Claire Smith.

Abstract:

Background: The average hospital stay for patients with dementia is 40% higher than patients with less complex needs (Dementia Strategy Group Audit 2011, Sheffield Teaching Hospitals NHS Foundation Trust). The number of people entering hospital malnourished (with or without dementia) is increasing and in 2008-9 was 175,003. The number of people leaving hospital malnourished is also increasing and in 2008-9 was 157,175 (Age UK). One under researched area is whether the nutritional needs of patients with dementia are being met.

Aims and Methods: A systematic literature review was undertaken of the major electronic databases plus other internet based sources including patient information sites and charities.

Results: A total of 21 relevant citations were identified. The types of studies included literature reviews, descriptive studies, discussion papers and national reports. Most studies were undertaken in residential or nursing homes, highlighting a lack of evidence in the acute hospital setting. A majority of the studies were anecdotal and a number provided guidance on how to meet the nutritional needs of people with dementia. Some of this guidance would be transferable to the acute hospital setting.

Conclusions: One result of the review at a local level was the adaptation of an informative booklet produced by the Alzheimer's Society called "This Is Me". The sections are free text with some guidance notes. This was not sufficiently detailed for the acute hospital setting. The new booklet outlines potential best practice for meeting the needs of patients with dementia in the acute hospital setting, with expanded sections on feeding. It is completed by carers and staff together. However, the absence of high quality evidence means that there is an urgent need for research to evaluate the impacts of such interventions.

This presentation will detail the literature review, development of the inpatient booklet and recommendations for the future.

Recommended reading:

Amella,E.J., Grant,A.P., Mulloy,C. (2008) "Eating Behaviour in Persons with Dementia: Assessment and Interventions". Journal of Armerican Psychiatric Nurses' Assocation, vol 13, no 6, pp360-367

Chang, C., Roberts, B., (2011) "Strategies for Feeding Patients with Dementia". Armerican Journal of Nursing, vol 111, no 44, pp36-46

Age UK (2010) "Still Hungry to Be Heard". Age UK

18

Impact of scenario – based educational Iintervention on nurses' knowledge and practice about delirium assessment among critically ill patients

Hanaa Hashem, Assistant Professor, King Saud Bin Abdulaziz University for Health Sciences , College of Nursing, Jeddah, Saudi Arabia.
Co author: Manal Sayed Ismail

Abstract:

Delirium in the intensive care unit (ICU) is associated with an increased mortality and a longer ICU hospital stay. Nurses play a key role in identifying delirium; however several studies reports have noted variability in their ability to recognize delirium.

Aim: The aim of this study was to measure the impact of a scenario – based educational intervention on the nurses' knowledge and practice about delirium assessment among critically ill patients. To achieve this aim three research hypotheses were formulated and tested.

Design: Pre-post test quasi-experimental research design has been utilized in this study.

Total sample of 50 nurses working in Intensive Care Unites (ICUs). 20 diploma and 30 baccalaureates degree nurses. Their mean age and years of experiences were 25.19 ± 5.01 and 4.31 ± 3.13 years respectively.

Methods: Critical care nurses were assessed three times. To assess the practical part., the dimension (delirium) was evaluated at all, (pain& sedation and agitation assessment) & uses the Intensive Care Delirium Screening Checklist (ICDSC) correctly; Questionnaire sheet, numerical pain rating scale, sedation-agitation scale & intensive care delirium screening checklist were utilized for data collection.

Results: The current study revealed an increment in the total and subtotal nurse's knowledge and practices post educational intervention implementation with a significant one-way ANOVA test of P – value 0.01, 0.05 respectively. Thus research hypotheses were supported.

Conclusion: Nurse's knowledge and practice related to delirium assessment among critically ill patients can be improved.

Recommendations: monitoring of the individuals at risk, the early detection of delirium symptoms and the continuous monitoring of these symptoms that is essential to follow the patient's clinical course.