

# RCN 2013 international nursing research conference

Wednesday 20 – Friday 22 March 2013

Europa Hotel, Great Victoria Street, Belfast BT2 7AP



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# Book of abstracts

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# Concurrent Session 1

Wednesday 20 March 11.50 – 13.15

## 1.1 Theme: Workforce

1.1.1

### Do Magnet accredited hospitals in the US provide better quality of care? A secondary analysis of patient satisfaction, 30-day mortality and nurse staffing data.

Presenter: Dr Michael Simon, University of Southampton, UK

Author(s): Michael Simon, UK; Helen Wharam, UK; Peter Griffiths, UK; Nancy Dunton, USA

#### Abstract

**Background:** The ANCC Magnet programme accredits organizations for excellence in nursing care. However despite its wide recognition the evidence base has been limited. Data from the Centers for Medicaid and Medicare Services (CMS) and the Annual Survey of the American Hospital Association allow comparing patient experience, patient mortality rates and nurse staffing of Magnet and Non-Magnet hospitals in the USA.

**Aims:** The aim of this study was to compare patient satisfaction, 30-day mortality and nurse staffing of Magnet and Non-Magnet hospitals in the USA.

**Method:** Risk-adjusted data on patient experience (2010), 30-day mortality rates for heart attack, heart failure and pneumonia (2007-2009) and data from the hospital compare database, the ANCC website and the AHA annual survey (2009) were used. Hospitals with and without Magnet accreditation were matched (n=196 per group) with a genetic propensity score algorithm by hospital size, ownership status, census deviation, teaching status, the supplemental security income ratio, case mix index and technology index.

**Results:** The matching achieved satisfactory balance with an average standardized mean difference of 2.37 across all variables. Magnet hospitals had higher percentages of patients with highest overall ratings of the care received (ATE: 2.54,  $p < 0.001$ ), who would recommend the hospital to friends or family (ATE: 3.37,  $p < 0.01$ ) and where nurses communicated well (1.12,  $p < 0.01$ ). Magnet hospitals provided more RN hours per patient day (ATE: 0.48,  $p < 0.05$ ) and a higher percentage of nursing care hours provided by RNs (ATE: 0.01,  $p < 0.01$ ). No significant differences were found for 30-day mortality rates.

**Discussion:** The analysis confirms the claim of the magnet accreditation scheme of nursing care excellence in two of three assessed domains.

**Conclusion:** Future research needs to investigate if and how the accreditation process leads to nursing excellence or if nursing excellence was already present in Magnet accredited organizations.

1.1.2

### Implementing and evaluating a nursing and midwifery learning and development plan utilising PRAXIS methodology.

Presenter: Christine Boomer, University of Ulster / South Eastern Trust, UK

Author(s): Christine Boomer, UK; Bob Brown, UK; Elinor Welch, UK; Evelyn Mooney, UK; Sharon McRoberts, UK; Caroline Lee, UK; Margaret McLeese, UK

#### Abstract

**Aim:** To share the how the PRAXIS framework (Wilson et al, 2008) has been used to drive a strategic nursing and midwifery integrated learning and development action plan.

The nursing and midwifery Learning and Development plan was developed collaboratively with key stakeholders within the trust and aims to integrate practice-based learning, practice development and practitioner research to develop person-centred practice. Both the development activities and evaluation are being enabled within the PRAXIS methodology. This is being implemented through three stages of research to answer how the plans four work streams: contribute to the development of a person-centred culture; enable staff to feel accountable, develop practice and make a difference to the lives of patients; create a culture where staff embrace development?

Phase 1: a survey to registered and non-registered nursing and midwifery staff, to date this has been undertaken once (09/11). Statistical analysis gave the team baseline findings, and while indicating much to celebrate, issues and challenges were also highlighted, e.g. involvement and engagement with development and change. Phase 2: is underway and sees the research team exploring areas from phase 1 in more depth with staff through focus groups and 1 to 1 interviews. The Focus groups were completed in 04/12 – 05/12 and at the time of submission of this abstract the 1 to 1 interviews are about to commence, using interview schedules developed from preliminary analysis of the focus group data.

This presentation will present the first 2 phases: how they have been operationalized, the findings and challenges. Finally we will share how this earlier work is shaping the 3rd phase of research and practice development activity, thereby demonstrating how the PRAXIS methodology can be applied in practice to both shape the development activity and demonstrate outcomes from its evaluation.

1.1.3

### Migration Matters: The experience of United Kingdom registered nurses migrating to Western Australia

Presenter: Caroline Vafeas, Edith Cowan University, Australia

Author(s): Caroline Vafeas, Perth, Western Australia; Joyce Hendricks, Perth, Western Australia

#### Abstract

**Background:** The purpose of this study is to explore the essence of the phenomenon of migration for UK Registered Nurses in Western Australia; including the psychological and socio-cultural adaptation experienced by each participant. It is of significant importance to identify implications for future migrant nurses and international employers.

**Aims:** To explore the essence of the migration experience for registered nurses from the UK

To explore the impact of re-settlement on professional and personal identity

To enable others to appreciate the meaning of migration for this group of registered nurses; including employers and policy makers

**Method:** Twenty, face to face in-depth interviews were conducted during 2008 to gather the data. All participants were UK registered nurses who had migrated to Western Australia between 2003 and 2008.

**Results:** Six themes were identified in this study including, Dislocation & Relocation, Professional Deconstruction & Reconstruction, Culture Chaos, Emotional Rollercoaster, Belonging and Electronic Dreams.

**Discussion:** International literature supports the findings of this study. In the contemporary climate of international nurse mobility, many employers continue to attract new employees with almost immediate sponsorship visa and the enticement of a better climate and standard of living. Many nurses find that the dream does not live up to the reality and return to the UK, for many reasons. Feelings of belonging are necessary to make the move a success, with the need for friends and family being of high priority to all participants.

**Conclusion:** This study has highlighted many issues that need to be considered by future UK migrant nurses prior to embarking on such a massive upheaval to their professional and personal life. Australian employers must consider the total impact to nurses they employ and investigate how they can improve conditions which may

allow them to live the dream both professionally and personally.

## 1.2 Theme: Mental health

### 1.2.1

#### 'Tears and tantrums, angels and demons' The lived experience of the therapeutic relationship between women with anorexia and their workers.

*Presenter: Karen Wright, University of Central Lancashire, UK*

*Author(s): Karen M Wright, UK*

#### Abstract

**Background:** The establishment of a positive therapeutic relationship (TR) has been widely acknowledged internationally as an intrinsic part of therapy and caring services, even healing and restorative in its own right. Patients within eating disorder services are often considered to be 'high risk', 'difficult', 'defiant', 'reluctant to engage in treatment' and 'frustrating' (Fairburn & Harrison 2003, Pereira et al 2006).

**Aim:** What is the lived experience of the relationship occurring between women with anorexia and their workers in the context of a specialist eating disorder unit?

**Methods:** Hence this phenomenological study focuses on women with anorexia and their workers in both day care and in-patient specialist eating disorder services in the UK. Twelve women with anorexia and thirteen of their workers (nurses, doctors, therapists) participated in the study. Semi-structured interviews were conducted between October 2009 and 2011 and subsequently analysed using MAXQDA as a tool for organisation of the emerging themes.

**Findings:** Both the women and the workers valued the relationship although it was often seen as a battle against the demon 'anorexia'. Externalisation of the disorder created difficulty in the authenticity of the relationship whilst a temporary, maternalistic, nurturing approach was highly valued.

**Discussion and conclusions:** This will be presented through the lens of Merleau Ponty's existential themes: corporeality, relationality, spatiality and temporality.

Fundamental features of the therapeutic relationship that have been accepted as commonalities (e.g. mutuality and reciprocity) cannot be taken for granted although some kind of relationship that has therapeutic effects exists. The findings of this study offer new knowledge and understanding about the experience. I will present the analysis of the interviews with the women and their workers and discuss how these findings may cause us to re-consider our assumptions of this client group and our relationship with them, as well as their 'anorexic selves'.

### 1.2.2

#### The experiences of caring for an adult-child with schizophrenia conceptualised within the theory of chronic sorrow: A qualitative study.

*Presenter: Nollaig Woods, Ulster University, Ireland*

*Author(s): Nollaig Woods, Louth, Ireland; PÁdraig McBennett, Louth, Ireland.*

#### Abstract

Internationally there is little research evidence on the existence and meaning of 'chronic-sorrow' (Olshansky, 1962) in parents caring for an adult-child with schizophrenia. The present qualitative descriptive research study is the first known to solely explore chronic-sorrow in the context of parents caring for an adult-child with schizophrenia, contextualised within Eakes et al's (1998) middle range nursing theory of chronic-sorrow. A purposive sample of eight parents caring for an adult-child with schizophrenia was recruited. Semi-structured interviews were conducted using an adapted form of the Burke/NCRS questionnaire as the data-collection method. Data was analyzed using Newell and Burnard's (2006) six step method. Rigour was established through the use of two pilot-interviews, an audit-trail and member checking. Themes to emerge were; 'living with chronic-sorrow', 'trigger factors associated with the resurfacing of emotional-distress', 'the expression and management of feelings of chronic-sorrow', 'helpful & unhelpful considerations'. The findings support the existence of chronic-sorrow in seven out of eight participants. Those evidencing chronic-sorrow attribute a variety of objective and subjective burdens as trigger factors to recurrent cycles of sorrow and sadness over the trajectory of caring, representative of the defining characteristics of chronic-sorrow. Internalisation of chronic-sorrow feelings was identified due to a lack of understanding in others. There was a distinct variation in the intensity of participants' feelings over the course of caring for their adult-child with findings identifying longer durations of adaptation and caring with less intense grief-related feelings of chronic-sorrow. Unhelpful factors included poor communications between healthcare professionals and carers, a distinct lack of information, education and service supports. The implications of this research study are significant as increased nursing understanding, recognition and acceptance of chronic-sorrow in parents with an adult-child with schizophrenia will mean nurses are more adept at supporting and guiding parents through daily caring and promoting better client recovery.

### 1.2.3

#### Mental health nurses' experiences of understanding persons suffering from self harm – a balance between life and death

*Presenter: Randi Tofthagen, Lovisenberg Diaconal University College, Norway*

*Author(s): Randi Tofthagen, Norway; Anne-Grethe Talseth, Norwa; Lisbeth FagerstrÅ, M, Norway*

**Background:** The number of persons suffering from self-harm is increasing, and some are repeat acute mental care patients. The aim of this study was to describe nurses' experiences of understanding persons suffering from self-harm. The study findings will contribute to the development of knowledge within mental health care.

**Method:** The study had a qualitative explorative design. Fifteen mental health nurses from four acute psychiatric clinics in Norway were interviewed (09.2010-04.2011). The method used for data analyses was manifest content analysis.

**Preliminary Results:** The preliminary results resulted in three categories. Understanding why a patient does self-harms. Patients may have been abused, do self-harm to cope with difficulties or self – harm as a way to reduce mental anguish. The body seems to remember the release doing self-harm can give, which can lead to continuance.

Self-harm takes different forms. Patients do self-harm in a variety of ways, such as cutting, burning or strangulation. The degree of self-injury can vary from mild to severe.

The severity or type of self-harm can change. The nurses experienced that the severity or type of self-harm that a patient does can change.

**Discussion:** The study showed that self-harm behaviour can change. One should ask, therefore, whether the current clinical perspective on self-harm is sufficiently multi-faceted. What are the consequences for a patient, for example, who is considered a "cutter"? Is a more inclusive concept of self-harm needed, one that reflects process and behavioural change?

**Conclusions:** It appears that a redefinition of the concept of self-harm is needed, in order to promote a true understanding of the phenomenon. Final findings will be presented at the conference.

1.3 Theme: Cardiac care

1.3.1

**The impact of patients' gender and cultural factors in prehospital delay in patients presenting with myocardial infarction in Kingdom of Saudi Arabia (KSA)**

*Presenter: Hassan Alshahrani, Ulster University, UK*

**Abstract**

**Introduction:** Many factors have been implicated in patients' decision to seek care in MI, but most research has a Western origin and it is possible that reasons for delay differ in Arab cultures. Our study aimed to explore the factors that contribute to pre-hospital delay among MI patients in Saudi Arabia. This study combined quantitative and qualitative methods using sequential explanatory design and received ethical approval.

**Method:** This cross sectional study comprised a consecutive sample of research participants (n=311), who presented with a diagnosis of MI to 3 hospitals in Riyadh, from March 2011 to August 2011. Of these, 189 patients met the eligibility criteria and provided quantitative data. 18 patients were purposefully selected for semi-structured interviews that were taped and transcribed verbatim.

**Findings:** There was a statistically significant difference between pre-hospital delay time (onset of symptoms to hospital arrival) and participants' gender. For males the median delay was 5 hours and for females it was 12.9 hours (p= 0.002). A hierarchical multiple regression model determined female gender as the strongest predictor of total delay in this sample. Thematic content interview analysis produced a core theme – Lack of knowledge and Control and five sub-themes, which will be presented with verbatim quotations.

**Conclusion:** Total pre-hospital delay time reported here is longer than in studies in other settings and there are significant gender differences, particularly in transfer delay. Qualitative data indicate that cultural factors are implicated. Health promotion strategies for potential MI patients should consider offering culturally – specific, gender related messages.

1.3.2

**Illness representations, mood and quality of life 1-3 years after a myocardial infarction**

*Presenter: Dr Elizabeth Tolmie, Lecturer, University of Glasgow, UK*

**Abstract**

**Background:** The actions people take to improve their health is thought to be influenced by the way in which they experience their illness

**Aims:** The study aimed to compare the illness representations, mood and QoL in adults whose attendance at a cardiac rehabilitation programme varied.

**Ethical Approval**

Ethical Approval was obtained in September 2006.

**Methods:** A cross sectional postal survey was used to assess illness perceptions, mood, and QoL in 73 adults (mean age 52.4 Å± 8.3) who had experienced a MI 1-3 years earlier. A maximum variation sampling strategy was then used to select a sub-sample who participated in an interview or focus groups, underwent a brief clinical assessment and completed a short task.

Data were collected in 2006 and analysed in accordance with Framework Analysis with the support of SatsDirectÅ© and NUDIST 5Å©. For quantitative data, level of significance was set at pÅ¼0.05.

**Results:** Participants with the poorest level of attendance at a cardiac rehabilitation programme tended to have poorer outcomes. Women experienced more symptoms (P = 0.028) and had poorer illness coherence (P=0.01), quality of life (P=0.02 to P=0.049), and anxiety (P = 0.025) and depression (PÅ¼0.0001) scores than men. Factors expressed in terms of 'Loss' were perceived as negatively impacting participants' ability to maintain health and positive health behaviour over the longer term.

**Discussion:** Overall, participants perceived their heart problem to be chronic in nature and their symptoms to be relatively stable. Although beliefs about the extent to which the heart problem could be controlled tended to be strong, many considered their MI to have had serious consequences for them.

**Conclusions:** Despite the resources invested in rehabilitation and secondary prevention programmes, we are still failing to meet the needs of many men and women who experience a cardiac event.

1.3.3

**Heart Failure – the service redesign lessons so far**

*Presenter: Laura Lord, Qualitative Research Fellow, University of Birmingham, UK  
Author(s): Laura Lord, Birmingham, UK; George Dowsell, Birmingham, UK*

**Abstract**

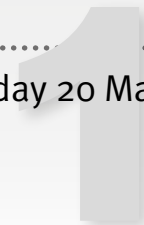
**Background:** Heart failure (HF) is an increasingly prevalent chronic condition (68,000 new cases annually in the UK). Most HF patients receive treatment in community and secondary healthcare settings, with nurses playing an important role. As part of a larger service redesign study in collaboration with three West Midlands NHS Trusts, we evaluated HF services provided by each Trust to assess their approach, culture, and sustainability.

**Aims:** To review HF services in three Trusts to: inform service redesign; identify the barriers and facilitators to change; and assess staff attitudes on all aspects of HF services.

**Methodology:** Semi-structured interviews were carried out with 22 key staff (clinicians and managers) across the three Trusts. Data was analysed using the Framework method.

**Findings:** Each Trust had a different nursing structure for the management of HF patients, and each addressed the 'primary/secondary interface' differently. Subsequent to diagnosis and initial treatment in a Trust setting, HF patients are intended to be managed in the community by nurses and GPs, with access to specialists when required. However, the balance of acute and community staff (and their roles) varied across the Trusts; the larger and more specialised the Trust, the more services were retained and controlled by that Trust, and the smaller the role of the community.

**Discussion:** The nurse specialist role is key to effectively managing HF patients; their ongoing care depends on these staff, but their relationships with GPs and consultants alters as organisational changes, as well as clinical advances are made. In none of the Trusts was HF care as seamless as intended. Further work is needed to clarify relationships and develop a more co-ordinated and 'jointly owned' approach to patient care. In particular, better communication across organisational boundaries is required, and the pivotal role of nursing highlighted with commissioners as well within the Trusts.



1.4 Theme: User/carer perspective

1.4.1

**Living with Parkinson's disease: Patients' and caregivers' everyday perspectives of the process**

*Presenter: Dr Maria Carmen Portillo, University of Navarra, Spain*

*Author(s): Mari Carmen Portillo, Spain; Amparo Zaragoza, Spain; Juana Maria Senosiain, Spain; Maria Victoria Navarta, Spain; Sara Diaz de Cerio, Spain; Sagrario Anaut, Spain, Mario Riverol, Spain; Maria Eugenia Ursua, Spain; Leire Ambrosio, Spain*

**Abstract**

**Background:** The process of 'living with' a chronic condition seems a linear and static process in the literature and has not been studied with Parkinson patients and their carers.

**Aim:** To explore the process experienced by patients and carers when living with Parkinson's disease, and the factors and mechanisms which promote or hinder the evolvement of the process.

**Methods:** An exploratory sequential mixed-method project with qualitative and quantitative data collection was developed. Only qualitative results are presented. Convenience sampling took place. Data were collected in 2011-2012 in 3 settings in Spain: an association of Parkinson patients, an outpatient consultation and a primary care practice. Semi-structured interviews, socio-demographic forms, and two motor and non-motor symptoms scales were used. Content and descriptive statistical analyses were developed.

**Results:** 21 Parkinson's patients and 23 caregivers, whose median and interquartile range age was 73 (65, 76.25) and 65 (59.5, 74) respectively, participated. Participants were at different stages of the adjustment process to Parkinson's Disease (from positive to negative: 1. Acceptance, 2. Normalization, 3. Extraordinary). The main factors that promoted positive or negative stages of the process were: the caregiver's health status, socio-economic resources, information/education, personal networks and coping strategies, and values and beliefs.

**Discussion:** In spite of being a degenerative condition, the process of 'living with' Parkinson's disease is progressive and cyclic, having similarities and differences with other chronic illnesses according to the literature. Some clear factors that ease or hinder the process have emerged from the findings and show the need for a holistic approach.

**Conclusions:** This paper will shed light about the stages of the process of living with a chronic illness and the determining factors that are involved in it. Consequently, health strategies will be developed to tackle some of these factors and promote acceptance and normalization stages in the process.

1.4.2

**Differences between community professional and patient perceptions of COPD treatment outcomes: a qualitative study**

*Presenter: Dr Mary Cooke, Lecturer, University of Manchester, UK*

*Author(s): Mary Cooke, Sue Thackray, UK*

**Abstract**

**Aims and objectives:** to define, compare and order 'assessed needs and defined outcomes' of professional providers of Chronic Obstructive Pulmonary Disease (COPD) services with patients' 'prioritised needs and defined outcomes', and relate these to service provision.

**Background:** Long term morbidity and death rates from respiratory diseases in the UK are increasing. Few studies report patient views and perceptions of needs or priorities for respiratory conditions in primary care. None compare patient's and health professional's perceptions of patient needs which may identify specific changes for service delivery.

**Design:** A qualitative study using focus group discussion and nominal group technique to define, compare and order professional's and patient's groups' statements to prioritise perceptions.

**Method:** Specialist professionals and patients with COPD were recruited to focus groups using systematic purposive sampling. Nominal Group ordering of agreed statements occurred after the discussions followed by presentation of results to groups for validation.

**Results:** four key perceptions ordered and compared show both professionals and patients agreed that access to equitably provided services included more respiratory rehabilitation; other priorities indicate key differences between professional's and patient's perceptions of financial support, the communication of health education and the need for better provision of palliative care at end-of-life.

**Conclusions:** The study offers new knowledge about what patients in all stages of the disease process consider important for services that will retain their independence. This qualitative study illuminates and compares professional's and patient's priorities for service delivery and their perceptions of COPD services.

Relevance to clinical practice: changing respiratory services to support patient's perceived needs enhances their independence.

**Key Words:** Chronic Obstructive Pulmonary Disease; professional-patient priorities; service development primary care.

1.4.3

**Service Users' Views of Direct Payments**

*Presenter: Vivien Coates, Lead Nurse R&D, University of Ulster, UK*

*Author(s): Prof Vivien Coates, N.I., UK Gillian McCorkell, N.I., UK ; Anne Witherow, N.I., U.K. ; Lee McDermott, N.I. UK; Dr Karen McGuigan, N.I. UK*

**Abstract**

Direct Payments (DP) allow those who have recognised personal, health or social care needs to avail of care which they can individualise and source the care themselves rather than be dependent upon existing statutory or traditional providers.

**Aims:** To evaluate the impact of Direct Payments (DP) on users receiving care or support at home. Secondly, to identify areas where DP service provision could be improved for users, highlighting potential barriers to uptake of DP in the Trust.

**Methodology:** A cross-sectional study of people in receipt of DP in the WHSCT was completed. Records indicated there were 317 DP recipients. 32 participants were recruited (10% of target population). The study was mainly qualitative. Data were collected using qualitative interviews and a semi structured questionnaire.

**Results:** Experience of DP was positive for the majority of respondents. Service users reported a greater sense of independence, flexibility, consistency of care and control over their care under the scheme.

Reported drawbacks of the scheme included: paperwork, lack of support, lack of timely, accurate information.

Barriers to uptake appeared to be mainly due to a lack of public awareness of the scheme.

**Conclusions:** It appears that for the majority of respondents, the scheme offers a flexible care option. The DP scheme is reliant on the users for its implementation, and it appears that the challenges associated with the scheme can arise at the initial setting up.

Key recommendations include:

- Additional support at the set-up stage
- Provision of a central information point within Trust
- Provide users with current and timely information and reduce issues of concern
- Create a public awareness of the scheme through advertising

1.5 Theme: Maternity care

1.5.1

**An international multicentre randomised controlled trial of a pelvic floor muscle training intervention for women with pelvic organ prolapse**

*Presenter: Professor Suzanne Hagen, Interventions Programme Director, Glasgow Caledonian University, UK*

*Author(s): Suzanne Hagen, Scotland; Diane Stark, England; Cathryn Glazener, Scotland; Lesley Sinclair, Scotland; Don Wilson, New Zealand; Sylvia Dickson, Scotland; Gladys McPherson, Scotland; Janet Logan, Scotland; Alison McDonald, Scotland; Sarah Barry, Scotland;*

**Abstract**

**Background:** Pelvic floor muscle training (PFMT) is often offered to women with prolapse(1), yet clear evidence of its clinical and cost-effectiveness is lacking(2).

**Aims:** This trial aimed to determine the effectiveness and cost-effectiveness of PFMT for prolapse.

**Methods:** This was a parallel group, multicentre randomised controlled trial. The intervention group received PFMT (5 appointments over 16 weeks). Control women received a Lifestyle Advice Sheet. Randomisation was by remote computer allocation. Women completed postal questionnaires at baseline, 6 and 12 months. The primary outcome was the Pelvic Organ Prolapse Symptom Score (POP-SS) at 12 months. Other outcomes were perceived change in prolapse and uptake of further treatment. Analysis was by intention-to-treat. 253 women per group was estimated to provide 80% power (5% significance level) to detect a 2.5 point difference (SD 8) in the primary outcome.

**Results:** 447 women with stage I, II or III prolapse participated, with data collected from September 2007 – February 2011. Trial groups were well-balanced at baseline. Compliance with PFMT was high: 80% attended 4 or 5 appointments.

The POP-SS was significantly lower (fewer/less frequent symptoms) in the intervention group compared to the control group at 12 months (estimate of difference between groups 1.52, 95% CI [0.46, 2.59], p=0.005)

Intervention women were significantly more likely than controls to report their prolapse felt better at 12 months (57% vs 45%) (p=0.012).

A significantly greater proportion of control women (55%) reported receiving further treatment compared to intervention women (30%) (difference estimate 25%, p<0.001).

The net cost of the intervention was £127 per woman.

**Discussion:** Women's prolapse symptoms were less frequent in the PFMT group, they were more likely to report their prolapse felt better, and less likely to seek further treatment.

**Conclusions:** PFMT is effective in reducing prolapse symptoms and should be recommended as first-line management for prolapse.

1.5.2

**Risk assessment and decision making about in labour transfer from rural maternity care: a social judgement and signal detection analysis.**

*Presenter: Professor Helen Cheyne, University of Stirling, UK*

*Author(s): Helen Cheyne, Scotland; Len Dalgleish (deceased); Janet Tucker, Scotland; Fiona Kane, Scotland; Ashalatha Shetty, Scotland; Sarah McLeod, Scotland; Catherine Niven, Scotland*

**Abstract**

**Background:** Safe childbirth in rural communities requires good risk assessment and decision making as to whether and when the transfer of a woman in labour to an obstetric unit is required. This is a difficult decision. Wide variation in transfer rates have been reported suggesting different decision making criteria may be involved. In order to develop more evidence based decision making strategies greater understanding of the way in which maternity care providers currently make decisions is required.

**Aims:** To examine how midwives working in urban and rural settings and obstetricians make intrapartum transfer decisions, and describe sources of variation in decision making

**Methods:** The study was conducted in three stages. 1. 20 midwives and four obstetricians described factors influencing transfer decisions. 2. Vignettes depicting an intrapartum scenario were developed based on stage one data. 3. Vignettes were presented to 122 midwives and 12 obstetricians who were asked to assess the level of risk in each case and decide whether to transfer or not. Social Judgement analysis (Cooksey, 1996) was used to identify the factors and factor weights used in assessment. Signal Detection analysis (Swets 1992) was used to identify participants' ability to distinguish high and low risk cases and personal decision thresholds. Data was collected between January 2008 and April 2010

**Results:** When reviewing the same case information in vignettes midwives in different settings and obstetricians made very similar risk assessments. Despite this, a wide range of transfer decisions were still made, suggesting that the main source of variation in decision making and transfer rates is not in the assessment but the personal decision thresholds of clinicians.

**Conclusions:** Currently health care practice focuses on supporting or improving decision making through skills training and clinical guidelines. However, these methods alone are unlikely to be effective in improving consistency of decision making.

1.5.3

**Identifying the elements which act as facilitators for smoking cessation during pregnancy in RCTs of interventions to promote smoking cessation during pregnancy.**

*Presenter: Mary Steele, University of Stirling, UK  
Author(s): Mary Steele, Scotland; Brian Williams, Scotland; Helen Cheyne, Scotland.*

**Abstract**

**Background and Aims:** There have been numerous interventions to promote smoking cessation during pregnancy but with only limited effectiveness.(Lumley, Chamberlain et al. 2009) A possible reason for this is that these interventions do not contain the essential elements which would make cessation likely. We aimed to identify these elements in trials of interventions that had positive or negative results with the aim of developing an intervention which would have maximum chance of success

**Methods:** A cross-study synthesis was conducted. Firstly, a systematic review of qualitative studies of women's experiences of smoking during pregnancy (Graham, Sowden et al. 2011) was critically examined. Key elements were extracted which we hypothesize will aid smoking cessation during pregnancy. Secondly, a team of 3 researchers assessed each study included in the Cochrane review of Interventions to Promote Smoking Cessation during Pregnancy for the presence of these elements. A system of dual coding was employed to ensure rigor.

**Results:** Preliminary results show that very few interventions contained more than 3 of the elements. Some elements were very uncommon, while others appeared in the majority of interventions. Many studies contained inadequate descriptions of interventions and their controls.

**Discussion and Conclusions:** A list of conditions under which cessation would be likely was created, although testing this proved problematic. It is likely that an intervention which takes all 6 elements into account would be more effective than existing interventions. With more accurate descriptions, this approach to synthesizing qualitative and quantitative research could have significant implications for creating theory-based interventions.



1.6 Theme: Research Methods

1.6.1

**Examining communication in the operating theatre using video-analysis**

*Presenter: Sharon-Marie Weldon, Imperial College London, UK*

*Author(s): Sharon-Marie Weldon, England, UK; Terhi Korhikangas, England, UK.*

**Abstract**

In this paper, we address an existing gap between clinical work in the operating theatres and the operating theatre simulation, by focusing on inter-professional communication involving theatre nurses and surgeons. Previous research suggests that communication failures occur routinely in the operating theatres, for example, in transmission of information from a colleague to another (Lingard et al., 2004). Aiding communication is central in order to minimise human errors that can have fatal consequences to patients (Bromiley, 2008), yet less is known about the actual communication practices that take place in the operating theatres on a daily basis. Thereby new methods are urgently needed to identify where errors and so called near-misses emerge or could emerge. We will propose a new approach by drawing on the methods developed within social sciences, namely conversation analysis of video-recorded interactions; such examination can ultimately enhance fidelity of simulation by mapping scenarios to real observations, as opposed to hypothetical cases of clinical work. We will first present (1) a close examination of thirty three hours of video recorded operations and subject data involving theatre nurses-at-work to a microscopic analysis of vocal and non-vocal (body movement and positioning, gaze, gestures) practices. The cases involve, for example, examination of how a scrub nurse's body positioning impacts on communication with a surgeon during an operation; and how the seemingly simple question-answer, and request-response, sequences do not always occur seamlessly, especially when nurses and surgeons have no visual access to each other. Thereafter, we will show how such evidence enables us to develop (2) data-grounded operating theatre simulation by mapping training to detailed analysis of inter-professional communication. We will discuss how interactional video-analysis has significant implications to improving patient safety through addressing mundane practices that are overlooked. We will consider how simulation offers an environment for experimenting with inter-professional communication.

1.6.2

**Using case study research as a rigorous form of inquiry.**

*Presenter: Dr Camille Cronin, University of Esse, UK*

*Author(s): Camille Cronin, UK.*

**Abstract**

**Objective:** The objective of this paper is to describe and discuss how Case Study Research (CSR) has been used inductively as an all encompassing theoretical framework to examine learning in the healthcare workplace.

**Research Design:** CSR is a method with strong philosophical underpinnings which starts with the research question and works methodologically until the end (Yin (2009)). This piece of research examined five students' experiences of fifteen healthcare placements with the intention of exploring these workplaces as learning environments. Through observations, interviews and documents real life contexts were examined over a two year period. The study was rich with empirical data offering a pragmatic framework for learning in the workplace.

**Findings:** The findings of this study suggest the learning environment is unpredictable and the learning experiences are random. The findings from this study provide a useful framework to review the complexities that exist within the healthcare learning environment, how they interact with each other and the possible impact they may have on learning in the workplace. It also highlights the relationship the learner has with the learning environment and learning over time. The type of individual; their self-awareness; and their level of willingness to learn are equally important in the learning environment.

**Conclusions:** In this study, CSR has embraced qualitative research methods in a rigorous and systematic manner. Each step of the research protocol is addressed. CSR can be both qualitative and rigorous. This study is an example of a rigorous qualitative design where CSR has been used to its full potential.

The implications for practice and for research in nursing is that real life settings can be studied in a systematic and rigorous way, offering real life examples of learning within nursing. The implications of this study are transferrable to other settings.

1.6.3

**'Being with' interpretive research: the analysis process in Heideggerian Phenomenological Research**

*Presenter: Anna-Marie Greaney, Lecturer in Nursing Studies – PhD Student, Dublin City University, Ireland*

*Author(s): Anna-Marie Greaney, Ireland*

**Abstract**

There is a prevailing concern regarding the application of Heideggerian interpretive phenomenological research in nursing scholarship. Central to this concern is the use of the method without adherence to the underlining Heideggerian philosophy (Crotty 1997). This methodological paper explores the practical 'doing' of Heideggerian phenomenological research while attending to the core dimensions of Heidegger's philosophy. The presentation is particularly focused on the analysis process which is generally not addressed in great depth when completed research findings are disseminated. Phenomenological data from an in-progress study are utilised with the permission of the relevant ethics committee to explicate points made.

'Being-with' is a term rooted in Heideggerian philosophy. It is central to the nature of interpretive phenomenological research. In accordance with Heideggerian philosophy the nature of being is best understood by exploring the term which Heidegger called Dasein. Dasein literally refers to 'there-being' or 'being-there'. In exploring Dasein one is enquiring into the human way of being in the world (Heidegger 1926). The paper begins by outlining the basic tenets of Heideggerian phenomenological enquiry and applies these tenets to a specific research study. The process of Heideggerian phenomenological enquiry involves a journey of thinking and continuous movement from data to reflection (Smythe et al. 2008). The paper proceeds to explore the interactive stages involved in this journey whereby actual patient data is subjected to Heideggerian hermeneutical analysis. The process of analysis identified by Crist and Tanner (2003) provides an overarching framework for analysis however; the iterative approach adapted by Smythe et al. (2008) is also incorporated. A specific analysis tool for each patient transcript is outlined. The author would like to acknowledge that the content of this paper was greatly assisted by insightful discussion at the Institute for Interpretive Phenomenology at Indianapolis in June 2012 under the direction of Ms. Pam Ironside.

1.7 Theme: Knowledge management & learning

1.7.1

**Passing on nursing wisdom**

*Presenter: Professor Joan Curzio, Professor of Practice Development, London South Bank University, UK*

*Author(s): Joan Curzio, England, UK; Graham Carr, England, UK; Louise Terry, England, UK.*

**Abstract**

**Background:** Internationally, nurses work in complex clinical and social environments. They are also expected to deliver high quality care. Yet the expertise to do this is threatened as the nursing profession worldwide is aging (Buchan and Seccombe, 2011) and as they retire, their nursing wisdom is being lost.

**Aim:** The aim of this study was to explore with experienced nurses, how their nursing wisdom is gained, used and passed on to junior nurses.

**Methods:** A two stage process of exploratory facilitative reflective sessions with a range of experienced registered nurses was held. Stage 1 involved repeated series of sessions each based around one of Carper's Patterns of Knowing (1978) that were held between September 2010 and July 2011. The results from Stage 1 were developed further during the Stage 2 conference in December 2011. All data underwent framework analysis (Ritchie and Spencer 1994).

**Results:** 30 experienced registered nurses, many with decades of experience, from a range of specialities and grades attended at least one study session or event. Stage 1 generated three themes: Being a nurse in the early 21st Century; Impact of administration, ethics and institutional issues and Teaching, role transition and developing Nursing Wisdom. In addition to developing these themes more in depth, the participants in Stage 2 felt that: The Nursing Voice is still silent in spite of nursing developing a more scholarly basis and that Nursing Wisdom is a practical wisdom applied within a nursing environment

**Discussion:** This study was able to explore with nurses who had over 500 years of experience between them their views of how they pass on their nursing wisdom. The work resonates with the growing global nursing wisdom literature.

**Conclusions:** The results from this study have generated a better understanding of nursing wisdom and how nurses see themselves passing it on.

1.7.2

**The research nurse: two steps ahead of the role**

*Presenter: Professor Sharon Andrew, Professor of Nursing, Anglia Ruskin University, UK*

*Author(s): Christine Mitchell-Inwang, UK; Sharon Andrew, UK; Karen Swan, UK; Sue Smollen, UK*

**Abstract**

**Background:** The strive for evidence-based health care has seen an increase in clinically based research with randomised controlled trials a predominant research design of choice in the medical field. Much of the conduct of the trial – recruitment, consent, intervention and data collection – is undertaken by the 'research nurse'. While the role the research nurse has been described in the literature and competencies exist, nationally and internationally, for the role, what evidence exists about the role itself?

**Aims:** The aim of the paper was to conduct a review of empirical studies of the role of the clinical research nurse.

**Methods:** A systematic literature search of EBSCO database (Medline, CINAHL) and British Nursing Index, was undertaken. The search was limited to English language papers published between 2000-2012.

**Results:** The search revealed an abundance of discussion papers, personal reflection, commentaries, and literature reviews about the nurse research role. Only 8 empirical studies were identified. Survey was the predominant method used. Few used mixed methods, or qualitative (focus) groups. A range of countries were represented: USA, Canada, Australia, UK, Italy and most studies focused the oncology setting. The survey numbers were generally small, and little information was gained about the actual numbers of nurses employed in this role. Inconsistencies in role titles and definitions of the role were evident.

**Conclusions:** The search revealed much discussion about the role of the research nurse but ironically little empirical evidence. Moreover this evidence is primarily from one speciality area. While there is much opinion about the role we need evidence to inform the development of this group of nurses. It seems the research nurse is two steps ahead of what we know about the role.

1.7.3

**Let's Go Seamless! In Support of a Revolution in Nursing Education**

*Presenter: Brenna Quinn, University of Massachusetts Boston, USA*

*Author(s): Brenna L. Quinn, USA*

**Abstract**

Seamless education is a controversial topic within the discipline of nursing. Seamless education refers to the practice in which individuals enter graduate studies immediately after completing their undergraduate education. This method is not the dominant practice in nursing, as most nurses are encouraged to work in direct patient care for an arbitrary number of years before considering a return to school. This practice hinders contributions to the discipline of nursing by diminishing the number of nurses prepared with a PhD, which is already low at one percent. Through an analysis of papers on nursing education and anecdotes from a seamless learner, support for seamless education in nursing is established. When nurses continue their education seamlessly, they have advantages over their seasoned counterparts. One advantage is the familiar knowledge of academic skills imperative to success in graduate studies. The discipline of nursing also benefits when nurses engage in seamless education, as young leaders, educators, and researchers are produced. Currently, most nurses who obtain PhDs finish programs when they are aged forty-six years. Seamless learners could finish PhD programs as young as twenty-six years old, which would leave many years for the nurse to contribute to the science of nursing through research. Adversaries of seamless education have made arguments against it related to a lack of bedside experience. These criticisms are erroneous, as limited bedside experience has not proven to hamper the success of seamless learners. The discipline of nursing stands to gain greatly if there is a growth in the number of nurse researchers, professors, and leaders. With a change in attitude and opinion in the minds of those that oppose seamless education, there is potential for a revolution in nursing education. Seamless education should become the prevailing paradigm in nursing education internationally, and the movement towards revolution should be supported.

## 1.8 Theme: Health care support workers

1.8.1

**‘To keep a person in their own wee corner’! An exploration of the roles and responsibilities of the Home Help and Domiciliary Care Worker, a Grounded Theory approach.***Presenter: Kevin Moore, Lecturer in Nursing, Associate Member Institute of Nursing and Health Research, University of Ulster, UK**Author(s): Moore, K.D., Ryan, A.A., Boore, J.R.P.***Abstract**

**Background:** Worldwide demographic trends indicate an expansion in the elderly population, a reduction in the numbers of young adults available for employment in support roles, changes in the ability of family members to provide informal support, and in general significant changes in the health and dependency levels of older people (Laing & Buisson, 2002, LIVINDHOME, 2011). These changes will have a direct impact on the nature and type of services provided by primary health care teams, and home care services as indicated within the Compton Review (2011).

**Aim:** The study sought to explore service provision and the roles and responsibilities of home helps and domiciliary care workers and to make recommendations for future service planning and provision.

**Method:** The study involved two distinct phases. This paper reports Phase 1 only which utilised a Grounded Theory approach (Strauss & Corbin, 2008) with qualitative methods using 14 focus group interviews and 5 semi-structured interviews. Total participants (n=179).

**Results:** Positive aspects of role attributed to perceived levels of satisfaction in working and caring for older people, fulfilling important and vital role. Caring linked to preserving the client's dignity, respect, rights and independence with motivation for a person-centred focus, with familiarity, trust, and knowing the person. The promotion of hope amidst endogenous and exogenous challenges to care provision was also central to care. The location of care, whether rural or urban can have a direct influence on care provision.

**Conclusions:** The role of the Home Help/DCW is an extremely important and interconnected one to care in the community. Evidence supports a work force that is motivated by altruism and a person-centred caring ethos. Workers value the importance of their role, but, there exists that disconnect between valuing of role, and its' recognition within the wider Health & Social Care context.

1.8.2

**The characteristics and workplace activities of Nursing auxiliaries and Health Care Assistants***Presenter: Felicity Hasson, University of Ulster, UK**Author(s): Felicity Hasson; Northern Ireland: UK;**Professor Hugh McKenna, Northern Ireland, UK;**Dr Sinead Keeney, Northern Ireland; UK***Abstract**

**Background:** The deployment of unregistered care workers is an important feature across in the healthcare workforce, nationally and internationally. However, despite the prominence of their role in patient care, evidence on their use, title, preparation and consequences remains limited. This study addresses some of these gaps in the empirical literature.

**Aim:** This paper reports on the personal characteristics, role and educational attainment of health care assistants working in the NHS and private care home sector.

**Methods:** During 2010, a purposive sample of 111 HCAs and nursing auxiliaries based in the NHS and private care homes took part in semi-structured interviews and completed demographic questionnaires. The interviews explored the role of the assistant.

**Results:** Data indicate that the majority of participants were female, aged 40 plus and were an experienced workforce. Most held a NVQ level 2 in health and social care (43.2% n=48); however their title, role and preparation varied across and within clinical settings. Core tasks revolved around direct patient care; however more technical/clinical aspects were identified. Findings suggest that HCAs are undertaking tasks for which they have not been trained. Blurred and contested role boundaries between the health care assistant and nursing auxiliary caused tension and threats to identity, which had implications for teamwork and quality of patient care.

**Discussion:** The fluid roles of the health care assistant and nursing auxiliary have enabled them to work beyond their remit, regardless of educational attainment. This has implications for patient safety, reaffirming the need for their competence to be reassessed. Managers also need to be aware of the assistant role hierarchy and the tensions that result from blurred demarcations.

**Conclusions:** It is recognized that healthcare assistants and nursing auxiliaries make an important contribution to health care; nonetheless, the need for clear boundaries linked to minimum standards is required.

## Concurrent Session 2

Wednesday 20 March 2013 14.30 – 15.55

### 2.1 Theme: Cancer care/end of life care

2.1.1

#### The new normal: delivering information about oral chemotherapy in the clinic

*Dr Anne Arber, Senior Lecturer, University of Surrey, UK*

*Co-author: Anne Arber, UK; Anki Odellius, UK*

##### Abstract

As a result of bio-medical research and pharmaceutical advances many chemotherapy drugs and supportive medications are now available orally to be used throughout the illness trajectory and they are the current 'gold standard' for treating the cancer called myeloma.

The aim of this study is to understand how information about oral chemotherapy is delivered to patients who are starting oral chemotherapy for myeloma.

The study draws on a case study approach using mixed methods. Audio recordings of 10 clinical consultations between doctors, clinical nurse specialists and patients at three NHS trusts were carried out in 2010-2011 as well as a self-completion questionnaire (n=70) and interviews with clinical nurse specialists and patients (n=6). The results identify how staff adopt the 'information delivery mode' during consultations about oral chemotherapy. Information was framed in relation to adopting a new normal use of scare tactics to impart a sense of urgency, gravity and risk in relation to the medication. Surprisingly, adherence with the medication regime did not feature as a key issue in consultations.

Staff used the 'information delivery' format in contrast to the 'interview format'. The advantage of the information delivery format is that a lot of information can be given to patients over a short period of time. The interview format is one recommended by Silverman (1997) where nurses ask patients questions to which patients provide answers and this gives patients an opportunity to express their own concerns and fears about their medications and to receive information targeted to their needs. A move to adopting the interview format by nurses will enable information to be more closely aligned with the patients own needs and concerns.

2.1.2

#### What matters to patients? A qualitative exploration of important outcomes following fragility hip fracture

*Presenter: Dr Kirstie Haywood, University of Warwick, UK*

*Author(s): Kirstie L Haywood, Jo Brett, Elizabeth Tutton, Sophie Staniszewska.*

##### Abstract

**Background:** Healthcare evaluation should include outcomes that are important to patients. However, the outcomes of healthcare that patients with fragility hip fractures consider important are unknown. The use of PROMs in this patient group would provide nurses with evidence that may be used to enhance patient-centred health care. However, PROMs must be underpinned by an understanding of what's relevant and important to patients.

**Aim:** To identify the outcomes of healthcare that matter to patients following fragility hip fracture to inform what ideally should be included in a PROM-based assessment.

**Methods:** Patients were recruited from a Trauma Unit in a Regional Hospital in the South of England. Inclusion criteria included living independently at home pre-fracture, cognitively unimpaired, and not critically ill. An interpretative phenomenology analysis (IPA) was adopted. A group of patient partners were involved in the whole research process.

**Results:** Thirty patients aged 65 – 90 years (females n=23) were interviewed between 12 to 16 weeks post-surgery. Important patient-reported outcomes were captured along the hip fracture trajectory. Issues consistently reported as important at all stages included reduced mobility, pain and/or discomfort, and changes in mood. Additional outcomes reported from the post surgery period included feelings of tiredness/fatigue, the lack of independence, difficulty sleeping, feelings of isolation, frustration, and fear of falling.

**Discussion and Conclusions:** The data has highlighted health outcomes considered important by patients which nurses could consider when seeking to evaluate the impact of care. These findings contribute to our understanding of the impact of fragility hip fracture on patient's lives and provide the basis for a conceptual model which has the potential to inform evaluations of the content validity of existing PROMs and inform new PROM development for this population.

2.1.3

#### Living with Cancer: A phenomenological study exploring the psychosocial experiences of patients with melanoma

*Presenter: Josephine Marange, Cancer Research Nurse, University Hospitals Birmingham, UK*

*Author(s): Josephine Marange, UK*

##### Abstract

Living with Cancer: A phenomenological study exploring the psychosocial experiences of patients with melanoma.

**Purpose:** The aim of this study was to explore the psychosocial experiences of patients with a diagnosis of primary melanoma.

**Background:** Melanoma is the deadliest of all skin cancers, accounting for about 90% of deaths (Cancer Research UK, 2011). Quantitative research has indicated that a diagnosis of melanoma can have significant psychosocial impact on lives (Kasparian, 2009).. Anxiety, depression and distress are not uncommon symptoms experienced by patients (Holterhues et al., 2011). To date there has been a lack of qualitative research into the experiences of patients with melanoma.

**Method:** A purposive sample of 6 participants with stage I and II melanoma were recruited from a large University Hospital in the Midlands, United Kingdom. Participants ranged in age from 20 to 62 years and were all Caucasians. The study was grounded in interpretive phenomenology. Semi-structured interviews were conducted with each participant. Data was collected from May to June 2012. Thematic analysis was used to analyse the data.

**Findings:** This study demonstrated that participants found the diagnosis of melanoma shocking and distressing. A number of coping behaviours were identified. Participants reported that healthcare professional's communicative skills and support had an impact on illness perception and adjustment. Support from family and friends helped them cope with the diagnosis. Since the diagnosis all participants started practicing risk reduction behaviour and regular self-skin examination. Many found the thought of living with the uncertainty of recurrence distressing.

**Conclusion:** Patients with melanoma face emotional and social challenges throughout their illness trajectory. It is important for health care professionals to appreciate that some patients will require psychosocial support to help them deal with the distress of diagnosis, treatment and follow up.

## 2.2 Theme: Elderly care

2.2.1

**Loneliness and social support of older people living alone in China***Presenter: Yu Chen, PhD Student, King's College, London, UK**Author(s): Allan Hicks, England, UK; Alison E While, England, UK.***Abstract**

**Background:** China has an ageing population with the number of older people living alone increasing. Living alone increases the risk of loneliness of older people due to reduced social contacts, especially for those in China where collectivism and filial piety are emphasised. Social support can fill the need for social contacts, and is important for enhancing health and participation.

**Aims:** To investigate loneliness and social support of older people living alone in China.

**Methods:** A cross-sectional survey with a stratified random cluster sample of 521 community-dwelling older people over 60 years old was conducted in Shanghai. The participants were interviewed face-to-face using the UCLA Loneliness Scale (Russell, 1996) and Social Support Rate Scale (Xiao, 1999).

**Results:** 84.6% of the participants (n=441) reported moderate to moderately high levels of loneliness. Their overall social support level was low compared to the Chinese norm. Children, relatives and spouse were the major sources of objective support, and children, neighbours and other family members were the major sources of subjective support. 53.9% (n=281) and 47.6% (n=248) of the participants asked for help and confided when they were in trouble, but 84.1% (n=438) never or rarely attended social activities. The level of loneliness and social support differed across age groups, educational attainment, previous occupation, economic level and residential area in the  $\chi^2$  test. Loneliness was negatively correlated with overall social support and its three dimensions in the Spearman's correlation.

**Discussion and Conclusions:** The results showed a high prevalence of loneliness among Chinese older people living alone and their social support level was low. Family members, neighbours and other people or organizations need to support and care for living alone older people who themselves should utilize the support actively to prevent and reduce loneliness.

2.2.2

**Home use medical devices and older people.***Presenter: Ross Thomson, University of Nottingham, UK**Author(s): Ross Thomson, UK; Jennifer Martin, UK; Sarah Sharples, UK***Abstract**

Home use medical devices and older people.

**Background:** Increased life expectancy and the accompanying prevalence of chronic conditions have led to the focus and delivery of health care migrating from the hospital setting into people's homes. Previous studies have investigated the integration of particular types of medical devices in the home however there has been little in the literature specific to older people.

**Aims:** it was our intention to study the impact of a variety of devices on the lives of older people in order to capture a more inclusive understanding of how devices are accepted into the home environment.

**Methods:** Thematic analysis was used to analyse transcripts from semi-structured interviews carried out between October 2011 and January 2012 and conducted with 12 medical device users and 5 of their partners all aged 65 or over.

**Results:** Five themes were constructed from the data. The themes of 'self-esteem' and 'emotional consequences' highlighted the emotional impact on users' lives. The theme of, user sacrifice, detailed the practicalities of adjusting to device use, while the final two themes of 'the accommodating home' and 'the influence on others' illustrated the interaction of medical devices on the environment and context of its use.

**Discussion:** The psychosocial issues raised in this study highlight the impact home use medical devices have and the challenges faced by older people and their partners as they adopt and adapt both their lives and environment in order to accommodate these devices.

**Conclusion:** This research questions the notion that 'home use' medical devices have been designed to slot into people's lives and describes the profound psychosocial impact they have on user's lives. An improved understanding of these issues by health care professionals is required to help facilitate and support the integration of medical devices into the homes of older people.

2.2.3

**Implementing a Well Organised Working Environment in the Community Services: a Mixed Methods Study***Presenter: Dominique Bradley, Researcher, University of Essex, UK**Author(s): Dominique Bradley, England***Abstract**

**Background:** The Productive Community Services [PCS] programme aims to increase productivity and quality, both of these universally desired attributes in healthcare practise. Designed by the English National Health Service Institute for Innovation and Improvement [NHSI], aspects of 'Lean' thinking (Carreira, 2005) from the motor industry have been incorporated into the programme which aims to engage and empower frontline healthcare staff. This presentation focuses on the first module in the programme, the Well Organised Working Environment (NHSI, 2009) which incorporates Lean's '5S' process; to Sort, Set, Shine, Standardise, and Sustain.

**Aims:** To describe and evaluate the implementation of the first PCS module in a Community Services healthcare organisation.

**Methods:** Both qualitative and quantitative data were collected using a Participant Observation study carried out in July 2010 – March 2012. Thematic Analysis was used to analyse data from Semi-structured interviews (N=45) carried out in April – July 2012.

**Results:** Over £42,500 was saved by clinical teams (N=25) carrying out the '5S' exercise. Other financial savings were also generated, however qualitative data demonstrated that perceived benefits varied considerably between staff members.

**Discussion:** Issues within the method of calculating the saving, and the process by which staff carried out the exercise suggest that this saving figure should be viewed with caution.

**Conclusions:** The results of this study provide insight into the process of implementing a change programme in a Community setting, which has otherwise received little academic appraisal. One conclusion drawn was that although significant improvements were made during the implementation, these were unlikely to be sustained as the ethos of the programme was not embedded into services' practise. Continued research will help to make implementations of change initiatives within healthcare organisations more effective and sustainable in future.

**References**

CARREIRA, B. 2005. Lean manufacturing that works: powerful tools for dramatically reducing waste and maximizing profits, Saranac Lake, NY, Amacom Books.

NHSI 2009. Productive Community Services: Releasing Time to Care – Well Organised Working

Environment, Version 1, Coventry, NHS Institute for Innovation and Improvement

### Professional biography

Dominique Bradley is a PhD student at the University of Essex in England. Her professional experience commenced in 2001 in a marketing position with a charity sector organisation. After reading Psychology with the Open University, she graduated in 2009 and started working as a Healthcare Support Worker in a Psychiatric Intensive Care Unit. In 2010 Dominique was offered a PhD studentship to carry out research into an efficiency programme in a Healthcare Community Interest Company, which will continue until September 2013. Dominique is a member of the British Psychological Society and her interests include clinical psychology and organisational psychology in healthcare organisations.

## 2.3 Theme: End of life care/workforce

2.3.1

### Organisation of nursing care and its impact on psychosocial support: A mixed methods study

*Presenter: Hazel Hill, Lecturer in Adult Nursing, University of Stirling, UK*

*Author(s): Hazel Hill, Scotland, UK*

#### Abstract

**Background:** Psychosocial care is recognised as a main component of a nurses' role (World Health Organisation 2011, International Council of Nurses 2006, Royal College of Nursing 2003). However, there is a lack of empirical evidence on what influences nurses' support of patients' psychosocial needs.

**Aims:** This study was the first to examine the pre-conditions for psychosocial support by reporting on how nurses responded to patients' psychosocial needs and what influenced these responses.

**Methods:** Participant observation of nurse-patient interactions was supported by data from interviews, nursing documentation, clinical meetings, workload distribution and participant demographics. A maximum variation sampling strategy was used, ensuring observations occurred at different times of the day, involving nurses with different roles and patients with different characteristics. The sample included 38 nurses and 47 patients, across 39 episodes of observation, from September 2004 to April 2005. Preliminary analysis of the observation data identified prospective independent variables which might be associated with the provision of psychosocial support; subsequent analysis tested these variables against the nurses' responses.

**Results:** The nurses responded to psychosocial needs in four ways: dealing, deferring, diverting and ducking. The majority (n=36) of the nurses used a combination of these response styles. Neither the individual characteristics of the nurses – for example, training and experience – nor the

characteristics of the patients were associated with how the nurse responded. However, organisational and teamwork factors, such as who else was on duty, did influence the nurses' responses.

**Discussion:** If teamwork factors influence nurses' responses to psychosocial needs, a reconsideration of how nurses are supported to provide psychosocial care is indicated.

**Conclusions:** Nurses' provision of psychosocial support is subject to the constraints of organisational challenges. This paper discusses how nurses can work with these and continue to provide effective psychosocial care for all patients.

2.3.2

### Enhancing confidence and competence in end of life care: Pilot and evaluation of an educational pathway for community care staff

*Presenter: Dr Alison Steven, Reader in Health Professions Education, Northumbria University, UK*

*Author(s): Alison Steven UK; Gail White, UK; Joanne Atkinson UK; Gwen Marples, UK*

#### Abstract

**Background:** Globally, end of life care increasingly takes place in community settings. The importance of developing the knowledge, skills and attitudes of the UK workforce in order to improve the quality of end of life care has been highlighted (DH 2008). The support needs of staff working in palliative care, although well recognised, are generally directed at specialist palliative care staff. Community nurses play an ever growing role and need opportunities to improve their competence and confidence in this complex, sensitive area (Youngman 2006).

**Aims:** This project developed, piloted and evaluated an educational pathway for community nurses aimed at increasing confidence and competence in dealing with end of life care.

**Methods:** Incorporating adult education principles and building on the 4 competency areas for end of life (DoH 2009) the pathway incorporated a menu of formal and informal 'educational' initiatives. Initiatives aimed to increase both confidence (through links to specialist nurses and mentoring) and competence (through access to various education /training opportunities) of community nurses and ran during 2012 with 8 participants.

A mixed method approach drawing on realistic evaluation was employed. Data included participant (n=8) interviews at three points, one-off mentor interviews and documentary evidence (learning needs assessments /action plans). A coding framework drawing on study aims and existing literature, but allowing other issues to emerge was used and re-visited at each data collection point. Individual and cohort issues were explored.

**Findings:** The study is ongoing to be completed by the end of 2012. Tentative findings indicate that accessing mentors and shadowing specialist nurses enhance confidence and create links potentially encouraging a wider community of practice to develop. While there are personal and structural issues which may hamper engagement, taking part 'legitimises' educational activities not usually seen as authentic elements of nursing 'work'. Full findings will be presented.

2.3.3

### A systematic review of palliative care research in Ireland

*Presenter: Dr Sonja McIlfrack, Reader, University of Ulster, UK*

*Author(s): sonja Mcilfrack, UK/Ireland, Murphy, T Ireland*

#### Abstract

The Palliative Care Funding review (UK, 2011) highlighted that many individuals do not receive appropriate palliative care at the end of their lives. Services do not appear to be set up for the changing demographic and health issues resulting in a huge amount of unmet need primarily based in the older population. There is consequently an urgent need to consider a model for palliative care that is relevant and fit for purpose for the 21st century. There is also a need to develop research that is clinically relevant, innovative, and interventional.

**Objective(s):** To examine the type and nature of palliative care research conducted on the island of Ireland over the last decade (2002-2012). This forms part of a wider-scale study to identify research priorities in palliative care for Ireland and Northern Ireland.

**Method(s):** A systematic review was undertaken to identify studies conducted in palliative care across the island of Ireland within the last 10 years. The search applied strict eligibility criteria and included a search of standard bibliographic databases, websites of key hospice and palliative care sites in Ireland and Northern Ireland, as well as clinical and academic publication lists.

**Results:** 412 publications were originally identified for screening and their abstracts obtained. After a further review the authors undertook a thematic analysis of 248 peer-reviewed articles. These were further examined in terms of study characteristics including research design and outcomes. The thematic analysis revealed the following seven themes: understanding palliative care, treatment and intervention, service delivery, training and education, methodological and ethical issues, measurement and evaluation, and strategy and policy.

**Conclusion(s):** It is anticipated that the short term likely impact of the research priorities identification study will be research undertaken and evidence base development in the prioritised areas of palliative care practice.

## 2.4 Theme: Leadership/concordance

2.4.1

**The emotional demands of nursing leadership: challenges and strategies for career sustainability.***Presenter: Professor Debra Jackson, University of Technology Sydney, Australia**Author(s): Debra Jackson, University of Technology Sydney, Australia; John Daly, University of Technology Sydney, Australia; Lesley Wilkes, University of Western Sydney, Australia; Wendy Cross, Monash University, Melbourne, Victoria, Australia***Abstract**

**Background:** Leadership is identified as a crucial area that requires further development in nursing. In order to provide appropriate preparation and support for nurses aspiring to leadership roles, there is a need to acknowledge and better understand the realities and everyday challenges of leadership.

**Aims:** To identify and describe some challenges and difficulties experienced by nursing leaders, and develop strategies to mitigate these, thus assisting aspiring and incumbent nursing leaders in successfully meeting the demands of leadership.

**Method:** Oral narratives were gathered from 30 nursing deans in three countries during June 2011 to March 2012. Narrative was transcribed and subject to thematic analysis.

**Results:** The themes highlight the emotional demands of leadership. Issues raised included loneliness, being unpopular, needing to take hard decisions, distancing, being guarded, dealing with betrayal and personal attack, working with failure, drawing on personal courage, redefining friendships, rebuilding relationships and maintaining positivity even in the face of unrelenting pressure. Protective strategies included active reflective processes, developing a supportive peer network, seeking out mentoring and striving for work/life balance.

**Discussion:** Leadership carries considerable emotional demands. The ability to mitigate these demands is essential to effective leadership; while inability to do so could lead to burnout and loss of potentially effective leaders. There is a need to ensure that nurse leaders recognise the emotional demands of leadership, have access to adequate personal support, and strategies in place for effective self-care.

**Conclusion:** It is essential that aspiring and incumbent nursing leaders are able to meet the emotional demands associated with leadership. To be effective, nursing leaders require highly developed reflective skills, the ability to self-regulate emotional responses, exercise self-control and actively engage in emotionally protective behaviours.

2.4.2

**Exploring the link between leadership, leadership behaviours, organisational culture and motivation in nursing***Presenter: Dr Julia Egan, Consultant in Public Health Nursing, NHS Tayside, UK**Author(s): Julia Egan, Scotland, UK.***Abstract**

**Background:** Leadership has become an important area in recent years particularly in relation to improving efficiency, effectiveness and quality of services. As nurses provide 80% of care in the NHS their role is pivotal in achieving any change. Despite the importance placed on leadership in the NHS, literature shows little is known about perceptions of leadership, how leaders function or what importance staff place on the culture and context in which they work.

**Aims:** This qualitative study aimed to; explore how leadership and leadership behaviours within the NHS and particularly nursing, function in practice and what part organisational culture plays in how these behaviours develop and function.

**Methods:** The study used a case study approach applying grounded theory and thematic network analysis to data generation and analysis. Over three phases, 28 interviews were undertaken with executives, directors, and specialist clinical and non-clinical staff.

**Findings:** Leadership comprises two elements; one relating to individuals and one relating to how individuals function in organisations. Secondly, three models of leadership emerged and how these apply differs according to role and hierarchy. Thirdly, leadership and management are distinct components. In nursing a number of complexities make these roles challenging, and the culture and context of health boards influence how these function in practice. Finally this research concludes that staff value a clear set of characteristics, styles and behaviours not related to vision and change but which centre on character, values, integrity and engagement.

The study has considerable implications for emerging work on leadership in the NHS and for the future development of leadership roles in nursing. This presentation will focus on the key characteristics, styles and behaviours valued by nurses and their relationship to improving quality, motivation, performance and patient care.

2.4.3

**'Lets join hands and jump together': Readiness and implementation of skill mix change in general practice***Presenter: Professor Annie Topping, Professor of Nursing, Institute for Research in Citizenship and Applied Human Sciences University of Huddersfield, UK**Author(s): Annie Topping (UK), Idah Nkosana-Nyawata (UK), Valerie Featherstone (UK) and John Stephenson (UK)***Abstract**

**Background:** The last 10 years has seen major changes in the ways general practices deliver UK primary care services. In a context of skill shortages, cost containment, policy reform, quality improvement and increasing volume of interventions delivered in primary care, new ways of working are becoming the norm. Skill mix, such the introduction of advanced nurse practitioners (ANPs) and health care assistants (HCAs), has fundamentally re-engineered the primary care workforce (1).

**Aim:** This study explored the features of general practices that successfully accommodate and demonstrate readiness to re-design and implement skill mix.

**Design:** Five GP practices serving different population size, demography and geography participated in a multi-case mixed methods study (2) design. Team Climate Inventory [TCI-14] (3) was administered to all staff. Following exploratory analysis hierarchical regression modelling was undertaken. Semi-structured interviews with ANPs, general practitioners (GPs), practice nurses (PNs), HCAs and business managers were analysed using thematic analysis.

**Findings:** 122 clinical and non-clinical informants completed the TCI-14. Mean TCI-14 scores were consistently high (50.8 – 59.0) across all subscales, for all practices, suggesting willingness to work collectively toward shared goals. Size of practice made no difference to mean scores, but higher mean scores were associated with proportion of clinical staff, years employed in the practice ( $p=0.001$ ) and gender. Comparison of TCI-14 with patient experience Quality and Outcome Framework (QOF) scores showed no significant differences. The changing architecture of primary care and role of skill mix in delivering patient services emerged in the qualitative data.

**Discussion:** Organisational willingness, demonstrated by TCI-14 score, may be an indication of readiness to consider change. Case analysis indicated no single change model was in operation but openness, transparency, commitment and maximising staff capability appeared to be attributes associated with readiness.

**Conclusion:** This presentation will focus on the conditions that contributed to successful workforce re-design.

2.5 Theme: Decision-making

2.5.1

**Treating obese patients – what influences our clinical decisions?**

*Presenter: Toni McAloon, lecturer in nursing, University of Ulster, UK*

*Author(s): Toni McAloon Northern Ireland; Donna Fitzsimons Northern Ireland; Vivien Coates Northern Ireland; Ruth Ludwick USA; N.Sriram USA; Evie Gardner Northern Ireland*

**Abstract**

**Background:** The obesity pandemic is resulting in premature mortality and increased morbidity and healthcare costs. Prevention is a global health priority but effective management for established obesity is also important. It is known that clinicians often have anti-fat attitudes and assumed that this adversely affects care (Puhl et al 2009). However there is a paucity of research linking anti-fat attitudes to clinical behaviour.

**Aims:** to assess the attitudes of multidisciplinary clinicians to obese individuals and identify variables influencing decision-making.

**Methods:** Online vignettes were generated via a Factorial Survey Design method to assess clinical decision making and were combined with the obesity Implicit Association Test (IAT) to assess subconscious anti-fat bias. Data were collected anonymously from a voluntary convenience sample during 2011-2012 in a virtual research lab managed by Project Implicit®. Multiple gatekeepers in 2 health trusts and 2 universities emailed invitations to registered nurses and students, medical doctors and students, dieticians and students. Participants used a hyperlink to self-administer eight randomly generated unique vignettes with integrated patient photographs, a demographic questionnaire and the IAT. Vignette responses (n = 3,416) were analysed using Multivariate Regression and the questionnaires by descriptive statistics. The IAT score was calculated from the standardised differences in mean response times on 2 key IAT conditions (Greenwald et al 2003).

**Results:** 427 clinicians participated, 79% being female. Disciplines represented were nurses (38%), student nurses (14%), doctors (19%), medical students (20%), dieticians (7%) and dietetic students (2%). Preliminary vignette analysis identified patient and clinician variables influencing motivation to treat, likelihood of addressing weight, and time with the patient. The mean IAT score was 0.6854 (95% confidence intervals 0.6399-0.7309) indicating a strong anti-fat bias.

**Discussion and Conclusion:** Our study suggests there may be both patient and clinician variables that impact on effective treatment interventions for clinical management of obese patients.

2.5.2

**Nursing discharge planning interventions impact on elderly's readiness to be discharged.**

*Presenter: Cedric Mabire, Professor HES, University of Applied Sciences Western Switzerland, Switzerland*

*Author(s): Cédric Mabire, Switzerland; Prof. Céline Goulet, Canada; Prof. Christophe Büla, Switzerland; Prof. Diane Morin, Switzerland.*

**Abstract**

**Background:** Nursing discharge planning for elderly patients is a critical component of health care. It is crucial for continuity of care, effective communication with other health care providers and for reducing adverse effects such as medication errors or rehospitalization.

**Aims:** Investigate whether elderly patients, from medical units, who receive comprehensive discharge planning interventions, have higher readiness discharge scores than those who receive less comprehensive interventions; and to determine which nursing interventions influence the readiness scores.

**Methods:** Using a predictive correlational design, a convenience sample of 236 patients ( $\bar{x} = .05$ ,  $1-\hat{\tau} = .90$ ) was recruited. Patients aged 65 and older from 4 units were enrolled between November 2011 and October 2012. The Readiness for Hospital Discharge Scale (Weiss and Piacentine, 2006) was used 1 day prior to discharge. Types and level of interventions were extracted from the medical charts and analyzed according to the Naylor (2012) model components: gerontologic nurse specialist, early evaluation, communication, participation, coordination, evaluation on the discharge day and follow-up. Descriptive analyses and a two-level linear random model were used for statistical analyses.

**Results:** Few patients received comprehensive discharge planning interventions. The most frequent intervention was Coordination and the least common was the Participation of the patient in the decision. Patients less ready to go home received more nursing discharge interventions ( $p = .009$ ). Of the seven nursing interventions studied, only the nurse's evaluation (health, knowledge, medication, medical appointment) of the patient on discharge day has a significant impact on the readiness perception of the patient ( $p = .001$ ).

**Discussion:** By focusing on each component of the discharge planning, this study provides a greater understanding of the nursing process currently implemented in our hospitals. It has identified gaps between current practices and those reported as the most effective in the scientific literature.

2.5.3

**Decision-making prior to insertion of urinary catheters by nurses is based on perceived imperatives**

*Presenter: Martin Kiernan, Nurse Consultant, Infection Prevention and Control, Southport and Ormskirk Hospital NHS Trust, UK*

*Author(s): Martin Kiernan, UK; Clifford Richardson, UK*

**Abstract**

**Background:** Infections caused by indwelling urinary catheters are the most prevalent health-care-associated infections (1). Attempts have been made to reduce catheter use by prompt removal of catheters, however there has not been significant work on reducing insertions. Documented rationales for insertion have been noted in just 13% of sets of medical records (2). These reports do not provide details of decision-making and are not informative, save for describing what authors consider to be 'appropriate' (often not defined).

**Aims:** To develop an understanding of decision-making prior to catheterisation

**Methods:** Twenty semi-structured interviews with qualified nurses were undertaken from April to June 2012. Grounded theory was used to develop themes that describe decisions to catheterise.

**Results:** Two predominant rationales for catheter insertion emerged; urinary retention and output monitoring. Nursing staff were frequent instigators of catheters for urine retention in non-emergency settings. Decisions were based on hypothetical or categorical imperatives (3) and were primarily motivated by providing relief of symptoms of distress, pain or breathlessness. These imperatives appeared stronger than perception of risk to the patient. Causes of retention were not considered and measures to prevent retention not implemented. Alternative methods of output measurement were not considered. Other findings were that unwritten 'rules' were evident and that informed consent was rarely obtained.

**Discussion:** The study may not be transferable. Decisions to catheterise appeared to be based on perceptions of the imperative; what was required and what was unavoidable.

**Conclusion:** Provision of education on the causes of retention and of alternative methods of obtaining fluid balance may be another strategy that will reduce the burden of healthcare-associated infection through inappropriate catheterisation.



## 2.6 Theme: Children &amp; young people

2.6.1

**Advanced Family Nursing Practice can make a Difference for Caregivers of Children and Adolescents in Active Cancer Treatment***Presenter: Professor Erla Kolbrun Svavarsdottir, Professor, University of Iceland, Iceland***Abstract**

**Purpose:** Circularity between knowledge transfer and clinical practices has been of particular interest to clinicians and researchers. Little is however known about what type of interventions benefit's families the most and in what way oncology nurses can support parents to become well-functioning support persons for their child with cancer.

**Aims:** To report on the benefits of a brief therapeutic conversation intervention (FAM-TCI) for families of children in active cancer treatment on perceived family support and on expressive family functioning. The Calgary Family Nursing Assessment and Intervention models were used as the conceptual frameworks for the study.

**Methods:** A quasi-experimental family-level study design was used. Data were collected pre-and-post intervention in January through December of 2010, at a University Hospital in Iceland, from N=19 caregivers (n= 10 primary caregivers; and n=9 partner caregivers) of children and adolescents' in active cancer treatment. Based on the needs of each of the families, the intervention consisted of two-to-three therapeutic conversation sessions. Each session lasted for 50-60 min.

**Results:** Primary caregivers perceived significantly higher family support after the intervention compared to before. These caregivers also reported significantly higher expressive family functioning and significantly higher emotional communication after the intervention. Partner caregivers however, reported significantly lower verbal communication after the brief FAM-TC intervention compared to before the intervention.

**Discussion:** Shortening hospital stay in pediatric oncology has led to the need to focus the attention on effective short-term psychosocial interventions. The brief strength and resiliency based FAM-TC intervention, is promising especially for primary caregivers, but need to be tested further within RCT research design.

**Conclusions:** Focusing international attention on effective interventions, which can be implemented into advanced nursing practices, may result in a better health care for children with cancer and their families around the globe. Research implications for clinical practice and future research will be discussed.

2.6.2

**The complexities of parents managing medications for their child with life limiting illness in the home***Presenter: Carmel Doyle, Trinity College, Ireland  
Author(s): Carmel Doyle, Ireland; Honor Nicholl, Ireland***Abstract**

**Background:** Both nationally and internationally there is increasing emphasis on provision of children's palliative care (DoHC 2010) ideally within the family home. The provision of care to children with complex needs and life limiting illness involves increasing technical care giving (Nicholl & Begley 2012). However, there is a lack of data indicating the exact nature of technology use in the home.

**Aims:** The aim of the study was to identify the types of technology used by children with complex needs receiving care from their parents at home. This paper aims to identify medication management issues as identified by parents of children with life limiting illness.

**Methods:** This study adopted quantitative and qualitative design over 2 phases. Phase 1 involved the collection of data from a purposeful sample of registered children's nurses involved in the provision of home care support to children with life limiting illness. Phase 2 adopted the use of a questionnaire, designed from the data gathered within Phase 1. The questionnaire was completed by a purposeful sample of 178 parents of children with life limiting illness living at home. Ethical permission was received from the University and voluntary organisation used in the sampling process.

**Results:** Simple descriptive analysis was undertaken using SPSS and qualitative data was thematically analysed. Of significance were parental concerns about managing their child's medication in the home and the complexity involved in the administration process. At least 80% of children with a life limiting illness in this study were taking daily medications.

**Discussion and Conclusions:** Parents of children with life limiting illness are assuming increased responsibility for medication management on a daily basis. The categories of medications handled by parents and difficulties uncovered are presented. The increasing complexity of care is considered around medication management and the child with life limiting illness.

2.6.3

**Interviewing parents of children with life-limiting conditions: issues and strategies***Presenter: Dr Katherine Pollard, University of the West of England, UK***Abstract**

Involving parents/carers of children with life-limiting conditions in research can appear to be difficult and even unethical, due to the perceived and actual potential for causing participants distress (Hynson et al 2006). However, as with any group of service users, it is essential to obtain the views of these parents/carers in order to inform improvement of services for their children. Following identification of the need to provide parents/carers with access to 24/7 advice (Craft and Killen 2007), a project funded by the Department of Health in 2011 canvassed the views of parents/carers about establishing a telephone helpline for this purpose. Qualitative methods were employed: 26 parents/carers were interviewed, 8 face-to-face and 18 by telephone. One face-to-face interview was conducted with a bereaved parent. As the putative service would cover a wide geographical area, much of it rural, cost and time constraints precluded conducting only face-to-face interviews. Issues identified as requiring particular thought and planning included participant recruitment, interviewer preparation, ethical clarity, relevant differences between conducting telephone and face-to-face interviews, dealing with participant distress in both types of interviews and post-interview support for participants and interviewers. As interviews were recorded and transcribed verbatim, it was also recognised that interview content could affect transcribers, who might consequently also need support. This paper discusses strategies adopted by the research team to address these issues. During the process of conducting the research, it became apparent that parents/carers actively wanted to participate in it, and to have their voices heard. The researchers concluded that with proper planning and attention to the issues identified, research can be conducted with parents/carers in a sensitive, effective and timely manner. Such research can arguably provide a valuable contribution to the evidence base underpinning services for children with life-limiting conditions, and consequently to the quality of service provision.

2.7 Theme: Public health

2.7.1

**You can't choose your family... Knowledge spaces and self-management in the dialysis unit**

*Presenter: Jonathan Reston, University of Hertfordshire, UK*

*Author(s): Jonathan Reston, England; Rebecca Bieraugel, England; Ken Farrington, England; Patricia Wilson, England; Maxine Offredy, England; David Wellsted, England; Maria Da Silva-Gane, England*

**Abstract**

**Background:** People with End Stage Renal Disease on hospital haemodialysis spend more time with each other, and staff, than almost any other chronic disease group. This is an ideal opportunity for actualising the ideals of Patient and Public Involvement (PPI), which Gibson et al. (2012) suggest should be based on the idea of 'knowledge spaces', an environment where clinician and patient knowledge meets on an equal footing.

**Aims:** The first two phases of the SELFMADE action research study aimed to examine current self-management practice (Lorig & Holman, 2000) and experience in three large dialysis units.

**Methods:** A review of the literature and scoping of existing educational materials were conducted. Six focus groups were conducted (02/2012 to 05/2012), with a total of 30 participants. Three focus groups were with patients and carers, and three were with staff. Focus groups followed a semi-structured format, focusing on questions of self-management, and how patient self-knowledge interacts with clinicians' expertise. Transcripts were analysed thematically.

**Results:** Emerging themes included both patients and staff viewing the unit as a 'family', and staff identification of 'good or bad' patients, depending on perceived treatment adherence. The family dynamic appeared conducive to emotional support and shared learning, but not to patients participating in decisions about their care.

**Discussion:** Gibson et al. (2012) suggest that 'knowledge spaces' should allow PPI that is instrumental, pluralist, carried out by strong publics, and can result in change. The results of the study are considered within this theoretical framework, in the context of the emerging themes of a dialysis unit as a paternalistic family.

**Conclusions:** The completed scoping of materials and focus groups suggest a mismatch between current approaches and patient experience, with ideals of emancipatory self-management. This paper will conclude by presenting how the "unit as a family" can be reshaped to facilitate self-management.

2.7.2

**A qualitative investigation of the responses of healthcare professionals to domestic abuse disclosure: the perspectives of abused women**

*Presenter: Dr Caroline Bradbury-Jones, University of Dundee, UK*

*Author(s): Caroline Bradbury-Jones, Scotland, UK; Julie Taylor, Scotland, UK; Thilo Kroll, Scotland, UK; Fiona Duncan, Scotland, UK*

**Abstract**

**Background:** Domestic abuse is a universal phenomenon that has serious, long term health consequences both for women and their children. Thus, healthcare professionals play a crucial role in recognising and responding to domestic abuse. Research has shown that healthcare professionals' responses to domestic abuse are often inadequate (Lazenbatt & Thompson-Cree 2009), but little is known about the attitudes and beliefs that shape such responses.

**Aims:** This presentation reports on a study that elicited the views of women who had experienced domestic abuse, regarding the responses of primary healthcare professionals (midwives, health visitors and GPs) to a disclosure of abuse.

**Methods:** This qualitative study was the second phase of a larger study conducted in Scotland during 2011. Three focus group interviews were facilitated with a total sample of 14 women. Women were invited to discuss primary healthcare professionals' responses to domestic abuse presented to them in the form of vignettes as stimulus material. Data were analysed according to framework analysis (Ritchie & Spencer 1994).

**Results:** Women in this study were critical of healthcare professionals' ignorance of domestic abuse. In support of earlier research, findings indicate that responses were often inadequate (including ignoring the abuse). The study provides new insight into strategies that can be utilised in the disclosure and post-disclosure periods. These include 1) direct approaches to discussing abuse; 2) helping women to recognise abuse; 3) negotiating ways of promoting safety.

**Conclusions:** We will use the conference to present the study findings and engage in discussion and debate regarding their implications for nursing practice. The presentation will appeal to delegates interested in learning how to offer appropriate support to women who have experienced domestic abuse. Because domestic abuse is a global issue, this presentation has international relevance.

2.7.3

**Patient & Public Involvement in the English Clinical Commissioning Groups: Access, Agenda & Deliberation.**

*Presenter: Dr Patricia Wilson, Centre for Research in Primary & Community Care, UK*

*Author(s): Patricia Wilson, England, UK; Stephen Peckham, England, UK; Lorraine Williams, England, UK; Jane Smiddy, England, UK*

**Abstract**

**Background:** Patient and Public Involvement (PPI) in health is globally acknowledged (IAPO 2005) and firmly embedded within England's Department of Health policies including the new Clinical Commissioning Groups. However, previous evaluations of PPI suggest that engagement is often tokenistic.

**Aims:** The EVOC study aimed to analyse the relationship between PPI, impact on the commissioning process and patient experience. It also sought to identify how PPI was enabled.

**Methods:** Following governance approvals, case study methodology utilising interviews, focus groups, observation and documentary analysis was adopted. Three sites across England were purposively selected and we focused on 3 patient groups with different histories of PPI; diabetes, neurological conditions, and rheumatoid arthritis. Over 90 patients, representatives, commissioners and health care providers including nurses have participated. Data was collected from September 2010. A framework approach was used for analysis.

**Results:** The way PPI was understood and conceptualised varied between respondents. There was evidence of different models of PPI (Tritter 2009) ranging from individual direct reactive where patients had become engaged in response to experiencing a perceived health service deficit, to collective direct proactive with alliances of patient representative groups strategically responding to the changing NHS structure.

**Discussion:** The EVOC study has been in a unique position to explore how PPI has been enacted within the new commissioning structures. Using Barnes et al's (2004) framework, this paper will discuss how access to being a lay representative appears more restrictive than previously, how agenda setting continued to be based on organisation needs, and deliberation was framed by rational argument rather than patient narrative.

**Conclusions:** Requirements for PPI within clinical commissioning groups have resulted in well-developed strategies and structures. However, it appears that there has been little change in expanding PPI to acknowledge expressive narratives alongside purposive-rational relationships between commissioners and patients.

## Concurrent Session 3

Thursday 21 March 2013 09.00 – 10.25

### 3.1 Theme: Workforce

3.1.1

#### Coping with organisational change: Senior Nurses Perspective

*Presenter: Amunpreet Boyal, Qualitative Research Fellow, University of Birmingham, UK*

*Author(s): Ms Amunpreet Boyal, Birmingham, UK; Dr Abeda Mulla, Birmingham, UK; Dr Jonathan Shapiro, Birmingham, UK*

#### Abstract

**Background:** The National Institute for Health Research (NIHR) funded nine Collaborations for Leadership in Applied Health Research and Care (CLAHRC) projects in England. Their purpose is to explore the translation of evidence into practice in the NHS through conducting high quality applied health research. The Health Services Redesign project of the Birmingham and Black Country CLAHRC is tracking both the 'strategic direction' of three acute NHS Trusts and 'several clinical services' chronologically to measure how different staff groups perceive change. The Trusts vary in their size and complexity, but all have been involved in large hospital redevelopment programmes.

**Aims:** Understand senior nurses' perspectives on organisational change

Explore nursing management strategies employed during periods of organisational change

**Method:** Semi-structured interviews were undertaken in 2009 (n=77), 2011(n=21) and again in 2012 (n=29) with senior nurses, senior managers and other senior level clinicians. The Framework Method was used to manage the data from the semi-structured interviews with thematic analysis.

**Results:** The results suggest senior nurses at the three Trusts had a number of concerns to contend with during organisational change. These included political, internal, external and financial. Primary themes that emerged were in reference to national targets, capacity issues, workforce training and quality and consistency of services across different departments. Additionally, interviewees alluded to a number of strategies to deal with organisational change.

**Discussion:** This work highlights senior nurses' perspectives on organisational change and strategies undertaken to cope during these periods. It is important to understand how organisational change impacts on healthcare if we want senior nurses to deliver the expectations of the constantly evolving NHS. This research will inform senior nurses on coping strategies during periods of organisational change. Additionally, it will add to the body of knowledge in this area and aims to influence future practice and research.

3.1.2

#### Determining the impact of the Senior Charge Nurse Review:

*Presenter: Professor Martyn Jones, University of Dundee, UK*

*Author(s): Jones M, Scotland, UK; Rattray J, Scotland, UK; Baldie D, Scotland, UK; McKenna E, Scotland, UK;*

#### Abstract

**Background:** In recent years, service pressures have lead the Senior Charge Nurse (SCN) to adopt either an increased directorate managerial role or, equally problematic, a more direct clinical care role. Scottish Government has identified the need to re-establish the SCN as visible clinical leader and clinical co-ordinator of patient care. This study evaluates the implementation of the Leading Better Care role framework (LBC) (Scottish Government 2009) across a single NHS Health Board in 2010.

**Aims:** Does introducing LBC increase the percentage of time the SCN engages in a) ensuring safe and effective practice; b) enhancing patient experience (EPE); c) managing team performance; and reduce time spent on d) provision of direct care; e) administration; and f) directorate/hospital cover?

**Methods:** All 205 SCN working in hospitals across this setting were sampled. This longitudinal descriptive study used standardised questionnaires and real time data PDA diary reports from SCN of work environment, mood and clinical activity (SCN and trained observer) data early (December<sub>09</sub> to March<sub>10</sub>) and late (September to December<sub>10</sub>) in LBC implementation. Barriers to SCN role performance were gathered using free text responses

**Results:** 37% of SCNs (N=76) participated. Perceptions of work environment and mood endured or improved over time. Time spent engaging in clinical activity (a multivariate composite) was unaltered using real-time reports from observers and SCN. Time spent in EPE reduced using univariate analysis. Time on administration (15%) far exceeded time spent in EPE (4%). Role barriers were characterised by high demand, a lack of decisional, task and resource control, lack of managerial support and low role clarity.

**Discussion and Conclusion:** The introduction of the LBC Framework had little apparent impact upon SCN perceptions of the work environment, mood or SCN clinical activity. EPE may have actually reduced rather than increasing as anticipated suggesting some inertia in role refocus.

3.1.3

#### How much time do nurses actually spend on patient care? An analysis of real-time data across medical and surgical wards

*Presenter: Dr Barbara Farquharson, Clinical Research Fellow, University of Stirling, UK*

*Author(s): Barbara Farquharson, UK; Cheryl Bell, UK; Derek Johnston, UK; Martyn Jones, UK; Pat Schofield, UK; Julia Allan, UK; Ian Ricketts, UK; Kenny Morrison, UK; Marie Johnston, UK*

#### Abstract

**Background:** Time nurses spend on direct patient care is important for both patients (mortality; adverse events<sup>1</sup>) and nurses (job satisfaction; turnover<sup>2</sup>). However, little is known about time spent on various nursing tasks. The few, highest quality papers derive from Australia<sup>1,3</sup>, the results of which may not generalise to nurses working in other countries or health systems.

**Aim:** To explore the frequency of different nursing tasks in UK medical and surgical wards.

**Methods:** A real-time, repeated measures design conducted amongst 67 (n=39 medical, n=28 surgical) UK hospital nurses. Between September 2011 and August 2012 participants completed an electronic diary version of a previously validated classification of nursing tasks (Work Observation Method By Activity Timing<sup>3</sup>) during shifts.

**Results:** 961 real-time measures of nursing task were obtained. Direct patient care (Mdn=37.5%, IQR=27.8), indirect care (Mdn=11.1%, IQR=19.4) and medication (Mdn=11.1%, IQR=18.8) were most commonly reported. Contrary to widespread perceptions, documentation (mdn=10%, IQR=16.7) was not disproportionately frequent. More surprising was the low frequency of entries involving supervision (4 of 961 observations). Nurses reported being interrupted in 62% of entries (IQR=35), reported adequate time in 78% (IQR=31) and adequate resources in 89% (IQR=36). Non-patient ward-related tasks were significantly more frequent on medical wards than surgical (p= < .001), otherwise there were no significant differences between the two clinical areas.

**Discussion and Conclusions:** Nurses spend the highest proportion of time in direct patient care and the majority on core nursing activities. Supervision of others is infrequent. Interruptions to tasks are common. In contrast to recent large UK survey, nurses in this study tended to report adequate time and resources for tasks but possible methodological reasons for this apparent discrepancy are proposed. Frequency of nursing tasks is similar in medical and surgical wards.

**Implications for practice**

Nurse managers may wish to review levels of supervision and impact of interruptions.

3.2 Theme: Acute & critical care

3.2.1

**The acutely ill patient: local implementation of national guidelines to reduce unnecessary deaths.**

*Presenter: Dr Sharon Hamilton, Reader in Nursing, Teesside University, UK*

*Author(s): Dr Sharon Hamilton, UK; Susan Jones, UK*

**Abstract**

**Background:** Many avoidable deaths in acute hospitals are attributed to a lack of early recognition of deterioration and timely action by staff. Of particular importance in reducing these deaths is the knowledge that signs of deterioration are often present in physiological observations up to 6 hours prior to death. UK national guidelines were published to improve outcomes for acute patients, and a range of approaches are available for implementing such guidelines locally. This paper reports the use of a combined approach of competency training for clinical staff, the introduction of a track and trigger system (early warning score) combined with broader local factors occurring at the time (April 2011). The implications for using this approach are evaluated through the framework of ‘nudge’ theory, which suggests that small changes in how choices are presented can impact on behaviour.

**Aim:** To evaluate the approach used by one UK hospital Trust to implement national guidelines.

**Method:** A mixed methods approach was used incorporating a ‘before and after’ analysis of patient records to evaluate compliance with the guidelines, and interviews with key stakeholders to identify views and perspectives of the changes.

**Results:** Compliance with aspects of the guideline improved, although not to the extent that had been expected. Themes were identified from the interviews to explain these findings and related to: the role of the outreach training team; the need for ongoing rather than single training sessions that are adapted to the requirements of individual staff; and the role of senior staff in supporting the guidelines.

**Conclusion:** Implementing guidelines into clinical practice is a more complex process than just ensuring that staff are trained in the appropriate competencies. The way in which options are presented to staff when they are making clinical choices can impact on their behaviour and should influence guideline implementation approaches.

3.2.2

**Attitudes of Legal Guardians of ventilated ICU patients toward the process of decision making associated with invasive non life-saving procedures.**

*Presenter: Michael Kuniavsky, CCRN, Asaf HaRofeh Medical Center, Isreal*

*Author(s): Michael Kuniavsky, Israel; Sigal Sviri, Israel;*

**Abstract**

**Introduction:** ICU patients frequently undergo non life-saving invasive procedures. When patient informed consent cannot be obtained, legal guardianship (LG) often from a close relative may be required by law. The objective of this cohort study was to investigate the attitudes of LG of ventilated ICU patients regarding the process of decision making for invasive non life-saving procedures.

**Methods:** The study was conducted in general medical and general ICUs in two large Israeli medical centers. Three questionnaires were administered: a demographic data questionnaire, the Family Satisfaction with ICU 34 Questionnaire, (Heyland & Tranmer, 2001) and the Attitudes towards the LG Decision Making Process questionnaire, developed by the authors.

**Results:** The sample consisted of 64 LGs who were appointed with full family support. Participants were 49.2 (Å±11.22) years of age, 33 (51.6%) were males, most were married (n=56, 87.5%) and had high school (n=24, 37.5%) or college (n=19, 29.7%) education. The majority of the procedures performed were tracheotomies (n=63, 98.4%). Most LGs preferred decisions to be made by the medical staff after consulting with them (n= 42, 65.6%) and stated that decisions could be made without the need of a LG (n=37, 57.8%). ‘Consistency’ and ‘Understanding’ of information got lower satisfaction points than other parameters (only 67.2% and 68.7% respectively).

**Conclusions:** The legal guardianship process entails difficulties especially in the fields of communication with the medical staff and support mechanisms for family members. LGs prefer shared decision making process. There is a need for communication improvement between the medical staff, and LGs especially in providing more consistent and understandable information.

**Key Words:** ICU, Legal guardian, decision making, invasive procedures, relatives, tracheotomy

3.2.3

**Metered Dose Inhalers Versus Nebulizers for Bronchodilation in Mechanically Ventilated Adult Patients; The Clinical and Economic Impact**

*Presenter: Agi Holland, Lecturer, Edinburgh Napier University, UK*

*Author(s): Agi Holland, Scotland, Fiona Smith, Scotland, Kay Penny, Scotland, Gill McCrossan, Scotland, Linda Veitch, Scotland*

**Abstract**

**Background:** Acute respiratory failure is common amongst patients who are hospitalized with an acute exacerbation of their chronic lung disease. Where optimal medical treatment has failed to relieve symptoms, ventilator support is recommended. Despite advances in non-invasive ventilation strategies, patients still require invasive ventilation to treat their acute exacerbation. In addition to invasive ventilation, inhaled bronchodilators are an essential component of treatment. There are currently two main methods for delivering aerosol bronchodilator therapy which have been adapted for use in patients receiving mechanical ventilation; nebulizer and metered dose inhaler (MDI)

**Aim:** To determine the most effective route of administration of bronchodilator therapy to this patient group in terms of clinical and economic impact

**Methods:** Assessment of clinical efficacy of the two interventions was undertaken through systematic review using Cochrane Collaboration methodology. A cost effectiveness model was built using an Excel platform and populated with the results of the Review. The model compared the economic impact of the two interventions under comparison in terms of the Review’s primary outcome measure of a reduction in additional resistive pressure

**Results:** We found only limited studies which measured lung tissue compliance to evaluate the patient response to bronchodilator drugs. The three trials included in the review had some weaknesses. Due to missing statistical data, we were unable to combine the study findings to produce a definitive answer to which drug administration method was more effective. The cost effectiveness analysis showed that nebuliser was the cheaper administration method. This cost saving is based on currently available single bronchodilator drug formulations

**Discussion and Conclusions:** Nebuliser therapy is more effective in terms of cost, but not enough evidence is currently available to evaluate effectiveness in terms of patient response and outcome. The presentation will give an overview of the project, detailed findings and share insights gained to aid clinical decision making.

## 3.3 Theme: Perspectives on palliative care

3.3.1

**Exploring public awareness of palliative care***Presenter: Dr sonja mcilfratrick, Reader, University of Ulste, UK**Author(s): Sonja McIlfratrick, UK/Ireland, Hasson F, McLaughlin, D, Roulston, A, Rutherford, L, McCrory, N, Kernohan, G, Payne, C, Noble, H, Johnston, G***Abstract**

**Background:** International research suggests that the general public appear to be confused about what palliative care is and who provides it (Hirai et al. 2011; McCarthy et al. 2011). Evidence suggests that this can lead to negative impressions and consequences for the quality of care provided to the dying and bereaved (Seymour et al. 2010). Given the aging population and the increasing number of patients requiring palliative care it is vital to explore the public's perception of such services.

**Objective(s):** To explore public's perceptions of palliative care.

**Methods:** A sequential exploratory mixed methods research design was used. Phase 1 involved a descriptive, self-report, survey. The sample for the study included members of the Patient and Client Council Membership Scheme (n=4000). A survey pack was distributed via on line and by post. Data was analysed using SPSS and descriptive and inferential statistics were used to summarise the data. Phase 2 comprised semi-structured telephone interviews with those respondents who indicated a willingness to participate from stage 1 (n=60). The purpose of the interviews was to provide greater insight into the perceptions on palliative care with a focus on strategies that could be developed to raise awareness among the general public. These interviews were tape recorded, supplemented by field notes and content analysed.

**Results:** Key themes emerged from the telephone interviews focusing on an overall perception of palliative care and the importance of developing targeted strategies for raising public awareness of palliative care. Over 583 questionnaires were returned (Postal=344; Online = 239). The analysis of the questionnaire is ongoing but is exploring inter-group comparisons and significant differences on variables such as age and gender

**Conclusions:** The general public have differing perceptions and views on palliative care & the findings can inform policy makers on strategies to raise awareness of palliative care.

3.3.2

**Perceptions of patients and clinical research professionals regarding participation in a palliative clinical trial***Presenter: Mary Murphy, University of Ulste, UK**Author(s): Mary Murphy, Northern Ireland, UK; Eilis McCaughan, Northern Ireland, UK; Richard Wilson, Northern Ireland, UK; Donna Fitzsimons, Northern Ireland, UK.***Abstract**

**Background:** Informed consent has the dual function of protecting patients from potentially risky treatments, and ensuring their autonomy (Jefford and Moore 2008). However, in some clinical scenarios the validity of informed consent can be questioned, on the grounds of patients' understanding of what is involved, their motivation for trial participation and perceived vulnerability (Cohn and Larson 2007).

**Aims:** This study seeks to understand the main issues patients with incurable cancer, consider when making decisions regarding consent for a trial with palliative intent. It also seeks to identify the issues the research team perceive as important to patients and to compare the two perspectives.

**Methods:** A classic grounded theory approach using in-depth interviews with a theoretical sample of 15 patients and 13 nurses and doctors from the clinical research team. We analysed each interview using standard grounded theory approaches.

**Results:** Preliminary findings suggest that patients' decisions are influenced by a variety of factors including seeing the trial as their only hope for prolongation of life, a desire to avoid passivity and the persuasive language used by doctors and nurses during consent process. Clinicians held very positive views on research participation, stating that it offers patients a better standard of care, and some described 'selling' the trial to patients.

**Conclusion:** These preliminary findings demonstrate that patients' motivation for trial consent is complex and that they perceive themselves in a paternalistic relationship with their doctor and thus are influenced by the language used. Research nurses are viewed as less paternalistic, and play an important role in helping the patient to balance the information, before making a decision.

3.3.3

**Nurses beliefs, attitudes and behaviours in palliative sedation: evidence from a multicentre study in the UK***Presenter: Professor Jayne Brown, Professor of Palliative Care, De Montfort University, UK**Author(s): Jayne Brown UK, Jane Seymour UK, UNBIASED Group***Abstract**

**Background:** Some patients experience refractory symptoms towards the end of life and palliative sedation is sometimes used to relieve those symptoms. Nurses play an important role in the practice of palliative sedation, however little is known about their experiences or understanding of palliative sedation.

**Aim:** to examine what nurses from specialist and non-specialist palliative care settings understand by sedation in end of life care for patients with cancer, and their experiences with the practice

**Methods:** UK Nurses (n=35); with a range of palliative care experience from 4 months to 30 years; took part in 7 focus groups in 2010/11. Participants were drawn from hospice, acute hospital, specialist palliative care, community specialist and non-specialist nursing teams. Data were analysed using NVivo, taking a constant comparison approach.

**Findings:** Nurses understood palliative sedation as part of a regime of symptom management of which sedation was a side effect rather than an objective. Practice was described as a gradual progression with the aim of giving 'the smallest amount of sedation for the greatest symptom control'. Some nurses found its use in existential suffering to be 'difficult'. Requests for euthanasia, while rare, had been experienced by most participants. Nurses were keen to avoid hastening death or to be perceived as doing so and some had concerns about the proximity of sedation administration to death of a patient. Decision making, a team activity, was more difficult at night and weekends. Nurses identified gaps in their knowledge and understanding. Barriers to sedation practice included negative attitudes of other staff and patients' families. Facilitators included experience, 'knowing' the patient and levels of trust between nurses and other health professionals', patients and families.

**Conclusion:** These findings draw attention to key roles nurses have in decision making, implementation and monitoring of palliative sedation and have implications for practice.

3.4 Theme: Methodology:

3.4.1

**Interviews with service users in randomised controlled trials – trials and tribulations**

*Presenter: Dr Liz Tutton, Warwick and the Trauma Unit, John Radcliffe Hospital, UK*

*Author(s): Liz Tutton*

**Abstract**

Gathering service users' experiences within randomised controlled trials can be challenging from a practical and methodological viewpoint. Drawing from recent and ongoing research studies in recovery from injury (such as ankle injury management, major trauma and the use of negative pressure therapy) in the speciality of orthopaedic trauma this paper will explore three areas i) practical issues such as who to interview, when and where to interview, ii) methodological issues such as how to integrate different sources of knowledge, and iii) how to use the evidence to influence practice.

I) Practical issues such as who to interview, when and where, relate to the research question but also require a degree of judgement to ensure participants are not over burdened by the research design. Flexibility in relation to the situation or methods may be one way of providing a broader range of data from some groups.

II) Methodological issues can be challenging within a multidisciplinary team with a range of perspectives. Presenting concepts in clear and simple ways is necessary whilst maintaining methodological integrity. Interviews within a trial can be used to expand and broaden understanding in relation to primary outcomes but integration of data is complicated.

III) Requirements to articulate clearly the patient benefit and potential impact of experience data on practice create real challenges for researchers particularly if experiences are confined to feasibility studies. Creative ways of conveying benefit and impact are required.

To conclude, knowledge gathered from interview data within trials has great potential to provide evidence that may be used to improve practice and lead to patient benefit. However obtaining and presenting this data has many challenges; this paper highlights some of these difficulties, and suggests ways forward to improve understanding in this area.

3.4.2

**The Methodological Issues Surrounding the Interviewing of Nurses and Midwives about Sensitive Topics**

*Presenter: Carolyn Crouchman, Senior Lecturer, Buckinghamshire New University, UK*

*Author(s): Carolyn Crouchman, UK; Dr Lauren Griffiths, UK; Dr Keiran Henderson, UK;*

**Abstract**

This presentation discusses the methodological considerations and challenges associated with interviewing registered nurses and midwives about potentially sensitive topics. The psychological safety of those involved was paramount. The author's experience of conducting interviews as part of ongoing PhD research work exploring the experiences, perceptions and beliefs of nurses and midwives about responding at 'out of work' scenarios where first aid may be required will be discussed. Globally, nurses and midwives experience situations where medical first aid is needed when they are not at work and in everyday life. Whilst there is much debate, there is little existing primary research in the topic area. A participant referral sampling technique was employed enabling constant comparison with a focus on discovery. 5 taped in-depth face to face interviews were carried out between May and October 2012 using an interpretive grounded theory methodology. Photographic imagery was used as a trigger for the interviews. Initial indications are that there are specific professional, psychological and ethical issues to consider when planning to interview nurses and midwives about sensitive topics. These include risks associated with potential researcher distress or compromise.

With good preparation, and attention to confidentiality and anonymity, valuable data that is rich and meaningful can be obtained. In some instances, nurses and midwives have found the experience cathartic and positive. However there are significant challenges for the researcher in gaining participants trust to achieve open and candid data.

3.4.3

**Methodological Challenges in Sexuality Based Research**

*Presenter: Author(s): Aileen Burton, Republic of Ireland, Professor Vivien Coates, Northern Ireland, Dr Marian McLaughlin, Northern Ireland*

**Abstract**

**Purpose:** The purpose of this paper is to explore the methodological challenges in conducting research on sexuality using an Irish study on female sexuality and diabetes as an example.

**Background:** Sexuality is both an emotive and sensitive topic. It is an integral part of a woman's life that can be adversely affected by diabetes in ways that are detrimental to her total health, relationships and self esteem (Enzlin, 2003) yet it remains one of the most neglected aspects of study in healthcare. The existing minimal research and clinical literature on female sexuality and diabetes mainly focuses on the physical aspect of sexuality and does not examine a holistic view.

Methodological challenges exist in previous research: absence of control, non identification of diabetes type, and absence of examination of psychological adjustment to diabetes. Also the majority of work is not underpinned by a theoretical framework and there are discrepancies in the operational definitions of sexuality. Challenges exist however in overcoming these issues by conducting a research study that is sensitive and appropriate when examining the issue of sexuality.

**Discussion:** This paper will explore ethical issues (informed consent), sampling methods, data collection procedures (exploring face to face and internet based data collection), data collections tools (covert and overt measures); in addition the topic of socially desirable responding will be considered. These issues will be addressed by examining the challenges faced in this Irish sexuality study which had both face to face (n=40) and web-based (n=258) collection processes in 2011 with overt and covert measures on an age range of 18-69 years, using a conceptual framework based on the work of Woods (1987) and Verschuren et al (2010) thus making a contributing to global knowledge by enhancing the understanding of the methods involved in doing sexuality based research.

## 3.5 Theme: Stroke care/patient experience

3.5.1

**Contemporary stroke care delivered in Greece: measuring progress in three clinical settings.**

Presenter: Dimitrios Theofanidis, Clinical Professor, Alexandro Technological Educational Institution of Thessaloniki, Greece

Author(s): Dimitrios Theofanidis, Greece; Xenofon Fitsioris, Greece

**Abstract**

**Background:** Trajectory of stroke recovery varies depending on physiological parameters and level of services. Although stroke units (SUs) are recognized as a paradigm of high quality care, in Greece there are only two 'stroke-bays' and their efficacy compared to standard ward treatment has not been evaluated.

**Aims:** to compare the progress of acute stroke in three settings within a Greek hospital.

**Methods:** A mixed-method design was used with an observational/comparative investigation and exploration of staff views. 57 acute stroke patients cared for in a Stroke Bay (SB), Neurology Ward (NW) and Medical Ward (MW) were selected consecutively. Also, the views of 9 nursing/medical staff were sought. Data were collected during September-December 2011. Comparisons included case mix, age, stroke severity, length of stay (LOS), Scandinavian Stroke Scale (SSS), Barthel Index (BI) and modified Rankin Scale (mRS) on admission and discharge. Non-parametric statistical analysis at  $p < 0.05$  was employed to compare differences.

**Results:** Mean LOS was: SB=6.3 ( $\bar{A} \pm 1.7$ SD), NW=8.6 ( $\bar{A} \pm 2.5$ SD) and MW=10.6 ( $\bar{A} \pm 2.1$ SD) days. Median SSS score for the SB on admission=34.50 and improved to 44.00 ( $p < 0.001$ ). BI was 45.00 and 72.50 respectively ( $p < 0.001$ ), mRS scores=4.00 and 2.50 respectively ( $p < 0.001$ ). For the NW, SSS improved from 25.50 to 39.00 ( $p < 0.001$ ), BI from 15.00 to 50.00 ( $p < 0.001$ ), and mRS from 4.00 to 3.00 ( $p < 0.001$ ). For the MW, SSS improved from 19.00 to 29.00 ( $p < 0.001$ ), BI from 10 to 30.00 ( $p < 0.001$ ), and mRS from 4.00 to 4.00 ( $p < 0.010$ ).

**Discussion:** All selected patients improved, but only the SB patients changed BI category to functional independence. Issues of ageism and inequitable access are revealed due to ward allocation policies.

**Conclusions:** SB care could be an economical and efficacious mode of stroke care delivery especially under the recent cuts in the Greek NHS as it improves outcomes in societies where SUs are not yet established. SB patients benefit regardless of age, so this criterion is invalid as an admission prerequisite.

3.5.2

**The functional, psychological and social impact of stroke in an inner city multiracial population.**

Presenter: Dr Calvin Moorley, Senior Lecturer, Programme Leader Combined Honours, University of East London, UK

Author(s): Calvin Moorley, Sharon Cahill, Anita Tunariu, Oona Scott School of Health, Sport and Bioscience, University of East London, E15 4LZ School of Psychology, University of East London, E15 4LZ

**Abstract**

**Background:** Provision of health services within inner cities is complex and demanding and needs careful attention to cultural sensitivities. Recent work has shown that lack of awareness of these differences (McNaughton et al., 2011) can impact on the stroke survivor.

**Aims:** To investigate the experiences of life after stroke among different racial groupings living within a diverse inner city community. Every day activities were analysed. A functional, psychological and social approach identified the effects of stroke on daily living.

**Methods:** Data was collected from 213 patients attending an East London hospital outpatient clinic 01/01/2004 to 31/12/04. 28 attendees (12 males and 16 females) had suffered a TIA and were excluded from further analysis. The data was then analysed with respect to gender within 4 groupings (White, Afro – Caribbean, Asian and Other) using Kruskal Wallis and Mann Whitney U tests.

**Results:** Of the 185 stroke patients (108 male and 77 female) who had suffered a stroke, there was little difference in respect of age, males (68.7  $\bar{A} \pm 12.9$  years) and females (68.2  $\bar{A} \pm 11.9$  years). The Asian men (n=21) reported significantly lower Barthel indices ( $p = *0.03$ ), dressing ( $p = *0.05$ ) and greater sleeping ( $p = *0.017$ ) difficulties. They required more carer support ( $p = *0.04$ ) and had lower health ratings ( $p = *0.0001$ ). For the female groupings, the Asian women needed significantly ( $p = *0.016$ ) more help with bathing than the Afro-Caribbean group.

**Discussion & Conclusion:** In respect of ethnicity, there was more diversity in terms of functional, psychological and social parameters within the male group. Women may under report their need for assistance as retaining stoicism can be salient for identity in an inner city community (Curtis, 2004). Understanding of the impact of stroke within different ethnic inner city groups could aid the design and provision of stroke aftercare.

3.5.3

**Utilising the Warwick Patient Experiences Framework (WaPEF) in developing NICE Patient Experiences Guideline and Quality Standard**

Presenter: Dr Sophie Staniszewska, University of Warwick, UK

Author(s): Boardman F, England; Gunn L, England; Roberts J, England; Clay D, England; Seers K, England; Brett J, England; Avital L, England; Bullock I, England; O'Flynn N, England

**Abstract**

**Background:** The Warwick Patient Experiences Framework (WaPEF) was developed to inform and shape the development of the NICE guideline 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 Guideline 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, relationships and continuity of care, communication, information and support.

**Discussion and Conclusion:** 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 and quality standard. The guideline was published in February 2011 and will contribute to the NHS Outcomes Framework in England and Wales.

Implications for health systems, professionals, patients and society: The WaPEF can be adapted for use internationally in guiding the development of Patient Experiences Guidance.

3.6 Theme: Patient experience

3.6.1

**Selecting Outcome Measures to Test the Effectiveness of Two Complex Interventions to Improve Nurse and Patient Experience of Care**

*Presenter: Dr Carina Hibberd, University of Stirling, UK*

*Author(s): Carina Hibberd, Scotland, UK; Martyn Jones, Scotland, UK; Deborah Baldie, Scotland, UK; Janice Rattray, Scotland, UK; Vikki Entwistle, Scotland, UK; Roma Maguire, Scotland, UK; Suzanne Hagen, Scotland, UK; Nadine Dougall, Scotland, UK; He*

**Abstract**

The research team are undertaking evaluations of the effectiveness of two nursing-team-level, organisational and behavioural complex interventions which are ultimately aimed at improving patient experience of care. Data will be collected longitudinally from approximately 30 wards, for two years from early in 2013. The effectiveness evaluations needed outcome measures which would achieve a number of requirements:

1. Represent aspects of nurse and patient experience which the interventions are anticipated to change. These changes should be key to the intended intervention aims, rather than incidental;
2. Reflect person centred aspects of experience;
3. Have appropriate statistical validity;
4. Be feasible and acceptable;
5. Complement current and future NHS quality improvement strategies;
6. Facilitate international comparisons.

These requirements were achieved through a series of stages. Logic models of the theories of change for each programme were developed to identify candidate targets for evaluation. This involved: interviews with intervention developers and facilitators; literature and documentary review. Subsequently, a brief, review of the literature was combined with the experience of the research team to identify potential outcome measures. Many potential measures had been developed for quality improvement or audit, rather than research. Each potential measure was reviewed in terms of the requirements outlined above and consensus reached within the team.

Complex interventions are multi-faceted and thus it is recommended that multiple primary outcomes are used to evaluate different key facets. In keeping with this, and considering the theory of change for each intervention, the following primary outcomes were selected:

1. Patient experience of nurse communication ('HCAHPS Survey,' 2012);
2. Nurse-reported burn-out (Maslach & Jackson, 1981); and
3. Nurse-reported shared philosophy of care (Patterson et al., 2011).

This presentation will discuss this process, the logic models developed and the decisions which were made. This study will inform the evaluation of other complex nursing interventions.

3.6.2

**Risky Dialogue? Developing two-way communication using patient experience micro-blogging**

*Presenter: Dr Charlie Davison, NHS West Essex R&D Office, UK*

*Author(s): Charlie Davison (UK), Caroline Gunnell (UK), Ewen Speed (UK)*

**Abstract**

Integrating patient experience into healthcare commissioning is central to contemporary healthcare. While statistical methods are widely applied both in the British NHS and around the world (Holzer and Minder 2011), the use of phenomenological approaches emphasizing first person story telling is relatively undeveloped (Coulter et al 2009). Here we report on a local micro-blogging project in Essex which has experimented with anonymous web-based feedback and dialogue as a method of permanent public/patient feedback to NHS service providers and commissioners.

From 2010 to 2013 the PEBL research project has experimented with anonymous local blogging as a method for patient/public engagement. Feedback and dialogue have occurred at the Surgery, Hospital, PCT and CCG levels of NHS in Essex.

Based on a set of formal qualitative interviews and also the texts of the blogs themselves, this paper describes how both sides in the public/NHS dialogue identify, balance and manage a range of 'risks' they see as inherent in the process. Principle themes which have emerged from the data include the issues of: anonymity versus identity; 'generic' versus specific stories, apathy versus 'axe-grinding'; the weight and impact of narrative compared to numerical data and the vexed question of 'who is listening' and whether it is possible for listening/response to be demonstrated or perceived.

**Research Methodology:** This paper reports thematic analysis carried out on 30 semi-structured interview scripts. The interviews were recorded with a random selection of an equal number of patient/public bloggers and NHS managers/clinicians who had used the PEBL blogging website during 2011 and 2012. The blogs and responses appearing on the PEBL website (PEBL 2013) in 2011 and 2012 were also analysed as part of the research project.

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East of England Research Ethics Committee reference: – 10/H0302/15

3.6.3

**A cardiac preoperative education intervention to reduce anxiety and improve recovery: a randomised controlled trial**

*Presenter: Dr Ping Guo, Post Doctoral Research Fellow, Kingston University & St George's, University of London, UK*

*Author(s): Ping Guo, UK; Antony Arthur, UK; Linda East, UK*

**Abstract**

**Background:** Patients awaiting cardiac surgery experience physical and psychological stress. Although there is evidence that preoperative education can improve postoperative outcomes among general surgical patients (Shulldham, 1999), less is known about preoperative education for patients undergoing cardiac surgery, particularly in the context of Chinese healthcare.

**Aim:** To evaluate whether a preoperative education intervention designed for Chinese cardiac patients could reduce anxiety.

**Methods:** A randomised controlled trial was conducted between December 2009 and May 2010 at two hospitals in Luoyang, China. 153 patients undergoing cardiac surgery were randomised, 77 to a usual care group and 76 to preoperative education group receiving usual care plus an information leaflet and verbal advice. The primary outcome was change in anxiety (HADS). Secondary outcomes were change in depression (HADS), change in pain (BPI-sf), length of ICU and postoperative hospital stay. A qualitative evaluation was followed up with 20 trial participants to explore their views on preoperative education and their trial experiences (Findings are reported separately).

**Results:** 135 (88.2%) completed the trial. The participants who received preoperative education experienced a greater decrease in anxiety score (mean difference – 3.6 points, 95% CI – 4.62 to – 2.57;  $P < 0.001$ ) and a greater decrease in depression score (mean difference – 2.1 points, 95% CI – 3.19 to – 0.92;  $P < 0.001$ ) compared with those who did not. Preoperative education patients reported less interference from pain in sleeping (mean difference – 0.9 points, 95% CI – 1.63 to – 0.16;  $P = 0.02$ ). There was borderline evidence to suggest a reduced number of hours spent in the ICU among preoperative education patients ( $P = 0.05$ ) but no difference in length of postoperative hospital stay ( $P = 0.17$ ).

**Discussion and Conclusions:** This intervention is effective in reducing anxiety and depression among Chinese cardiac patients. Based upon existing evidence and international practice, preoperative education should be incorporated into routine practice to prepare Chinese cardiac patients for surgery.



3.7 Theme: Role development/  
children & young people

3.7.1

**Developing mentoring relationships: A research priority exercise with paediatric nurse experts***Presenter: Professor Lesley Wilkes, Professor of Nursing, School of Nursing and Midwifery University of Western Sydney, Australia**Author(s): Lesley Wilkes, Australia; Nicola McKay, Australia; Joanne Cummings, Australia.***Abstract**

**Background:** Research priority setting can play an important role in shaping the commissioning of research and is an effective strategy to ensure best practice and excellence in nursing. Priority setting enables a direct link between nursing research and the development of nursing practice.

**Aim:** To develop research priorities with members of the New South Wales Child Health Networks (NSW CHNs) Paediatric Clinical Nurse Consultant group in Australia to improve paediatric nursing practice.

**Method:** A nominal group technique (NGT) was utilised in March, 2012 to identify and rank by importance, research topics to be investigated by the group. At the first meeting, 16 members of the NSW CHNs used a three point scale to rate by importance, a list of the 69 research topics. These were ranked using means and standard deviations and checked by participants. Two months later, the researchers revisited the group to refine their priorities and decide on projects.

**Results:** The three top ranked priorities were related to pain management in children followed by the reasons for the re-admission of children to emergency departments. The group chose research topics to investigate and the research team leader will mentor the nurses throughout the projects.

**Discussion:** The research priorities for paediatric nursing identified by the group were similar to international studies but are contextualised to local needs. Through a research priority exercise with a nursing specialist group, mentoring relationships have been formed and the group has been motivated to become more engaged with research and its possibilities. The group has worked together with a common focus and the beginnings of a research culture have been established.

**Conclusion:** This project has used an innovative method to engage nurses in the research process and to establish relationships with academics which will enable their further development in the skills and knowledge required for research into paediatric nursing.

3.7.2

**Learning to Nurse: Preceptorship in Practice***Presenter: Author(s):***Abstract**

**Background:** Preceptorship is a transition programme aiming to enhance the confidence and competencies of novice nurses, thus improving productivity, innovation and the patient experience. The process and consequences of this policy are little understood and NHS programmes remain experimental.

**Aims:** To understand how preceptorship policy mediates the transformation of novice nurses and to reveal the hidden aspects of learning in practice.

**Methods:** Adopting a critical, situated learning approach, the study examined the processes of 'learning to nurse' as preceptees actively integrated with the hospital context. This ethnographic case study used ward and classroom based observations, video, diaries, focus groups, and interviews data collection took place 2011-2012.

**Results:** Preceptorship was successful in highly specialised areas of care where concerns of accountability were foremost. Preceptorship was more discreet in large, general wards however, the lack of formal role modelling led to greater inter-professional learning and the co-construction of knowledge and mutual mentoring between preceptees. Professional values did not feature strongly in the enactment of preceptorship; rather, transformation and identity were mediated by the habits and rituals of the local context. There was strong evidence of preceptee innovation and insight into 'process' however this was short term and often unrealised.

**Discussion:** Preceptorship is articulated and embodied through day-to-day practices and the nature of the 'space' can shape the experience of the preceptee. Newly qualified nurses are innovative and benefit from learning spaces. This study raises the issue of ownership of preceptorship as local culture and requirements can prevent the learning of broader professional values.

**Conclusion:** Preceptorship policy needs to be professionally focused, delivered flexibly to recognise the social and often turbulent processes of learning in real-time practice and in different environments. Successful preceptorship is supported by strong professional leadership and a positive learning culture where nurses feel valued and have space to innovate.

3.7.3

**Developing safety netting information for parents: Reviewing the literature on effectiveness.***Presenter: Dr Sarah Neill, University of Northampton, UK**Author(s): Sarah Neill, UK; Chenyu Shang, UK; Matthew Thompson, UK; Monica Lakhanpaul, UK***Abstract**

**Background:** This paper presents findings from the first stage of the ASK SNIFF (Acutely Sick Kid Safety Netting Interventions for Families) project which aims to develop safety netting information for parents to use when caring for an acutely sick child under 5 years of age.

Uncertainty and anxiety surround parents' decisions to seek medical help for a sick child, leading to parents' desire for more information to inform their decision making (Neill 2008). Safety netting information given after consultation can reduce re-consultation rates (Maguire, Ranmal et al. 2011). However there is no standardisation to safety netting provided. The Acutely Ill subgroup of the Child Health Outcomes Forum (Ewing and Kelly 2012) recognised the need to develop evidence based high quality safety netting for acutely ill children. Factors influencing the effectiveness of safety netting information for families need to be identified prior to the development of standardised safety netting interventions.

**Aim:** To identify the most effective way of providing information to help parents decide when to seek help for an acutely sick child under 5 years of age.

**Method:** Integrative systematic review, using narrative analysis, of papers published between January 1990 and September 2011 in UK, Europe and USA. Twenty papers met the inclusion criteria for the review.

**Results and Discussion:** Results include the measures of effectiveness used to evaluate information resources for parents of acutely sick children under 5 years of age, the most effective methods used and the strength of these findings. Factors which influence the impact of information resources for parents will be discussed.

**Conclusion:** Safety netting information resources for parents need to be acceptable to, and accessible by, parents in the practical context of acute childhood illness at home.

Paper submitted on behalf of the ASK SNIFF (Acutely Sick Kid Safety Netting Interventions for Families) project group.

# Concurrent Session 4

Thursday 21 March 13.35 – 15.00

## 4.1 Theme: Mental Health

4.1.1

### Mental health disorders among residents of care homes: Incidence, prevalence and societal comparisons

*Presenter: Marie O'Neill, University of Ulster, UK  
Author(s): Marie O'Neill, Northern Ireland; Assumpta Ryan, Northern Ireland; Brendan bunting, Northern Ireland; Siobhan O'Neill, Northern Ireland; Sam, Murphy, Northern Ireland; Finola Ferry, Northern Ireland.*

#### Abstract

##### Background:

The Northern Ireland Study of Health and Stress (NISHS) was one of the largest population studies of mental health undertaken in Northern Ireland. It formed part of the World Mental Health (WMH) Survey Initiative, an epidemiological study of mental health which was conducted in over 28 countries throughout the world under the auspices of the World Health Organisation. The current study extended the NISHS to care home residents as this population group had been excluded from the original study and from all studies involved in the WMH Survey Initiative.

**Aim:** The overall aim of this study was to determine the levels, types and correlates of mental health problems among care home residents and to compare this information with a cohort of older people (n=864) in the general population using the NISHS data set.

**Design and methods:** This cross-sectional study comprised of structured interviews with 75 older people living in care homes. An abridged version of the World Mental Health-Composite International Diagnostic Interview (WMH-CIDI) was the primary research instrument and contained questions on the factors influencing mental health including depression, anxiety disorders, chronic illness and social networks. Quality of Life was also measured using the SF-12 to collect data on the physical, psychological, functional, emotional and mental health of participants.

**Results:** Data were analysed using statistical algorithms developed in Harvard for use in all WMH surveys.

**Conclusion:** Results showed a low prevalence of mental health disorders among older people in general, including the cohort of care home residents. Of reported significance are perceptions of overall quality of life, individual experiences and values, including related values such as well-being, happiness and life satisfaction. Further

research is required to examine the influence of resilience and medication management on the prevalence of mental health disorders among care home residents.

4.1.2

### Deaths by suicide following discharge from general and psychiatric hospitals: 30 year record linkage study

*Presenter: Nadine Dougall, Lecturer, University of Stirling, UK*

#### Abstract

**Background:** Research studies have rarely explored suicide rates following discharge from pooled general and psychiatric hospital settings.

**Aims:** To link death records of people dying by suicide with their NHS general and psychiatric hospital records, and compare suicide patterns after last discharge.

**Methods:** A retrospective record linkage study of deaths by suicide in Scotland, aged  $\geq 15$  years during the timespan 1981 to 2010.

**Results:** Of 16,411 people dying by suicide, hospital records were available for 11,156. One fifth of deaths occurred within one month of discharge; two thirds from general (69%) compared to one third (31%) from psychiatric hospitals. Of those deaths following discharge from general hospital, only 13% had a recorded co-morbid psychiatric diagnosis at last visit; an additional 22% were found to have a previous lifetime psychiatric diagnosis; almost half had had a main diagnosis of 'injury or poisoning', potentially suggesting likely subsequent self-harm – by far the largest group affected were younger men (54%).

**Discussion:** This is the largest UK study of its kind. Other comparison studies are rare. One exception from Denmark reported that within the last month before death, 7% and 13% of all people dying by suicide had been discharged from general and psychiatric hospitals, respectively (Andersen 2000). We report the reverse, finding that 10% and 4% of all deaths had a last discharge in the preceding month from general and psychiatric hospitals. Deaths following contact with general hospitals are likely under-estimated as the dataset did not include discharges home from A&E.

**Conclusions:** This study highlights that engaging in suicide prevention within general hospitals deserves more attention and indicates that screening for previous lifetime psychiatric diagnosis might be recommended. It highlights

the importance of targeting interventions at, and engaging with, adequate follow-up of patients discharged from general hospitals after a diagnosis of 'injury or poisoning'.

4.1.3

### Comparison of a specialist Medical and Mental Health Unit with standard care for older people with delirium and dementia admitted to a general hospital: a randomised controlled trial (NIHR TEAM trial)

*Presenter: Sarah Goldberg, Research Associate, University of Nottingham, UK*

*Author(s): Sarah Goldberg, UK; Lucy Bradshaw, UK; Kathy Whittamore, UK; John Gladman, UK; Rowan Harwood, UK*

#### Abstract

**Background:** Patients with delirium and dementia admitted to general hospitals experience poor outcomes. Family carers often report dissatisfaction with care.

**Aims:** To compare patient outcomes and carer satisfaction on a specialist unit compared to standard care

**Methods:** A specialist Medical and Mental Health Unit (MMHU) was developed. Additional mental health professionals were employed; staff received enhanced training in delirium and dementia care; a program of purposeful activity was introduced; the environment was modified to be more appropriate for people with cognitive impairment; and a proactive and inclusive approach to caregivers adopted. Six hundred patients over 65 admitted for acute medical care, identified on admission as 'confused', were randomised to the unit or standard care between July 2010 and December 2011. Primary outcome was number of days spent at home over 90 days. Secondary outcomes included a range of health status measurements, carer strain, and carer satisfaction with care. Process of care was measured.

**Results:** There was no statistically significant difference in days spent at home between settings (median 51 vs 45 days, 95% CI for difference – 12 to 24, p=0.3); median index hospital stay was 11 vs 11 days, mortality 22% vs 25%, readmission 32% vs 35%, and new nursing home admission 20% vs 28%, for the unit and standard care respectively. However, more family carers were satisfied with care (overall 91% vs 83%), and severe dissatisfaction was reduced (5% vs 10%).

**Discussion:** This was the first randomised controlled trial of a specialist MMHU for older people with dementia or delirium. The MMHU was an ambitious intervention. The failure to improve health status outcomes markedly was likely due to frailty, and the inexorable progression of dementia and underlying diseases.

**Conclusion:** Specialist care for people with delirium and dementia can improve carer satisfaction, but does not change health status outcomes.

#### 4.2 Theme: Diabetes/young adults

4.2.1

### Psychosocial Factors and Type 1 Diabetes in Young Adults with Type 1 Diabetes

*Presenter: Dr Laurie Quinn, University of Illinois at Chicago, USA*

*Author(s): Laurie Quinn, USA, Denise Kent, USA, Pam Martyn-Nemeth, USA*

#### Abstract

**Background:** The incidence of type 1 diabetes (T1DM) is increasing worldwide at a rate of 3% per year. Recent evidence suggests that young or 'emerging adults' have difficulty managing the multiple demands of T1DM while transitioning to adulthood.

**Purpose:** The purpose of this cross-sectional descriptive study was to explore the relationships among fear of hypoglycemia (FOH), fear of complications (FOC), self-management, self-efficacy (SE), diabetes knowledge, and quality of life (QOL) in young adults aged 18-35 years with duration of diabetes  $\geq 1$  year to provide a basis for future interventions with this vulnerable group.

**Methods:** The data were collected via web (Survey Monkey) during 2010.

**Results:** The sample consisted of 180 young adults with T1DM ages  $27.4 \pm 4.7$  (mean and SD), who were predominantly female 149/31 (F/M) and had higher than recommended glucose levels (A1C:  $7.4 \pm 1.5\%$ ). In regression analysis FOH, FOC and SE significantly predicted QOL in young adults with T1DM ( $F(3, 176) = 67.67, p < .005$ ). Subjects (53.1%) reported that they maintained their 'blood glucose levels high when planning on attending a long meeting or party'; while 27.2% reported that they kept their 'blood glucose levels high when anticipating being alone'. Assuming possible adaptation to T1DM over time, we examined these factors in a subsample of the subjects (ages: 18-30 years, duration of diabetes  $\geq 5$  and  $\leq 15$  years [ $n=64$ ]). These numbers were consistent with the larger study as 47.2% reported keeping blood glucose high for meetings etc. and 31.7% reported maintaining higher blood glucose levels when alone.

**Conclusions:** Psychological factors, such as FOH, may lead to poor self-management habits. Sustained elevations in blood glucose levels likely contribute to diabetes complications. Implications: Interventions designed to address factors

such as FOH may impact glucose control and the genesis of complications; therefore decreasing personal, familial and socio-economic costs.

4.2.2

### The experiences of young adults with degenerative conditions on general adult wards

*Presenter: Professor Bryony Beresford, University of York, UK*

#### Abstract

**Background:** Improving the preparation for, and transfer to, adult health care for young people with chronic illnesses is a policy and practice priority. However, inpatient episodes are not typically feature in transition planning. This is particularly pertinent when the trajectory of the condition means acute admissions are likely to occur soon after the transfer from paediatrics to adult health.

**Aims:** To describe the experiences of young adults with degenerative conditions admitted to general adult wards.

**Methods:** Semi-structured interviews with 34 young adults (17-25 yrs) with childhood diagnosed degenerative conditions including cystic fibrosis (12), muscular dystrophies (14) and renal disease (8); and 19 parents (recruited via young adult participants).

**Results:** Poor in-patient experiences were identified as the most difficult aspect transition. One or more factors contributed to these negative experiences. Families felt unprepared for the differences between children's and adult wards, such as the age and condition of other patients and restricted visiting hours. Staff lacked knowledge of the young adults' condition, and this could lead to sub-optimal care. Staff assumed that the young adult wanted to make their own treatment choices without parental support. There was little flex in ward policy (and practical facilities) to accommodate overnight stays, despite the young adults' need for care and support. Young adults felt socially isolated and lacking peer support.

**Discussion and Conclusions:** The findings highlight the need, where necessary, to incorporate admissions to adult wards into transition planning processes. Specialist teams may want to consider training staff on the wards onto which their young adult patients are admitted. Ward managers may wish to review policies on extended/overnight visiting with respect to young adults with particular conditions. Young adults' preferences for the involvement of their parents in consultations/decision-making should be identified.

4.2.3

### Glucose derangement among a stroke cohort: implications for glucose monitoring practice

*Presenter: Elizabeth Laird, Lecturer of Nursing, University of Ulster, UK*

*Author(s): Elizabeth A Laird, N Ireland; Vivien Coates, N Ireland; Assumpta Ryan, N Ireland; Diane Lyttle, N Ireland; Evie McCrum-Gardner, N Ireland.*

#### Abstract

**Background:** Hyperglycaemia is commonly observed among adults admitted to hospital with acute stroke. Nurses have a major role in the monitoring of glucose, and subsequent management of glucose derangement.

**Aims:** To explore glucose derangement among a stroke cohort, and establish an evidence base to inform glucose monitoring practice after stroke.

**Methods:** A descriptive cohort study was conducted of 112 consecutively admitted adults (61% women, mean age 74 years) with acute stroke to all three district hospitals in one NHS Trust, to examine glucose derangement and its management. Data were collected in 2009.

**Results:** Eighteen (16%) adults had a history of diabetes mellitus, but 41 (36.6%) of the cohort experienced hyperglycaemia (glucose  $\geq 7.8$ mmol/l) in the first five days. There was a significant difference in number of days of near patient glucose monitoring for those with diagnosed diabetes ( $M = 15.88$  days,  $SD=24.78$ ) and those without ( $M = 1.74$  days,  $SD=10.88, t(17.15)=2.3, p=.034$ ), mean difference = 14.1, 95% CI: 1.2 to 27). Hypoglycaemic events (glucose  $\leq 4.0$ mmol/l) were experienced by 11(10%) adults. Only two of the hypoglycaemic episodes involved adults with a history of diabetes mellitus. None of the adults who experienced hypoglycaemia had received intravenous or subcutaneous insulin. Whilst a history of diabetes mellitus prompted near patient glucose monitoring, only 15 (16%) of the 94 adults without a history of diabetes mellitus received such monitoring.

**Discussion:** Much research has focussed on hyperglycaemia after stroke; our study indicates the additional risk of hypoglycaemia. This finding reinforces the need for vigilance in glucose monitoring and management.

**Conclusions:** Irrespective of diabetes mellitus status, all adults admitted to hospital with stroke should have their glucose monitored in the first 5 days.

4.3 Theme: Cancer care

4.3.1

**Cancer and Fatherhood: An exploration of the experiences of fathers diagnosed and living with cancer**

*Presenter: Carla O'Neill, PhD student, University of Ulster, UK*

*Author(s): Carla O'Neill, Northern Ireland; Prof. Ellis McCaughan, Northern Ireland; Dr. Cherith Semple, Northern Ireland; Dr. Assumpta Ryan, Northern Ireland*

**Abstract**

**Background:** There are 2 million people living with cancer in the UK (Maddens et al 2009). Recent statistics indicate that 1 in 5 cancer patients are parenting children under the age of 18 years (Weaver et al 2010). Currently little is known about fathers' experiences living with cancer. In modern society fathers' roles are evolving, becoming increasingly diverse and multi-dimensional and little is known about how fathers negotiate the parental changes necessitated by the illness experience.

**Aim:** To explore the experiences of fathers diagnosed and living with cancer with parental responsibility for children.

**Methods:** A qualitative hermeneutic phenomenological approach was used. Data was generated through in-depth interviews with 10 participants. A total of 22 interviews were carried out, commencing in August 2011 for a period of 15 months. Data was digitally recorded and transcribed verbatim. van Manen's (1997) framework of the four existentials; lived time, lived body, lived relation and lived space guided the analysis.

**Results:** Preliminary findings from the data show several meaning aspects centred around each existential. Lived body-fathers experience their bodies differently now. Lived time-fathers are drawn into the past, present and future by the illness. Lived relation-the illness has impacted their relationships with their children and others with both positive and negative outcomes. Lived space-the spaces in which fathers are situated influence their experience of the illness.

**Conclusions:** The findings show the meaning and significance for fathers living with cancer. This knowledge can be used to inform healthcare policy that is particularly focused on fathers and families needs. In addition, this knowledge can be used as building blocks to inform healthcare professionals caring for fathers with cancer, which may be transferable to fathers with other chronic illnesses.

4.3.2

**The development of a self-management psychosocial intervention for men with prostate cancer and their partners: The Connect programme.**

*Presenter: Oonagh McSorley, Research Associate, Institute of Nursing research, School of nursing, University of Ulster, UK*

*Author(s): Professor Ellis Mc Caughan Northern Ireland, Dr Gillian Prue Northern Ireland, Ms Oonagh Mc Sorley Northern Ireland & Professor Kader Parahoo Northern Ireland*

**Abstract**

**Background:** Little is known about what interventions work to help men and their partners cope with the effects of prostate cancer treatment.

**Aim:** The purpose of this feasibility study was to investigate the acceptability of a psychosocial intervention to men with prostate cancer and their partners, and to gain feedback from the facilitators, participants and non-participants to make changes to and enhance the intervention.

**Methods:** The intervention was assessed in terms of structure, process and outcome. The nine week group and telephone intervention commenced following treatment. The intervention focused on symptoms, sexual dysfunction, uncertainty, positive thinking and couple communication. Couples were randomised to the intervention or control group. Participants were assessed at baseline, immediately post-intervention and at one and six months post-intervention. Outcome measures included self-efficacy, quality of life, symptom distress, uncertainty, benefits of illness, health behaviour and measures of couple communication and support. Process evaluation was conducted through a feedback questionnaire and qualitative interviews.

**Results:** Over the course of 12 months, 18 couples agreed to participate. There was no significant difference between the age of intervention group (Mean = 64.2, SD 7.6) and the control group (Mean = 62.3, SD = 5.9;  $t = 0.585$ ,  $p = 0.564$ ). One of the main reasons for declining participation was the group format. Participants were satisfied with the information provided, the structure of the programme and the level of support received.

**Discussion:** The programme provided a focus and time for reflection and helped couples prioritise issues making them more aware of their behaviour, needs and wants within their relationship. They valued the group format and peer support. The partners appeared to have particularly gained from the intervention. The small numbers prevented the determination of the effect of the programme on patient reported outcomes.

**Conclusion:** Further research is needed to enhance recruitment and target 'hard to reach' men.

4.3.3

**To Follow Up or Not? A comparative randomized study of a novel supportive care model versus standard follow up for early breast cancer**

*Presenter: Professor Annie Topping, Professor of Nursing, Institute for Research in Citizenship and Applied Human Sciences, University of Huddersfield, UK*

*Author(s): Topping A (UK), Dent J (UK), Brayford S (UK), Allinson V (UK), Stephenson J (UK), Ferguson C (UK) and McCoy M (UK)*

**Abstract**

**Background:** Following curative treatment for early breast cancer standard UK practice includes hospital follow-up (HFU) to monitor for local recurrence, and provide support. This surveillance is in addition to regular mammography. Evidence suggests recurrence is most frequently self-identified, and HFU can increase anxiety. The clinical and cost benefit of HFU, for essentially well women, is questionable.

**Aim:** To compare the feasibility and acceptability of a supportive model of follow-up (education programme plus on demand open access (OA) to the breast cancer team) compared with standard HPU.

**Methods:** All consenting eligible patients attended an education programme subsequently were randomised to receive OA or HPU. A postal questionnaire including Hospital Anxiety and Depression Scale [1] (HADS) EORTC Quality of Life QLQ-C30 and BR23 [2,3] were administered at baseline, 6, 12, 18 and 24 months. Other data from course evaluations, diaries and a telephone evaluation (at 12 Months) were collected. The effect of aftercare allocation was assessed using multilevel linear regression modeling Methods.

**Results:** 112 women (56 OA: 56 HPU) were recruited and 82 completed all data points (73% response rate). No statistically significant effect from aftercare allocation was found on any of the QoL scales. Age was found to be a statistically significant predictor of QoL on several sub-scales. Increasing age was negatively associated with sexual functioning, systemic therapy side effects and physical functioning and positively associated with future perspective.

**Discussion:** Mode of aftercare did not appear to impact on QoL and other data (interview and diaries) confirms acceptability. Although a statistically significant interaction between group and age was found on one subscale ( $p=0.002$ ) this is unlikely to be an effect of aftercare allocation.

**Conclusion:** This model of supportive care (education plus open access) appears feasible and acceptable. It is now being adopted as standard across the local cancer network.

## 4.4 Theme: Critical/acute care

4.4.1

**Factors Affecting Front Line Casualty Care in Afghanistan***Presenter: Dr Alan Finnegan, University of Chester, UK***Abstract**

**Background:** Limited research has assessed the effectiveness of pre-hospital care given at the point of wounding to those injured in conflict situations.

**Aim:** The study aimed to critically analyse the perception of clinical staff regarding their performance, and the personal impact of providing trauma related frontline support in Afghanistan.

**Methods:** Data was collected through 17 interviews with healthcare clinicians deployed in frontline medical facilities in Afghanistan following major medical incidents. Interview transcripts were subjected to content analysis based on a modified grounded theory approach.

**Findings:** Multi-factorial issues affected the quality of clinical care and personal performance on operations. These are absorbed within four major clusters:

- Standards of Care & Record Keeping.
- Environment.
- Situational Pressures.
- Personal Safety.

The participant's perception was that trauma care was of a high nature. However, triage was performed differently to training protocols, with patients' treated due to proximity rather than clinical priority. Pain management was not always achieved; fluid replacement was hampered with difficulty in obtaining parenteral access and sometimes given in excess of protocols, whilst clinical documentation was not always completed.

Clinical personnel carried out their duties, irrespective of personal injury or threats to their safety, however their performance may be tapered under such stress. Post incident reports were used as a reflective process.

**Conclusion:** This original study was completed in the austere, demanding and hostile environment faced by personnel administering front line casualty care, and provides a unique viewpoint from a clinicians' perspective. This provided an innovative insight and unique opportunity to empirically identify strengths and weaknesses that may inform future policy, operational manning, education, and research. These results may have implications for civilian practice.

Further research is required to: assess clinical performance and the Mental Health implications of providing clinical care in circumstances where personal safety is jeopardized, although human factors training may be beneficial.

4.4.2

**A matter of record: revealing ward nurses' attitudes to critical patient deterioration***Presenter: Dr Mandy Odell, Nurse Consultant, Critical Care, Royal Berkshire NHS Foundation Trust, UK***Abstract**

**Background:** While studies have reported that patients on general wards can have inadequately monitored vital signs, and there is poor adherence to early warning scoring protocols (NPSA 2007), there has been inadequate exploration into the causes of this problem. Further research is needed in order to find the social, professional and organisational factors that may positively or negatively impact on nursing practice.

**Aims:** To explore the factors influencing nursing practice in their care of deteriorating ward patients.

**Methods:** Permission for the study was granted from the Local Research Ethics Committee. Critical Realist philosophy (Pawson and Tilley 2007) guided an exploration of nursing accounts that referred to deteriorating ward patients, using a cardio-respiratory arrest (CRA) event as a surrogate marker. All adult patients suffering a CRA on the general wards, over a one year period (Jan – Dec 2007), in a UK District hospital, were included.

Critical Discourse Analysis guided data extraction and analysis from nursing records relating to the CRA event, and the preceding 12 hours (deterioration phase). Cues from the records were themed and categorised seeking out social, professional and organisational influences using Gee's (1999) six building tasks as a theoretical framework.

**Results:** Data were extracted and analysed from the records of 123 CRA cases, with further in-depth analysis conducted on 25 CRA cases. Five main themes (6 sub-categories) were identified.

**Discussion:** The main influencing factors were: ward nurses' role identity; the relationship between ward nurses and doctors; and the attitude to critical physiological events.

**Conclusion:** Compelling evidence was found that the ward nurses involved in this study struggled to adequately detect and manage patient deterioration. They were hampered by lack of professional cohesion, role confusion, lack of knowledge, fear, anxiety and powerlessness.

4.4.3

**Ward staff experiences of patient death: a phenomenological study in an acute hospital setting***Presenter: Janet Wilson, Senior Lecturer (Nursing), Sheffield Hallam University, UK**Author(s): Janet Wilson, England, UK; Jane Clayton, Crete, Greece***Abstract**

**Background:** At some point during their work, most ward staff involved in the care of patients will encounter patient death. Little evidence has been found of ward staff responses to death and support available in acute hospital settings.

**Aim:** The aim of this research was to explore ward staff experiences of patient deaths in an acute medical setting, to include Registered Nurses and healthcare support workers. Objectives included comparing the experiences of the two groups of staff and identifying the implications for policy and practice.

**Methods:** A Heideggerian phenomenological approach was used to gather and analyse data. Participants (n=13) were recruited through purposive sampling in autumn 2010. All were working in an acute medical respiratory care ward, in a large teaching hospital. They consisted of eight Registered Nurses and five healthcare support workers. Participants were interviewed about their experiences of patient death in this setting, what they perceived as influencing their responses and what support mechanisms were helpful.

**Results:** These were grouped into three essential themes; behavioural responses, influences and support. These were further divided to reflect the theoretical context of the study which was informed by the wider social psychology literature (coping strategies, disenfranchised grief and emotional intelligence) and the empirical context of the study to include the local environment of care; an acute medical ward, the individuals professional status (Registered Nurse or healthcare support worker) and the wider policy context of healthcare provision in the NHS.

**Conclusions:** The findings from this study add new knowledge about staff experiences of patient death in the specific setting of an acute medical ward. The findings could have implications for clinical practice, the provision of support for nursing staff and contribute to future policies regarding end of life care in this healthcare setting.

4.5 Theme: Rehabilitation

4.5.1

**Patient reported priorities for treatment of frozen shoulder**

*Presenter: Susan Jones, Research Associate, Teesside University, UK*

*Author(s): Susan Jones, England, UK; Nigel Hanchard, England, UK; Sharon Hamilton, England, UK*

**Abstract**

**Background:** Primary adhesive capsulitis (frozen shoulder) is a widespread and common problem internationally that impacts on individuals and societies. The perceptions and treatment priorities of people experiencing it have been neglected in previous research.

**Aim:** To elucidate patients' perceptions of frozen shoulder and their treatment priorities.

**Design:** A qualitative study using semi-structured interviews.

**Methods:** Patients clinically diagnosed with frozen shoulder were purposively recruited from primary and secondary care. Recruitment reflected the phases of frozen shoulder: group 1 – pain predominant; group 2 – stiffness predominant; and group 3 – persistent stiffness predominant. Data collection was carried out from July – November 2011. Interviews lasting 30 – 45 minutes were audio-recorded and transcribed. Analysis utilised a constant comparative method to develop subsequent interview questions and derive themes; which were independently analysed by two researchers using a six-stage thematic approach (Braun and Clarke 2006).

**Results:** Eleven participants (five male) were recruited, three were diabetic and all were aged over 40 years. Four experiential themes emerged: pain; inconvenience/disability; confusion; and treatment-related aspects. Those patients directly referred to a specialist experienced a faster, better-defined care pathway. Specialist consultation brought definitive diagnosis, relief from anxiety, and usually self-rated improvement. The main treatment priority for patients was improved function, though there was recognition that relief of pain or stiffness might underlie this. Having their questions answered was also very important to them.

**Conclusion:** Patients reported a lack of knowledge about FS among healthcare staff.

Awareness of frozen shoulder requires raising among non-specialist healthcare workers along with evidence-based information being made available in a variety of formats for patients. A consistent care or treatment pathway requires further development.

4.5.2

**Family life when a parent is diagnosed with cancer: impact of a psychosocial intervention for young children**

*Presenter: Prof Ellis McCaughan, Macmillan CNS – Head & Neck Cancer/Post-doctoral Cochrane Fellow, South Eastern Health & Social Care Trust, UK*

*Author(s): Dr Cherith Semple, Northern Ireland, UK*

**Abstract**

**Background:** When a parent is diagnosed with cancer it can have a profound impact on the family, especially the children.

**Aims:** Explore the experience of parental cancer for parents and their children

Evaluate the impact of a psychosocial intervention for young children whose parent has cancer

**Methods:** Using a descriptive qualitative design, data was generated from separate focus groups with children (n=7) and parents (n=6). One-to-one interviews were conducted with professionals delivering the intervention (n=2). Data was collected from November 11 to March 12, and analysed using thematic analysis.

**Results:** Parents are often the gatekeeper to how, when and the context in which children learn about parental cancer. Many parents expressed a lack of confidence and skills as they considered communicating with their children about cancer. Parents also stated the need for professional input, mainly due to changes in their child's behaviour.

Children had a number of fantasies and misconceptions surrounding cancer. This intervention helped to normalise children's experience of parental cancer through peer support. It also improved children's understanding of cancer and equipped them with coping strategies.

Professionals perceived the intervention led to improved family communication. Furthermore, it promoted discussion of emotions, which may have helped children cope better.

**Discussion:** Healthcare professionals must be cognisant of the potential distress that parents and their children may experience following parental cancer. Parents and children often need support to help understand the challenges experienced or those they may confront, especially at diagnosis, during active treatment and recurrence.

Family-centred cancer support is often lacking. The impact of this cannot be underestimated, as parental distress can lead to depression which can have a direct impact on the psychological functioning of children.

**Conclusion:** Open communication is pivotal for children whose parents have cancer but parents need supported and resourced to promote family coping.

4.6 Theme: Patient Experience

4.6.1

**Managing emotions and conflict: issues in informal complaints management in midwifery within an NHS trust**

*Presenter: Dr Anki Odellius, Research Fellow, The University of Surrey, UK*

*Author(s): Anki Odellius, UK, Helen Allan, UK, Billie Hunter, UK, Karen Bryan, UK, Ann Gallagher, UK, Wendy Knibb, UK*

**Abstract**

**Background:** Poor staff communication and attitude are key factors contributing to NHS service user dissatisfaction and complaints (The Information Centre for Health and Social Care, 2011) mirrored internationally (Montini et al. 2008). However it is not known what it is about communication and attitude that leads to formal, written complaints; nor about the role effective communication and a positive response to complaints at the verbal, informal stage, has in improving service delivery in reducing formal written complaints.

**Aim:** To present preliminary qualitative findings related to midwifery from an ongoing action research project undertaken by the Universities of Surrey and Cardiff and partners at an acute NHS trust. The study explores the management of informal complaints by nurses and midwives at ward level and whether interventions promoting effective communication improve patient experience.

**Methods:** A two phase action research study using one case study site. Phase two data (April 2012 – October 2012) included a series of six audio recorded supervised interventions with midwives discussing their experiences of complaints management.

**Results:** Data analysis indicates that midwifery work is conducted in an highly complex and emotionally charged context which shapes communication with women and their partners/families and informal complaints management. Concerns regarding cross cultural issues and managing challenging/intimidating behaviour from partners or families are emerging as significant in the context of managing informal complaints and improving patient experience.

**Conclusions and implications for practice:** The findings illustrate that communication in midwifery is not only multi directional but also takes place in particular cultural contexts imbued with social meaning which informs understandings and emotions. Culturally based patterns of communication and behaviour both on the part of midwives and service users are an important element in negotiating complaints.

Midwives need regular tailored and multifaceted training in communication/complaints management including conflict training; and well functioning support systems.

4.6.2

### Patient expectations and experiences of taking antipsychotic medication and their perceived role in recovery.

Presenter: T James Kidd, Specialist practitioner/lecturer, Mersey Care NHS Trust, UK

#### Abstract

**Background:** Non and partial adherence with antipsychotic medication is highly prevalent across societies and has a deleterious impact on the course of psychotic illness. Efforts to improve adherence have had limited success. Most interventions emerge from intuitive assumptions about medication taking and are not developed from any robust theoretical framework. The patient narrative is virtually absent in adherence research.

**Aim:** To better understand the expectations and experience of people prescribed antipsychotic medication.

**Methods:** Using interpretive phenomenological analysis (IPA), 4 patients took part in loosely structured interviews. Patients were asked to describe and discuss what they expected from antipsychotic medication when it was first prescribed; to compare their initial expectations and their actual experience. The data was analysed and presented in themes according to IPA principles.

**Results:** The role of medication: All respondents believed that they had a personal role and control in recovery that was equal to or more important than medication.

The fear of having no choice: Medication was not initially a therapeutic construct. It represented defeat and a means to leave hospital.

Knowledge about medication was poor

**Discussion:** The role of self-agency in recovery, frequently identified in oncology literature, but not articulated in mental health research was evident in this study. Despite the passing of time and the management of psychotic symptoms, the participants could not clearly explain how their medication was affecting them in terms of a treatment. Though describing taking medication as a type of precautionary measure against a return to hospital, they did not describe medication as the primary means of keeping well.

**Conclusions:** The significant gap between professional perceptions of the role of medication and those of the patient need to be addressed if we are to improve adherence.

4.6.3

### Is reflexivity the key to minimising problems of bias and interpretation in phenomenological research?

Presenter: Marie Clancy, The University of Wolverhampton, UK

#### Abstract

The recognition and treatment of paediatric pain in sub Saharan Africa (SSA) brings many challenges for health professionals. This research was undertaken as the current literature lacked the unique perspective of those who actually work daily in this demanding environment.

An Interpretive Phenomenological Analysis (IPA) approach was adopted in order to bring a fresh understanding by allowing each professional to tell their own story. However it is impossible to climb inside the head of the participant and see a tangible experience. As such the researcher is always one place removed and aims to capture a view which is made by a continual and critical questioning process to avoid assumptions.

This involved a dynamic cycle of interpretation. Within this study, health professionals explained their understanding of paediatric pain in SSA, and the researcher used empathy and understanding to fully absorb and appreciate the explanations given.

Researcher reflexivity was used as a crucial element to ensure a credible, plausible and transparent explanation of the accounts. Examples of the problems encountered within this research will be discussed in order to bring a new consideration of the methodology used and the crucial elements of reflexivity. Struggles included clear affiliations with one participant and thus a desire to over use their narrative but also under use of another participants account because of a lack of rapport which lessened understanding of their viewpoint.

The aim of this CONCURRENT session is to explore these issues and others such as how a researcher's own background may influence interpretation and how to manage the paradox of personal experience which may give a greater contextual understanding but also add constraints by being fixed around that experience.

It is hoped by using examples from the research undertaken a greater understanding and awareness of the power of researcher reflexivity may be created.

4.7 Theme: Research process

4.7.1

### Reflections on access: too vulnerable to research?

Presenter: Gary Witham, Manchester Metropolitan University, UK

Author(s): G Witham, UK; C Haigh, UK

#### Abstract

This paper seeks to highlight the challenges facing researchers when recruiting vulnerable patients. We explore the difficulties experienced in gatekeeping for a project involving people with dementia, intellectual disabilities and mental health problems who are also having treatment for cancer (Juritzen et al 2011). It is argued that the challenges in identifying and recruiting vulnerable participants extend beyond ethics committees and governance to the perceptions and judgements of health care professionals in 'allowing' access to particular patient groups. These positions and judgements appear to be embedded in certain construction(s) of cancer (Willig 2011) and discourses surrounding dementia, intellectual disabilities and mental health. In attempting to access the research site (based at a regional oncology centre) the difficulties were made explicit in attempting to identify specific vulnerable patients. Health care professionals (HCP) appeared concerned with the 'burden' of vulnerable patients being approached. This also appeared challenging since health professionals, as gatekeepers, had to initially identify & approach patients. There was reluctance in communicating vulnerability to patients with HCP's concerned at the reaction of patients who they had identified as 'vulnerable'. This issue is a key policy and health concern since it could directly lead to a silencing of under-researched, vulnerable groups by preventing participation in research. Structural discrimination and the positioning of patients are areas of concern that rarely lead to open acknowledgement or discussion in biomedical contexts (Grimen 2009). In this study HCP's appeared to feel this group of patients were burdened with cancer as well as their other issues and as such would be 'overwhelmed' at being involved in a focus group. This 'protection' appeared to exclude independent discussion with patients but by allowing the conditions to arise in which different choices are legitimated, including participation in research, patient autonomy can and should be respected.

4.7.2

### **Idealism versus Pragmatism: Addressing The Paradox of Theoretical Sampling**

*Presenter: Adam Keen, University of Chester, UK*

#### **Abstract**

As researchers globally have responded to Glaser & Strauss's invitation to develop the grounded theory methodology (Glaser & Strauss, 1967), the concept has arguably become more nebulous. For example, theoretical sampling is positioned by many as a common and central method to the various forms of grounded theory methodology (Morse, Stern, Corbin, Charmaz, Bowers & Clark, 2008). Yet, whilst there exists uniformity in the definition of theoretical sampling in grounded theory, and even a degree of commonality as to how sampling should be implemented, the method has been criticised for the lack of pragmatic direction it offers to novice researchers (Mason, 2010). This lack of direction can lead to researchers facing a dilemma between methodological idealism and the pragmatic concerns associated to research in healthcare settings (for example, the need for ethical review).

This presentation will argue that re-thinking theoretical sampling as a strategy can assist novice researchers to overcome the idealism versus pragmatism dilemma. The paper will use a case example to illustrate how adopting a strategic approach to theoretical sampling facilitated the development of a modified theoretical sample. It will identify various ideals of theoretical sampling and will compare the approach used to these – highlighting the importance of justifying the decisions made throughout the sampling process. Finally, it will aim to identify some of the pitfalls experienced in implementing a strategic approach to theoretical sampling.

4.7.3

### **Children with single ventricle anatomy: understanding the experiences of survivors and their families**

*Presenter: Dr Helen Gardner, Lecturer, University of Birmingham, UK*

#### **Abstract**

This presentation reports on a qualitative study of children with single ventricle anatomy and their families in the UK. The aim of the study was to present the perceptions of the experiences of children living with single ventricle anatomy and those of other family members, specifically parents and siblings. Around 600 children are born in the UK each year with these severe conditions (Little Hearts Matter, www.lhm.org accessed 2nd November 2012), and literature reviewed demonstrated an international perspective, with articles retrieved from the US, Canada, Europe, Australia and Korea. Treatments remain experimental, high risk and invasive and although new surgical techniques are improving the outcomes for these children, long term outcomes remain unclear (Davies et al, 2011). Theoretically the study was informed by the principles of grounded theory, specifically the approach of situational analysis (Clarke, 2005). In addition the study was framed as family research, retaining the voice of individual family members whilst at the same time conveying the interrelatedness of multiple voices within the family.

Approval for the study was gained from the participating Trust Research and Development Committee and Local Research Ethics Committee. A sampling frame was determined from the Trust database of children who had been operated on for a variety of single ventricle anomalies. In-depth qualitative interviews were used to collect the data. Four families participated, with a total of 17 participants at three interview points over a two year period between May 2006 and March 2008. The findings of the study suggest that models of care should include participants' perceptions of having to navigate complex health care systems and broader organising discourses in order to achieve a sense of coherence. In addition services need to be tailored to the needs of the child and family, taking into account the difficult realities of people's lives.

4.8 Theme: Pain Management

4.8.1

### **NIPPS – First steps towards using real time data collection to measure the quality of inpatient pain service techniques and identify variations in practice across England Wales and N.I.**

*Presenter: Dr Fiona Duncan, Nurse Specialist Reserch Fellow, Manchester Metropolitan University, UK*

#### **Abstract**

**Introduction:** Pain management for patients in hospital is a major problem. Evidence of pain service impact has been lacking, there is significant variation in care provision. Evidence is needed about the ways in which pain services are organized in order to understand whether these are linked to important differences in what happens to patients. The National Inpatient Pain Study group (NIPPS) is a voluntary collaborative venture of inpatient pain specialists working towards a national prospective database.

**Aim:** The long-term aim is to improve the quality of pain management for patients in hospital. The objectives are (1) to describe the case mix of the inpatient pain population (2) to define and monitor the quality and side-effects of different techniques and identify variations in practice.

**Method:** The pain service website is live, recording information about service provision. The pilot database records demographic, procedure and patient related outcomes of consecutive patients.

**Results:** Staffing varies from 0.5 to 8 nurses per hospital site. Completed demographic data, for 29,080 patients, was available from 13 hospitals for 2011. There were 65,930 patient visits. 18% were non-surgical admissions. Emergency patients represented 15% of surgical patients. 37% of patients reported a pain score equivalent to moderate to severe pain on the first assessment, 21% reported severe pain. Nausea and vomiting was the most frequent adverse event reported. Sixty-nine major adverse events were logged.

**Discussion:** We continue to develop and refine our outcome measures, and have a rapidly growing accurate and meaningful database. This is an important step towards reducing variation and improving effectiveness.

**Conclusion:** Prospective longitudinal data has the potential to improve our understanding of variation in outcomes and establish future research priorities.



4.8.2

### Being comfortable: Surgeons' and nurses' aims when managing children's post-operative pain

*Presenter: Dr Alison Twycross, Kingston University and St George's University of London, UK*

*Author(s): Alison Twycross, UK ; Anna Williams, UK; Allen Finley, Canada*

#### Abstract

**Background:** Post-operative pain management practices remain sub-optimal with children experiencing moderate to severe pain during hospitalisation (Stevens et al 2012; Twycross and Collis 2012). The International Association for the Study of Pain (2010) suggests this can be attributed to several factors and proposes some professionals hold outdated beliefs. Studies exploring nurses' aims, published in 1988 and 1994, found they did not aim to relieve pain completely (Gadish et al. 1988; Caty et al. 1994). Surgeons' aims in this context have not previously been explored. This paper will present the results of two studies exploring surgeons' and nurses' aims when managing children's post-operative pain.

**Aims:** To explore the aims of paediatric surgeons and registered nurses when managing children's post-operative pain in one Canadian hospital

**Methods:** Semi-structured interviews were used to explore the aims of paediatric surgeons' (n=8). Nurses (n=19) responded to the question: When managing postoperative pain what is your overall aim?

**Findings:** Surgeons' overarching aim was to keep the child comfortable, without eliminating pain completely. Around half the nurses (n=10) also aimed for patients to be comfortable. Other nurses aimed for a pain score of two-three, or below five. Various definitions of comfortable were described, relating to children's experience of pain, their ability to undertake activities of daily living and mobilise. Surgeons described pain management as a balancing act between concern for the child's present experience and fulfilling the responsibilities and expectations of professional medical care.

**Conclusions:** Nurses' aims when managing paediatric postoperative pain appear to vary. Surgeons do not aim to eliminate pain completely. These findings may help explain why children continue to experience moderate to severe pain post-operatively. Future research should focus on exploring how these findings impact on children's pain experience.

4.8.3

### Pain characteristics and self-rated health in elective orthopedic surgery patients

*Presenter: Maren Falch Lindberg, Lovisenberg Diakonale Hospital, Norway*

*Author(s): Maren Falch Lindberg MSc, RN, Clinical Nurse Specialist; Ellen Karine Grov, PhD, RN, Professor; Caryl L Gay, PhD, Cand Psychol. Researcher Tone RustÅ, en, PhD, RN, Professor; Tove Irene Granheim, RN, Head Nurse; Einar Amlie, MD, Surgeon, Anners Lerdal, PhD*

#### Abstract

**Background:** Pain is a problem for many surgical in-patients (Sommer et al. 2008) and may lead to postoperative complications (Liu and Wu 2007). Limited knowledge exists about the relationship between postoperative pain, function and self-rated health.

**Aims:** To examine the relationship between pain intensity, pain interference and self-rated health after elective orthopedic surgery.

**Methods:** Cross-sectional survey. Pain characteristics, self-rated health, socio-demographic status and co-morbidity were measured in 123 elective orthopedic in-patients recruited consecutively from a hospital in eastern Norway in Nov-Jan 2012. On the day of discharge from the surgical unit, patients completed items about pain intensity and pain interference from the Brief Pain Inventory, and about self-rated health from the Medical Outcome Short Form-36 Health Survey. Clinical data were retrieved from the medical records. Patients were divided into three diagnostic groups: shoulder surgery, hip or knee replacement, or other surgery.

**Results:** Mean age was 60 years (SD 17.2) and 50% were female. Average pain intensity was 4.2 (SD 2.2) on a 0-10 Numeric Rating Scale. Shoulder surgery patients reported significantly higher pain intensity compared to other surgical groups. Pain interfered mostly with daily activity and sleep. Higher pain intensity was significantly associated with poorer self-rated health. Average pain intensity explained 8% of the variance in self-rated health, after controlling for socio-demographic variables and pain interference with function.

**Discussion:** Shoulder surgery patients may receive less attention to postoperative pain management than other orthopedic patients. Pain interference with daily activity and sleep could delay rehabilitation. Poor self-rated health could lead to poorer outcomes for patients (Perruccio et al. 2011).

**Conclusion:** High pain intensity is related to poorer self-rated health. Postoperative pain is still under-managed. Postoperative pain management should be given high priority after orthopedic surgery, in order to improve self-rated health and function.

# Concurrent Session 5

Thursday 21 March 2013 15.35 – 17.00

## 5.1 Theme: Patient centred care/ patient experience

5.1.1

### 'Slipping into pantaloon phase': Patient experiences of having a hip fracture.

*Presenter: Jo Brett, University of Warwick, UK  
Author(s): Jo Brett, UK; Kirstie Haywood, UK; Liz  
Tutton, UK; Sophie Staniszewska, UK*

#### Abstract

**Background:** Hip fracture currently uses 1% (£1.4 billion) of the UK National Health Service (NHS) annual budget and is likely to increase with an aging UK population (NHFD 2012). For many patients, a hip fracture brings not just a loss of mobility but also a loss of independence and dramatic change in their lifestyle (DoH, 2010). It is important to understand the impact of hip fracture from the patient perspective in order to develop relevant and appropriate healthcare services.

**Aim:** To explore the lived experiences of having a hip fracture to assist in identifying patients' perspectives on their health and social care needs

**Methods:** Patients were recruited from an acute trauma unit just before discharge and interviewed at home 12 to 16 weeks after surgery. An interpretative phenomenology analysis approach was used to collect and analyse the data. Patient partners were integral to the study.

**Results:** Participants reported the impact on their identity, with hip fracture triggering feelings of being 'old' particularly in the 'younger' old age group who had been relatively active prior to hip fracture. Peoples' perception of them changed, as they became less mobile and more dependent on those around them. They reported feelings of frustration and incompetence, and felt they were not fully involved in shared decision making around healthcare choices. Most participants reported positive experiences with health care teams whilst in hospital. However, there were often feelings of abandonment following discharge to home, with little communication or reassurance from health professionals and a lack of information provided on how to enhance recovery.

**Conclusions and Discussion:** The study provides insight into patients' experiences of having a hip fracture that can inform improvements in healthcare services and delivery for this important patient group.

5.1.2

### Extending the assessment of patient-centredness in healthcare: Development of the Valuing Patients as Individuals Scale (VPAIS)

*Presenter: Professor Martyn Jones, School of  
Nursing and Midwifery, University of Dundee, UK  
Author(s): Jones M, Scotland, UK; Williams,  
Scotland, UK; Rattray J, Scotland, UK; Baldie  
D, Scotland, UK; MacGillivray S, Scotland, UK;  
Abubakari R, Liverpool, UK; McKenna E, Scotland,  
UK; Mackie S, Scotland, UK;*

#### Abstract

**Background:** Health care in Scotland aims to deliver high quality, person-centred care that is clinically effective and safe (Scottish Government 2009). However, patient experience is not uniform, and legislation now requires health services to evaluate patients' experiences of their care (Patients' Rights Act: Scotland 2011). There are few validated measures to allow the gathering of robust data.

**Aim:** To update and re-validate the VPAIS (Coyle and Williams, 2001) for routine use in healthcare.

**Methods:** A mixed methods study, including literature review, face validity focus group with patient and healthcare staff stakeholders and exploratory factor analysis. Data was gathered from a sequential cohort of 790 participants across 34 wards in two acute hospitals in one NHS Health Board in Scotland during August and September 2011. Ethics and R&D approval were obtained.

**Results:** Literature review added 53 items to 72 original VPAIS items. Face validity interviews removed ambiguous or low relevance items leaving 88 items for administration. 290 returns provided a 37% return rate, however 71 patients returned incomplete data. Exploratory Factor Analysis (EFA) was carried out 219 complete data sets. EFA with varimax rotation revealed a 31 item, three factor solution with good reliability, CONCURRENT and discriminant validity (in terms of gender). A psychometrically shortened 10 item measure based on the top 3 or 4 loading items on each scale was comparable. Nursing Care and Respect (13 items,  $\hat{1}\pm=.94$ ; 3 items,  $\hat{1}\pm=.90$ ), Doctor Understanding and Engagement (11 items  $\hat{1}\pm=.92$ ; 3 items  $\hat{1}\pm=.81$ ) and Patient Concerns (7 items  $\hat{1}\pm=.78$ ; 4 items  $\hat{1}\pm=.69$ ).

**Discussion and Conclusion:** Long and short scale versions of the VPAIS are sufficiently developed for routine evaluation of patient experience within secondary care. The short scale version is now routinely used in real-time evaluation of patient experience contributing to this NHS setting meeting its policy and legislative requirements.

5.1.3

### Patient Centred Care in Chronic Diseases Cross sectional study on patient's characteristics, perception of received care and own state of health.

*Presenter: Dr Francesca Rosa, RN, Health Sciences  
Department, University of Genoa, Italy*

*Author(s): Rosa Francesca Master Degree in  
Nursing Science, University Cattolica del Sacro  
Cuore, Roma, Italy Tartaglioni Daniela Director of  
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Research Methodology, Nurse Researcher, Health  
Science Department, university of Genoa, Italy.  
Sasso Loredana Associate Professor of Nursing,  
University of Genoa, Health Science Department,  
Italy.*

#### Abstract

**Background:** Chronic diseases care management requires a systematic approach and coordination of care settings and providers is more effective than single interventions [1].

Patient-centred care is a cultural change that affects the entire system but more deeply the relationship between the health care system, the health professionals and the patient and requires more than one aspiration to be implemented [2].

**Aims:** Look for statistically significant relationships between the characteristics of patients with chronic diseases and their perception of received care and state of health with a view to patient-centred care [3] for the strengthening of the partnership between health professionals and patient.

**Methods:** Cross-sectional on 130 patients with one or more chronic diseases through validation of the questionnaire Patient Assessment of Chronic Illness Care (PACIC) and its administration with specific patient data recorder sheet and the SF-12v2. Data collection period July-October 2012.

**Results:** Younger patients have a total score of PACIC higher ( $P = .0229$ ) and a higher degree of activation ( $P = .0249$ ) compared with older patients. Patients with a higher level of education have a total score of PACIC higher ( $P = .0184$ ) and goal setting ( $P = .0231$ ) and problem-solving skills ( $P = .0233$ ) than patients with a low level of education. As more time has passed from the diagnosis as more patients feel supported in decision-making and are more satisfied with the treatment ( $P = .0191$ ). Males report a better physical health ( $P = .0222$ ).

**Discussion:** The study allowed us to have a validated instrument in Italian for the detection

of perception of chronic patients on treatment received and to support the need of organizational changes in the care delivering.

**Conclusions:** Data collected can be used to customize nursing care as there are some significant correlations between patient characteristics and scores of the questionnaires.

## 5.2 Theme: Methodology

5.2.1

### What to do when a feasibility and/or pilot RCTs highlights significant problems? A study of choices, trade-offs and implications for the design of the main study.

*Presenter: Professor Brian Williams, Director of the Chief Scientist Office' NMAHP Research Unit, University of Stirling, UK*

*Author(s): Brian Williams, University of Stirling, UK; Suzanne Hagen, Glasgow Caledonian University, UK; Carol Bugge, University of Stirling, UK.*

#### Abstract

**Background:** Current guidance on complex interventions advocates pilot trials and feasibility studies as part of a phased approach to the development and testing of healthcare interventions.

**Aims:** To assess the feasibility of an RCT of pessary plus pelvic floor muscle training for prolapse, and identify the implications of subsequent methodological choices (in response to the feasibility findings) for the internal and external validity of a final trial.

**Methods:** An RCT using complex intervention and CONSORT guidance (ClinicalTrials.gov: NCT01136889). Four centre trial randomising 50 women. A published fourteen-point framework for the development of feasibility studies and pilot trials was used to support discussions of actions required following pre-trial research.

**Results:** Significant problems in relation to recruitment, features of the intervention, acceptability and outcome measurement were identified. Three principle methodological issues were identified. Firstly, there were varied ways of addressing the problems identified: adapting the intervention, adjusting the clinical context, amending elements of the trial design, or a combination of all three. Secondly, each choice carried different consequences in relation to the rigour of a subsequent trial, generalizability/utility, and the degree of any trade-off between the two. Thirdly, no guidance to support the complex decision-making was found.

**Discussion:** Our findings suggest that methodological frameworks to guide the development and conduct of feasibility studies may be insufficient and short-sighted if they emphasize the achievement of efficacy over real world effectiveness. Further methodological issues need to be considered to promote the evaluation of interventions that can be normalised into health systems.

**Conclusions:** Clear a priori structures should be established prior to feasibility studies and pilot trials identifying when it is not feasible to progress to a main trial. These structures should allow consideration of an intervention's potential to be implemented in practice as well as to be evaluated within the context of a trial.

5.2.2

### A comparison of content analysis and a web based visual analytical tool to analyse qualitative data.

*Presenter: Dr Sherrill Snelgrove, Lecturer in Nursing and Psychology Applied to Health, College of Human and Health Sciences, Swansea University, UK*

*Author(s): Sherrill Snelgrove UK Fiona Murphy UK, Dawn Snow UK*

#### Abstract

**Background:** Content analysis involves a process of counting, coding and presenting data. Alternatively, the use of web based visual text analytic applications to analyse textual data is increasingly utilised for a variety of purposes. Such tools can direct and focus the analysis of large amounts of text that may be difficult to explore using more traditional approaches (Kuo et al., 2007).

**Aim:** To compare traditional content analysis with a web based visual analytical tool in a study of student nurse attrition.

**Methods:** In one U.K higher education institution in 2011, the Attrition Risk Prediction Tool (Fowler & Norrie, 2009) generated a total of n = 227 free text student responses about leaving or staying on an undergraduate nursing programme. These were analysed using content analysis and then re-analysed using 'TagCrowd' (Steinbock, 2011).

**Results:** In comparison with traditional content analysis, the advantages of the visual text system was that it was freely availability and provided an almost instant visual representation and counting of key words in the text. Disadvantages were that it was reductionist in that the relationships and contextual issues of the concepts were not addressed.

**Discussion:** The potential of visual text analytic applications in the analysis of textual data within nursing research will be discussed.

5.2.3

### Evaluation of the Scottish Recovery Indicator (SRI)

*Presenter: Dr Andrew MacGregor, Scottish Centre for Social Research, UK*

*Author(s): Andy MacGregor, Scotland; Margaret Maxwell, Scotland; Susan Reid, Scotland; Fiona Harris, Scotland; Nadine Dougall, Scotland; Simon Bradstreet, Scotland*

#### Abstract

**Background:** The Scottish Recovery Indicator (SRI) was developed by the Scottish Recovery Network (SRN) and its promotion and use is a central aspect of Scottish mental health policy. The SRI is a web based service development tool designed to support and develop recovery focused practice in Scottish mental health services.

The Scottish Primary Care Mental Health Research and Development Programme (SPCMHRDP) and the Scottish Centre for Social Research (ScotCen) were commissioned to evaluate the SRI. After modification, the new version, the SRI 2, was launched in November 2011. Participants in three new learning networks across Scotland were trained in the use of the SRI 2.

To complete SRI 2, views are obtained from five different sources, including service users and carers.

**Aim:** The main aim was to establish the types of impact that result from the use of the SRI in different areas of practice.

**Methods:** A mixed methods design was used to capture the impact of the SRI using baseline and follow-up survey and scales data, qualitative interviews with network participants and focus groups with three services.

**Results and Discussion:** SRI was thought to have increased the recovery knowledge of NHS staff, as well as the recovery focus of services

- Services which had implemented SRI reported a number of positive impacts, and gave examples of how service improvements had resulted with impacts for service users and staff

- There was a time investment – the major negative finding was that not all services had managed to complete the SRI during the research project.

**Conclusions:** The SRI was well received and perceived to have a positive impact in a range of NHS mental health and voluntary sector settings. It is also likely that services in other areas and countries would benefit from the use of a tool such as SRI.

5.3 Theme: Role development

5.3.1

**An evaluation of the impact of the Clinical Assurance Toolkit (CAT) at Sheffield Teaching Hospitals NHS Foundation Trust.**

*Presenter: Dr Ann McDonnell, Reader, Sheffield Hallam University, UK*

*Author(s): Ann McDonnell, England, UK, Jane Smallwood, England, UK, Sam Debbage, England, UK, Chris Bryer, England, UK, Chris Morley, England, UK.*

**Abstract**

**Background:** Ensuring quality of care remains high in the face of mounting financial pressures and increasing demands is a global issue. Quality indicators should be important, valid, feasible and meaningful (Pencheon 2008). The Clinical Assurance Toolkit (CAT) was developed in order to provide an acute UK hospital trust with a comprehensive, up to date range of standards that provide accurate and timely feedback about the quality of patient care.

An understanding of the utility of CAT and its impact within the organisation will contribute to the knowledge base on approaches to improving quality in acute settings.

**Aims:**

- To investigate the utility of CAT in terms of ease of use and acceptability to staff
- To explore the perceptions of strategic stakeholders on the contribution of CAT to quality improvement at an organisational level
- To explore the perceptions of clinical staff on the extent to which CAT enhances quality of patient care
- To explore patients' perceptions of CAT

**Methods:** A mixed methods service evaluation was undertaken in 2010-2011. This included qualitative consultations with staff and patient representatives and short case studies of selected wards.

**Results:**

- strategic stakeholders viewed CAT as a crucial mechanism for providing evidence for a range of regulatory bodies and providing a composite report on quality across the organisation
- CAT was a useful tool for collating information and ensuring timely data collection
- understanding and engagement was not consistent across the organisation
- views on whether CAT reflects a true picture of quality and acts as a catalyst for change varied

**Conclusion:** Quality is inherently a complex concept to measure (Raleigh and Foot, 2010). CAT represents the efforts of one NHS organisation to streamline data collection relating to quality at ward level in order to reduce the burden on staff and there is strong evidence that this has been achieved.

5.3.2

**Multiple-case study methodology to inform nurse practitioner role development**

*Presenter: Dr Kelley Kilpatrick, Université du Québec en Outaouais, Canada*

*Author(s): Kelley Kilpatrick, Canada*

**Abstract**

**Background:** Nurse practitioner role development is sensitive to the local context. In Quebec Canada, nurse practitioners were introduced in 2006. The development of these roles in the province has been slow primarily due to divergent licensing board policies and competing nurse practitioner role priorities within organizations and healthcare teams.

**Aims:** The study aimed to understand how nurse practitioners were introduced in acute care teams and how the nurse practitioner roles affected team member perceptions of team effectiveness. The presentation will focus on how case study methodology shed light on the structures (e.g., policies) that affected team processes (e.g., communication) and perceived outcomes.

**Methods:** A descriptive multiple-case study was undertaken. Data sources included interviews (n= 59), time and motion study (108h53 min), non-participant observations (17.5h), documents, and field notes. Data were collected in two cases from March to May 2009. A parallel mixed-method analysis strategy was used. The data in each case were analyzed separately and the findings were compared across the cases.

**Results:** The study identified specific structures affecting the development of nurse practitioner roles in healthcare teams. The cross-case analysis was particularly helpful to identify similarities and differences across the cases. Divergent licensing board policies and decisions made within the medical and nursing leadership group affected nurse practitioner role development and how frequently the nurse practitioners communicated with team members, patients, and families. A conceptual framework was developed following the cross-case analysis that identified the structures, processes and perceived outcomes that were consistent across the cases.

**Conclusions:** These findings fill a gap in our current understanding of how nurse practitioners affect healthcare teams. The resulting framework can be tested in other countries to determine its usefulness. Multiple-case study methodology is a useful strategy to inform policies related to nurse practitioner role development in healthcare teams locally and internationally.

5.3.3

**As Others See Us; what doctoral students say about their supervisors**

*Presenter: Professor Carol Haigh, Professor of Nursing, Manchester Metropolitan University, UK*

*Author(s): Carol Haigh Lee Yarwood-Ross Manchester UK*

**Abstract**

**Background:** Whilst a considerable body of literature exists evaluating the attitudes and perceptions around their taught university experiences, little or no investigation has been carried out around student perceptions of doctoral support.

**Aim:** The aim of this study was to provide insight into how doctoral support is described and discussed by Doctoral Students.

**Methods:** Threads under the topic heading 'supervisor (s)' or 'supervision' from an online PhD forum were sampled. Posts on the forum were from across the UK and Europe. The filter provided 175 pages of Discussion: We randomly sampled 10 threads per year from 2002, the year of forum creation. The results were subjected to thematic analysis triangulated using the online Wordle application, which produces word clouds giving greater prominence to words used most frequently.

**Results:** We found five key themes – Supervisor communication difficulties, for example students who reported seeing their supervisor only twice in two years, others who complained that e-mails were never answered. Academic bullying, both by supervisor and other students was reported in a number of threads as was conflicting advice, especially towards the end of the doctoral journey and lack of trust in the supervisors, for example when anticipated funding for doctoral scholarships failed to materialise the student perception was that the supervisor had lied. The biggest theme, however was that of desertion – when the supervisor was leaving (either the university or the supervisory team) and the university was slow or failed to appoint a new supervisor. This impacted heavily on doctoral students. These themes were common to the student experience across all participating European countries

**Conclusion:** Supervisors need to be aware that it is imperative to build trust into the student/supervisor relationship at the early stages and that prompt response to e-mail is crucial.

## 5.4 Theme: Patient safety

5.4.1

**Safety in the emergency area the quali-quantitative requirements of communication contributing to risk reduction and quality care improvement***Presenter: Dr Francesca Rosa, RN, Health Sciences Department, University of Genoa, Italy**Author(s): Bagnasco Annamaria Master Degree in Educational Science, PhD in Nursing Research Methodology, Nurse Researcher, Health Science Department, university of Genoa, Italy, Rocco Gennaro Director of centre of research and training healt IDI IRCCS Roma, Vice President of the Collegio IPASVI Rome and President of Centre of Excellence for culture and Nursing Research Turci Carlo Executive Nurse of the Sant'Andrea Hospital, Roma. Sasso Loredana Associate Professor, Health Science Department, university of Genoa, Italy***Abstract**

**Background:** Several studies conducted on the analysis of the communication relationships in the Emergency Department report that about 89% of the health professionals' activities require communication skills. In a study we conducted in 2010, we identified and categorised the communication vulnerabilities in the of Paediatric Emergency Departments (Bagnasco A. et al. in Press)

**Aim:** Identify the educational gaps in relation to communication skills in the Emergency setting by using competence measures.

**Methods:** The staff was observed from March to May 2011 using through Guilbert's communication performance observation grid and in relation to their communication behaviour with patients.

**Results:** A total of 851 observations were made on the nurses working in the Emergency Department.

We found that the scores of most of the grids were on the threshold of insufficiency, with a score that was lower than 4, suggesting therefore a total sum of the communication variables that was not fully positive (456 assessments), only 395 scored sufficiently in relation to nurse-patient information management

**Discussion:** This study highlighted significant correlations between individual communication skills observed through the grid, health professionals' age and their level of education.

**Conclusion:** Further research would be needed to see whether there is a relationship between educational models and communication effectiveness, and also if service seniority has an impact on the communication and relational competences of the staff working in the emergency department.

5.4.2

**Identification of patient during medication administration – an observational study***Presenter: Marja Härkänen, University of Eastern Finland, Finland**Author(s): Marja Härkänen, Finland; Jouni Ahonen, Finland; Marjo Kervinen, Finland; Hannele Turunen, Finland; Katri Vehviläinen-Julkunen, Finland***Abstract**

**Background:** Insufficient patient identification is a risk factor in the medication process. Even if patients are familiar with the nurses, the patient's identification should be checked so as to ensure that the right patient receives the right care (WHO, 2007). It is recommended that at least two patient identifiers should be used during medication administration (ISMP, 2011).

**Aim:** The aim of this study was to investigate how patients' identities were verified during medication administration.

**Method:** A cross-sectional, prospective observational study was conducted in two surgical and two medical units of one university hospital in Finland between April and May 2012. The data were collected by observing how 32 registered nurses administered 1058 drugs to 122 patients.

**Results:** The observations showed that during 1058 administrations of medicine, 67.1 % of patients were not identified at all. In 25.8 % of cases patients were identified by nurses asking their name. In 0.2 % of cases patients were identified by asking the date of birth, or by checking the patient's wrist band in 0.4 % of administrations.

**Discussion:** The main finding of the study was that patient identification was not conducted with sufficient accuracy, which could result in patient safety problems.

**Conclusion:** Patient identification should be highlighted in nursing care and in systematic education.

5.4.3

**The accuracy of limb x-ray interpretation by emergency nurse practitioners: a prospective comparative study with emergency consultant physicians***Presenter: Dr Geraldine Lee, Lecturer, King's College London, UK**Author(s): Geraldine Lee, UK; Natasha Jennings, Australia; Emma McKeown, Australia; Gerard O'Reilly, Australia; Adam Bystrzycki, Australia; Dinesh Varma, Australia; Kylie Chou, Australia***Abstract**

**Background:** One of the extensions to practice for the emergency Nurse Practitioner (ENP) role is to appropriately order and interpret x-rays.

**Objective:** The aim of the study was to examine the level of agreement and the sensitivity and specificity in interpreting isolated limb x-rays between the ENP and the Emergency Physician (EP) and compare both practitioners to the gold standard, the consultant radiologist.

**Methods:** A prospective comparative study of 200 patients with isolated limb injuries was undertaken in an emergency department in a large metropolitan hospital. Six ENPs and ten EPs independently clinically assessed each patient, determined the need for x-ray and separately recorded their interpretation of the x-ray as either definite fracture, no fracture or possible fracture (i.e. fracture suspected on clinical examination but not confirmed on plain film radiograph). The weighted Kappa statistic was used to measure the level of agreement. A single consultant radiologist reviewed each x-ray and their interpretation was seen as the gold standard. Sensitivity, specificity and accuracy were also calculated.

**Results:** The level of agreement ( $\kappa^w$ ) on the presence of a fracture between the ENPs and EPs was 0.83 and for those with no fracture  $\kappa^w$  was 0.78. High levels of agreement were also observed between the ENP and the consultant radiologist ( $\kappa^w=0.82$  for definite fractures and 0.70 for no fractures).

Compared to the consultant radiologist; the sensitivity (true positives) for the ENP was 91% and 88.2% for the EP. The specificity (true negatives) for the ENPs was 84.4% and for the EPs 91%. A similar level of agreement was observed between the ENPs and their EP colleagues and both had a high level of x-ray interpretation accuracy (89.5% for ENPs vs. 94.5% for EPs).

**Conclusions:** This study validates the clinical and diagnostic skills of ENPs in the interpretation of isolated limb injury x-rays.

5.5 Theme: Patient experience

5.5.1

**Symptom experience and predictive factors in patients with liver cirrhosis: A cross sectional survey in Egypt**

*Presenter: Naglaa Youssef, PhD student, University of Stirling, UK*

*Author(s): Naglaa F.A.Youssef (4th year PhD student), Supervisors: Dr.Josie Evans and Dr. Ashley Shepherd*

**Abstract**

**Background:** Liver cirrhosis is a global health problem and a national health problem in Egypt. Few studies in Egypt or elsewhere have assessed general symptom experience among patients with liver cirrhosis in terms of prevalence, severity and distress.

**Aim:** This study aimed to explore and describe the range of symptoms experienced by cirrhotic patients and the predictive factors of perceived symptom severity and distress.

**Method:** A cross-sectional study with a convenience sample of 401 patients from three hospitals in Cairo, Egypt, was conducted between June and August 2011. Patients were interviewed to complete a background data form, the Liver Disease Symptom Index 2.0 and the Multidimensional Scale of Perceived Social Support.

**Results:** More than two-thirds of patients reported joint pain (78.3%), decreased appetite (75.6%) and memory problems (77.3%). Joint pain and depression were reported to have the biggest impact on daily life. Symptom severity and distress were significantly higher among patients who were: female, illiterate, unemployed, and who had advanced cirrhosis with more complications and comorbidities ( $p = 0.006$ ). Symptom severity ( $r = -0.206$ ) and symptom distress ( $r = -0.205$ ) were negatively associated with perceived social support ( $p = 0.005$ ). Using stepwise multiple linear regression, females, advanced cirrhosis, low perceived support from spouse and family significantly predicted high-perceived symptom severity and distress ( $p = 0.04$ ).

**Discussion and Conclusion:** This is the first study to investigate symptom experience in relation to perceived social support in cirrhotic patients. Cirrhotic patients experience various symptoms that can affect their daily life, but social support may alleviate suffering for certain cirrhotic patients. Nurses have a responsibility to assess and treat symptoms that cirrhotic patient's experience, particularly treatable symptoms: depression, pain and decreased appetite. Nurses should involve the patient's family in any plan of care. Further research is recommended to explore additional predictive factors and to develop programs to relieve treatable symptoms.

5.5.2

**Living on the margin: understanding the experience of living and dying with frailty in old age**

*Presenter: Dr Caroline Nicholson, King's College London, UK*

*Author(s): Caroline Nicholson, England, UK; Julienne Meyer, England, UK; Mary Flatley, England, UK; Cheryl Holman England, UK;*

**Abstract**

The nursing care of frail elders is of increasing interest. However understanding of the experience and challenges of living with frailty in older age is currently undeveloped. This paper presents data from a study on the experience of frail older people, focussing on how participants experience the precarious and often protracted dying trajectory of frailty.

The study overall aimed to understand the experience over time of home-dwelling older people deemed frail, in order to enhance the evidence base for person-centred approaches to frail elder care.

The study design combined psychosocial narrative approaches and psycho – dynamically informed observation (Wengraf 2008) . Data on the experience of 17 frail community – dwelling older people were collected by repeated in-depth interviews over 17 months (10/2006 – 03/2008). These data were analyzed using psychosocial analytical methods that combined case based in-depth staged analysis of narratives with psycho-dynamically informed interpretations of observational data (Nicholson 2009).

The study findings argue that the visible markers of functional limitations and the increasing psycho-social losses of frailty brought finitude to the fore. The multiple and accumulating losses of frailty resulted in the participants being viewed differently by others, and by themselves. This new perspective led to a conscious connection to death and dying. Drawing on Turner's theory of liminality and marginal groups (Turner 1974) the experience of frail elders is theorised as one of persistent liminality. That is a state of imbalance "betwixt and between 'active' living and clinically recognised dying.

The study concludes that whilst it could be argued that developing into death in older age is part of a normal and successful course after a life long-lived, supportive care for older people deemed frail is lacking. Frail elders find themselves living in the margin with little nursing care or support within the work of living and dying over time.

5.6 Theme: Older people

5.6.1

**Concept Analysis of Personal Grooming: understanding the presentation of self.**

*Presenter: Jan Woodhouse, University of Chester, UK*

*Author(s): Jan Woodhouse, UK*

**Abstract**

There are a plethora of studies investigating matters of hygiene and of body image in relation to nursing and other disciplines. However, the topic of 'personal grooming', whilst noted as an everyday activity (1), has received scant attention in nursing research. Therefore the concept has formed the basis of a grounded theory PhD study, investigating its definition, the normal activities of personal grooming and changes in personal grooming activity brought about by the life course.

To enable a thorough understanding of the concept of 'personal grooming' the use of Concept Analysis, as defined by Walker and Avant (2005), has been utilised. This model helps to explore the related concepts, the antecedents and consequences of the concept, its critical attributes, as well as assisting in an academic definition of personal grooming. Data, drawn from focus groups and the literature, enable this process. The presentation will outline these stages of concept analysis and the subsequent findings, which will be presented in a visual model format.

Part of the process of Concept Analysis is to exemplify different cases where the concept may, or may not apply, such as a model case, a borderline case and a contrary case. Examples, drawn from songs, help to provide such cases.

The presentation will then consider the relevance and importance of understanding personal grooming in nursing. Personal grooming has been cited as essential to the sense of self (3) and attention to it may help in maintaining good psychological health in people who encounter the needs of health and caring services.

The presentation will conclude with an outline of future study and time for questions.

5.6.2

### The moving and handling of older adults with osteoporosis while in hospital: preliminary findings.

Presenter: Dr Margaret Smith, Senior Lecturer, Queen Margaret University, UK

Author(s): Margaret Smith, Scotland, UK; Lindsay Irvine, Scotland, UK; Savina Tropea, Scotland, UK; Fiona O'May, Scotland, UK; Shona Cameron, Scotland, UK; Jackie Berg, Scotland, UK

#### Abstract

**Introduction:** Older people can have complex needs arising from the acute illness precipitating hospital admission, multiple co-morbidities, cognitive or functional deterioration, polypharmacy, and significant social care needs (RCP 2012, Conroy and Cooper 2010). Frail older patients require access to comprehensive geriatric assessment and cohesive care approaches (RCP 2012). Osteoporosis is a skeletal disease leading to altered bone structure, lowered bone density, reduced strength (IOF 2012), and increased low trauma fracture risk. One in three women and one in five men aged 50 years+ will experience low trauma fracture in their lifetime, with the most common sites for such fractures being the hip, spine and wrist (IOF 2012).

Research generally focuses on fractures arising from falls. However, increased bone fragility heightens the risk of either spontaneous fractures or low trauma fractures sustained during routine moving and handling (M&H) of patients with osteoporosis. Some patients with osteoporosis report anxiety about M&H during hospital procedures (Osteoporosis News Winter & Spring 2010), supporting exploration of M&H from both healthcare staff's and patients' perspectives. The findings reported refer to qualitative interviews with the former.

**Materials and Methods:** A descriptive qualitative research design, and literature review, explored the views of healthcare staff about the M&H needs of people (aged 65+) with osteoporosis while in hospital. A purposive sample of 25 healthcare staff from one Health Board participated in semi-structured interviews (during May to October 2012), and data were submitted to qualitative data analysis.

**Results and Discussion:** Themes included adhering to manual handling guidelines, M&H of frail older persons, and the ethics of providing physical care.

**Conclusion:** Specific findings guiding safe patient handling for frail older people complement standard manual handling guidelines. This research informs a collaborative education and quality initiative with NHS staff.

5.6.3

### A grounded theory study of the nursing team contribution to the rehabilitation of older hospitalised adults with mobility needs.

Presenter: Dr Rosie Kneafsey, Senior Lecturer in Adult Nursing, Coventry University, UK

Author(s): Rosie Kneafsey, United Kingdom

#### Abstract

**Aims of presentation:** To present a grounded theory of the nursing contribution to hospitalised patients' mobility rehabilitation (Kneafsey 2012). In particular, a two part core category entitled 'Care to Keep Safe – Safe to Care' will be discussed.

**Background:** For many older adults, an admission to hospital has a negative impact on walking ability, leading to a reduced level of functional independence (Brown et. al. 2009). Within the international literature, it is suggested that nurse-led, targeted in-patient rehabilitation interventions may have the capacity to prevent hospital induced functional deterioration (e.g Resnick 2011).

**Objectives:** The study set out to describe and explain the nursing and care assistant contribution to hospitalised patients' mobility rehabilitation.

**Methods:** A grounded theory, case study design underpinned the study, which was completed between June 2007 and December 2009. Data collection took place in a general rehabilitation ward, a regional spinal injuries unit and stroke rehabilitation ward. Semi-structured interviews with 39 rehabilitation staff and 61 hours of non-participant observation comprised the data set.

**Findings:** The notion of 'Care to Keep Safe' was used to describe how nurses and care assistants focused primarily on preventing patient problems rather than focusing on rehabilitation goals. The concept of 'Safe to Care' was used to highlight the factors which led registered nurses to take a back seat in relation to patients' mobility rehabilitation.

**Conclusions:** Significant changes in the teamworking and policy context for rehabilitation practice are needed to enable nurses and care assistants to become more involved in the processes of mobility rehabilitation. The problem of hospital induced immobility in older adults should be identified as a form of avoidable harm. In this light, low mobility in older adults could be the target of nurse-led patient safety initiatives. This would direct the nursing focus towards an active role in implementing intentional strategies to promote mobility.

5.7 Theme: Women's experiences

5.7.1

### 'I don't know what sex is like without pain': the impact of endometriosis on sexual relationships in couples

Presenter: Caroline Law, De Montfort University, UK

Author(s): Lorraine Culley, UK; Nicky Hudson, UK; Caroline Law, UK; Elaine Denny, UK; Miriam Baumgarten, UK; Nick Raine-Fenning, UK; Helene Mitchell, UK

#### Abstract

**Background:** Endometriosis is a common, chronic, disabling condition of unknown aetiology which affects an estimated 5-15% of women worldwide. Common symptoms include dysmenorrhoea, heavy menstrual bleeding, pelvic pain, fatigue and dyspareunia and it is associated with infertility. While there is evidence of a negative socio-psychological impact on women, there is little research internationally which explores the experience of male partners or the impact on couples.

**Aims:** The aims of the UK based Endopart study (funded by the UK Economic and Social Research Council) are to explore the impact of endometriosis on couples and to provide an evidence base for improving couple support.

**Method:** Contextual interviews with key informants (n=11) were followed by a qualitative interview study of 20 heterosexual couples within a critical realist framework. Separate, in-depth, face to face interviews (n=40) were carried with men and women [March to November 2012]. Data were analysed thematically and dyadically, informed by an interpretivist and gender relational approach. A participatory stakeholder WORKSHOP with couples, healthcare providers and support groups enabled a critical dialogue on emergent findings and development of recommendations.

**Results:** Endometriosis can have a major and often devastating impact on all aspects of life for both women and their male partners. In this paper we highlight the impact of endometriosis on the sexual relations of couples and the difficulties some couples experience communicating with each other and with healthcare providers in this highly sensitive area.

**Discussion and conclusion:** Hegemonic ideas of femininity, masculinity and gender relationships shape couples' experience of endometriosis. Healthcare providers need to understand the impact of endometriosis and its treatment on quality of life, especially on sexual relationships. The paper uniquely advances knowledge of couples' experiences of living with endometriosis and argues for nurses to consider

5.7.2

### Low back pain and or pelvic pain in pregnancy: Early results from an online survey

*Presenter: Professor Marlene Sinclair, University of Ulster, UK*

*Author(s): Professor Marlene Sinclair, Dr Diane Liddle, Dr Ciara Hughes, Ciara O Prey and Julie McCullough, University of Ulster*

#### Abstract

**Background:** Currently, there is no clinical guideline for the treatment or management of low back pain and pelvic pain in pregnancy (LBPP) and this has resulted in a range of treatment methods and management strategies including physio, medication and complementary therapies.

**Method:** An electronic questionnaire was designed to investigate the occurrence of LBPP amongst pregnant women in English speaking countries. Data on demographics, birth outcomes, BMI and pain measures were collected. Specific questions were designed to measure the periods of low back pain and the stage of pregnancy they occurred and to facilitate further exploration of the impact of exercise (type, intensity and duration) on perceived treatment and birth outcomes.

The instrument was developed for online usage and was designed using software provided by QUALTRICS. The questionnaire was hosted on the Doctoral Midwifery Research Society (DMRS) website following ethical and research governance approval from the University of Ulster.

**Findings:** Pilot data from 192 eligible women indicates that 57% (107/192) of the self-selected sample, suffered backpain during pregnancy and 51% received treatments such as physio (37%), medication (33%) and CAM (30%). The medications used by 95 women included paracetamol, codeine, morphine, co-dydramol, fentanyl, ibuprofen and dihydroxidene. Qualitative data has revealed a distressing picture of women's pain and its impact on their quality of daily life.

**Conclusion:** Back pain and or pelvic pain are commonly experienced in pregnancy but there is insufficient evidence to recommend safe and effective treatments. Our concerns at this stage centre on the wide range of over the counter prescriptions that are being consumed by pregnant women to manage their pain. This online survey will collate prospective and longitudinal data that will be beneficial in providing baseline statistics on this under researched and under estimated condition.

5.7.3

### Investigating women's experiences of asthma and its care in pregnancy

*Presenter: Dr Graham Williamson, Lecturer, Plymouth University, UK*

*Author(s): Chervonne Chamberlain, UK, Graham R Williamson, UK, Bridget Knight, UK, Mark Daly, UK, David M.G. Halpin, UK.*

#### Abstract

**Background:** Most asthmatic women will have uncomplicated pregnancies when their asthma is well controlled although pregnancy may affect asthma control (BTS/SIGN 2012). Mothers themselves have concerns over the impact of asthma and its treatment on their unborn baby (Lim et al 2012) yet few studies have explored their experiences during pregnancy.

**Aim:** To investigate women's experience of asthma during pregnancy.

**Methods:** NHS IRAS ethical approval and trust research governance were obtained. Women gave written informed consent. Twenty-two women with asthma who had been pregnant within the last two years were invited to participate. Seven were interviewed between March and September 2012 before data saturation was achieved. Interviews were transcribed and analysed using Ritchie and Spencer's (1996) phenomenological 'Framework' method. Data were independently analysed by two researchers and consensus reached concerning themes.

**Results:** Women expressed a number of concerns about asthma and their pregnancy. These included fears about possible effects medication could have on their baby, leading to anxiety about the risk/benefits of treatment which resulted in women making their own decisions about their care. There was often an under-recognition of the significance of worsening of symptoms, with attempts to normalise or hide these from their families. There was also a general lack of knowledge about asthma. Women expressed concern with the level of professional support provided: they lacked regular contact with a GP or specialist nurse, and while midwives provided regular contact, they lacked the specific knowledge mothers required.

**Discussion and Conclusions:** Our study has identified several areas of concern, particularly lack of professional support. These findings are important as the prevalence of maternal asthma is increasing. They illustrate participants' experiences and worries about their asthma and its impact. They support previous work (Lim et al 2012) and identify a need for closer co-operation between those managing asthma and Midwives.



# Concurrent Session 6

Friday 22 March 2013 09.00 – 10.25

## 6.1. Them: Innovative approaches in public health

6.1.1

### Reducing Unintended Teenage Pregnancy: A Movie-Based Educational Approach

*Presenter: Aine Aventin, Queen's University Belfast, UK*

*Author(s): Aine Aventin, Maria Lohan, Peter O'Halloran, David Grant, Carmel Kelly (Queen's University Belfast) and Marion Henderson (Medical Research Council, Glasgow)*

#### Abstract

Reduction of teenage pregnancy rates remains on the international policy agenda and there is recognition of the value of appropriate and engaging relationship and sexuality education (RSE) in this process. The presentation will describe the development of an educational resource about unintended teenage pregnancy for use in the RSE curricula in Northern Ireland and Ireland. The resource, entitled 'If I were Jack...' is based upon an interactive video drama which tells the story of an unintended teenage pregnancy from the point of view of a young man. It aims to increase young people's intention to avoid adolescent pregnancy and their self-efficacy in communicating about this issue.

RSE can be a controversial issue in Ireland and one of the key challenges has been to ensure that the resource reaches the target population (teenagers) in both jurisdictions. We have developed a number of strategies to ensure that this is achieved, which include:

- developing a credible, evidence-based, theory-informed resource;
- ensuring acceptability by involving key stakeholders in resource development and using an educational modality that engages young people; and
- ensuring the resource is promoted appropriately by utilising technologies such as video and the internet to increase national and international impact.

Delegates will be presented with an overview of how the researchers moved from conducting baseline research on the topic of young men and pregnancy to the development of an educational resource, and towards its implementation in schools.

The project is funded by the ESRC Knowledge Translation Programme.

6.1.2

### Public involvement in Wearable Technology Design Research

*Presenter: Dr Tracey Williamson, Research Fellow Public Engagement / User Involvement in Research, University of Salford, UK*

*Author(s): Dr Tracey Williamson, University of Salford; Laura Seppala, University of Salford; Dr Jane McCann, University of Wales (Newport); Dr Julia Ryan, University of Salford*

#### Abstract

**Background:** This presentation shares critical reflection undertaken as facilitators of public involvement in an ESRC-funded study (New Dynamics of Ageing-Design for Ageing Well). The study developed prototype technical outdoor walking clothing for older people. Insight into the Impact of public involvement in research is insufficiently explored in health-related research (Staley 2009).

**Aims:** we will share which co-design methods worked best with older lay advisers in a research context. Whilst literature concerning public involvement often discusses processes, there is commonly a lack of detail, especially about specific mechanisms and tools for involvement and their merits, which this paper addresses

**Methods:** We followed the reflection framework of Rolfe et al 2001) and maintained extensive study records of the involvement process gained through video recordings of 12 WORKSHOPS with lay study advisers about their design preferences. We carefully considered what involvement techniques worked and why. A within-project evaluation also took place to gain perspectives of the lay advisers at study outset and end using audio-taped group discussions. Insights from a PhD studentship project attached to the research study provided a further source of secondary data on which to base judgements.

**Findings:** Everyday technologies (camcorders, mobile phone recorders etc) used to capture public views had variable success. Techniques such as 'show and tell' and 'on location walks' worked well and real-time practical activities trying out new wearable mobile phone technologies were helpful. Paper-based worksheets worked less well.

**Discussion:** We were able to conclude which techniques best facilitated public involvement in design of wearable technology and how the benefit of these can be maximised so that participants can use these insights in their own co-design research.

**Conclusions:** These insights have clear policy/practice implications for effective co-design research and in this case creation of wearable technologies that are fit-for-purpose and meet user requirements for healthy ageing.

6.1.3

### Context, shared journey and lifestyle change: discourses from health weight schemes

*Presenter: Professor Annie Topping, Professor of Nursing, Institute for Research in Citizenship and Applied Human Sciences, University of Huddersfield, UK*

*Author(s): Annie Topping (UK) and Alison Bareham (UK)*

#### Abstract

Obesity is a global health problem and an involuntary consequence of modern life (1). In 2009 the Department of Health (England) launched its social marketing Change4Life campaign, part of The Healthy Weight, Healthy Lives Strategy [2]. It also funded nine 'Healthy Towns' to pilot local schemes that actively promoted healthier lifestyles. One 'Healthy Town' Halifax, West Yorkshire, commissioned a number of projects including three distinct weight reduction schemes to help people tackle overweight and obesity (2009-2011). This presentation presents findings from a discourse analysis of accounts undertaken with providers and participants (n=17) involved in these three schemes.

The aim of this embedded study was to explore the discourses used by those delivering, and those participating, in three healthy weight schemes.

Semi structured interviews were undertaken with participants and providers (project leads, healthy weight advisers (HWA), lay health champions). All three schemes involved the same pool of HWA but were delivered in different settings – the workplace, in GP surgeries or through a town centre information shop. Interviews were digitally recorded, transcribed and analysed as part of the local evaluation to identify what works. On initial analysis dissimilarities in the narratives used to describe the different schemes emerged; hence a discourse analysis (3) was performed. All interviews were read and coded independently by two researchers and subsequently 'significant' discourses agreed.

Three distinct context bound discourses emerged. There were: healthy weight as consumer choice; contributing to employee productivity; and as a prescription for health. Common to all narratives was the value placed on the relationship between HWA and participants sharing the journey.

Participation and motivation to persist in healthy weight programmes has traditionally focused on individual readiness to change. The narratives that emerged suggest context frames discourse and provides agency when committing to lifestyle change.

6.2 Theme: Nursing attitudes and behaviours

6.2.1

**Professionalism in UK Nursing, what is it and does it change? Exploring the views of nurses at RCN congress**

*Presenter: Dr Alison Steven, Reader in Health Professions Education, Northumbria University, UK*

*Author(s): Alison Steven, UK; Linda Prescott-Clements, UK; Deborah Goodall, UK*

**Abstract**

**Background:** Following high profile media cases of unprofessional behaviour in nursing and health care the critical issue of ‘professionalism’ (Castell 2008) is of global concern to the profession, educators and politicians alike. Tensions exist between the substantial evidence –base for this issue within nursing, medicine and allied health professions, the socio-historical nature of this slippery concept, professional standards and media representation. Understanding the complexities of how ‘professionalism’ becomes ‘unprofessionalism’ is key to moving forward.

**Aims:** To investigate what professionalism/unprofessionalism means currently in the UK; if it is felt to change; and if so how and why?

**Methods:** As part of a larger mixed methods study 4 focus group WORKSHOPS were held at RCN congress in February 2012. 68 individuals representing diverse nursing roles participated. Drawing on Nominal Group Technique (Kristofco et al 2005) participants were asked; What they view as professionalism/unprofessionalism; does professionalism change; and if so how, when and why? Data included documents produced (i.e. individual jottings, group notes, flip charts) and detailed field notes. Thematic analysis (Seale 2005) incorporated study aims whilst also allowing unexpected issues to emerge.

**Findings:** Participants views of professionalism and unprofessionalism were described in relation to three main areas: Nursing Work, Nursing Values, Nurse Education. These areas were underpinned by a cross cutting theme regarding ‘traits and values’ seen as key to being a ‘professional’ nurse. A range of reasons, motives and influencing factors emerged regarding when and why professionalism may change. Two key areas were: Nursing Work – workload issues and workforce relationships and; Nurse Education – pre and post registration education, recruitment, mentoring and CPD.

This research adds to current understandings of the concept and has implications for further investigation, education and the health service at this time of change. This paper will present the findings in detail and consider the implications.

6.2.2

**German hospital nurses’ attitudes concerning evidence-based nursing practice**

*Presenter: Anja Behncke, Universität zu Lübeck, Germany*

*Author(s): Anja Behncke, Germany; Katrin Balzer, Germany; Sascha Köpke, Germany*

**Abstract**

Internationally, various facilitators and barriers for establishing an evidence-based nursing practice (EBP) have been described. Among these are factors related to nurses’ knowledge and attitudes as well as organisational characteristics. For Germany, where few nurses have been trained academically, so far no meaningful data on nurses perception on prerequisites and relevance of EBP were available.

The aim of the present survey among hospital nurses was to assess nurses’ attitudes towards EBP and research utilization and the extent of its implementation.

Based on available instruments, a questionnaire was developed. In March 2012, 1,384 nurses in 21 hospitals in Northern-Germany received the questionnaire, of which 1,023 (74%) responded.

Results show positive attitudes towards EBP. For example, 65.2% of participants regard research as relevant for nursing practice. Here, support from superiors and colleagues are seen as important prerequisites. However, implementation remains a challenge. For example, 69.9% report not to be informed about recent research **Results:** Only 16.8% see original articles as important basis for nursing practice, whereas 90.2% regard information acquired during the basic nursing training as important. Only few nurses expressed willingness to spend own money to attend congresses (34.9%) or to start academic nursing training in the near future (21%).

In conclusion, the study provides meaningful data on German hospital nurses’ attitudes towards EBP. Importantly, nurses confirm the value of EBP and research utilization, but also report a lack of basic competencies to identify and implement relevant research findings. Therefore, the still mostly prevalent ‘culture of action’ in nursing should be transferred into a ‘culture of inquiry’. Apart from the support of nurse leaders, there seems to be an urgent need for the establishment of academic nursing training in Germany. Overall, the current study confirms results from previous research and adds important aspects concerning the special situation in Germany.

6.2.3

**Developing a Methodology for Compassionate Care in Nursing Practice.**

*Presenter: Dr Marjorie Lloyd, Senior Lecturer (Nursing), Glyndwr University, UK*

**Abstract**

**Aim:** This presentation will explore compassion in nursing care and how this can be identified in everyday practice by involving service users and carers in their care. Global and international evidence based practice will be identified from the theoretical and empirical literature and a qualitative study carried out by the author from 2006-2009 during a PhD studentship will be discussed.

**Method:** A qualitative study was undertaken using group interviews with a purposive sample of experienced and recovering service users and carers (n=30) in mental health services, to identify their needs for becoming more involved in nursing practice. The data was then analysed further using a critical conversations methodology developed to identify compassionate involvement practices in nursing. Ethical approval was obtained before carrying out the study from the university research committee.

**Findings:** Service users and carers identified three main areas of practice that could be used to develop more compassionate involvement practices. These included developing Universal relationships for involvement to take place with shared goals or outcomes acknowledged. Secondly they identified the need for Diversity to be recognised at all times. Thirdly the service users and carers identified Recovery as a shared process that nurses and service users could use to strengthen involvement practices that focus upon healing and hope, rather than disablement and disease.

**Conclusion:** Developing compassionate care in practice is important for the international and professional development of nursing practice and for the global empowerment of service users and carers. In developing and using this methodology nurses are able to clearly identify where compassion takes place and where practice can be improved. This is important for global evidence based nursing care and for international professional development in preventing burnout and compassion fatigue in nursing practice.

## 6.3 Theme: Symptom management

6.3.1

**Pain assessment in dementia**

*Presenter: Samuel McMahon, Home Manager, South Eastern Health and Social care Trust, UK*  
*Author(s): Samuel McMahon, Professor WG Kernohan*

**Abstract**

Pain greatly affects the quality of life of older adults, often the cognitively impaired are unable to communicate it effectively. Lack of awareness of chronic pain has also led to not recognising this pain (Cohen-Mansfield and Lipson 2008). This can lead to negative effects like aggression, decreased mobility and increased confusion, (Manfredi et al 2003). Thus observing the signs and behaviours should be viewed as the baseline for pain assessment for people with advanced dementia (Smith 2005).

Various tools to facilitate pain assessment have been devised but these vary in approach, content and ease of use.

**Aims and objectives:** To explore the use of two instruments in a clinical evaluation of pain assessment, among cognitively impaired people

**Design:** A small-scale cross-sectional review and observational study.

**Method.** Following ethical approval, subjects were identified by the psychogeriatrician and proxy assent obtained from the next of kin, and then data was collected during a visit to the home. Case notes were reviewed, care staff were consulted to complete the Abbey and Painad scales. Data was transferred to a spreadsheet and subjected to descriptive and comparative statistical analysis.

**Results:** A total of 13 subjects with dementia were recruited, the range was from 0-13 with the full scale being 0-18. The range of scores for PAINAD was 4-8, with the full scale being 0-10. There was little correlation between the two pain scales. On chart review it was found that pain assessment tools were used in 15% of the cases.

**Conclusion:** In practice it was found that the tools were easy to use and helped in identifying pain, but results suggest poor adherence to best practice guidelines for assessing pain in this client group.

6.3.2

**Transcutaneous Posterior tibial nerve stimulation for the treatment of urinary and faecal incontinence in care home residents.**

*Presenter: Dr Joanne Booth, Reader in Applied Health Research, Glasgow Caledonian University, UK*

*Author(s): Joanne Booth, UK; Suzanne Hagen, UK; Doreen McClurg, UK; Christine Norton, UK; Carolyn MacInnes, UK; Brigitte Collins, UK*

**Abstract**

Urinary and faecal incontinence are highly prevalent among older people in institutional care. Current continence management relies heavily on containment through use of absorbent pads, which are undignified, expensive and do not treat the bladder or bowel dysfunction. Transcutaneous POSTERIOR tibial nerve stimulation (TPTNS) is a technique of non-invasive peripheral electrical neuromodulation previously used for the treatment of bladder dysfunction in adult women however its effects in frail older people have not yet been examined. This pilot study aimed to assess the feasibility of a full-scale randomised trial of effectiveness of TPTNS on urinary and bowel dysfunction in older adults in residential care.

A pilot randomised controlled trial of TPTNS versus sham treatment was undertaken. Thirty older adults were randomised to TPTNS or sham therapy. TPTNS comprised twelve 30 minute stimulation sessions delivered via two surface electrodes, using a standard stimulation protocol. Bladder and bowel symptoms were reported at baseline and 6 week outcomes using standardised measurement tools. Treatment acceptability was assessed and protocol fidelity recorded. Changes in bladder and bowel symptoms (overall scores and individual symptoms) were compared between the groups.

A significant improvement in urinary symptoms and reduced post void residual urine volume were found in the TPTNS group compared to the sham group. There was a non-significant reduction in the severity of urinary incontinence and faecal incontinence in the TPTNS group. No adverse effects were identified and the older adults and care staff reported the TPTNS treatment to be acceptable.

This pilot trial provides preliminary evidence of clinical benefit from TPTNS among older care home residents. Data support the feasibility of a substantive trial of TPTNS in this population.

6.3.3

**Intention to promote continence: A single embedded case study**

*Presenter: Dr RONALDA AGNEW, NHS GGC, UK*

**Abstract**

The role of the stroke nurse in continence care is ill defined with evidence that containment is the preferred approach for managing patients with bladder difficulties after a stroke. This case study was part of a two staged sequential mixed method approach, incorporating a survey and single embedded case study (Tashakkori and Teddle, 2009).

**Aim:** To determine whether stroke nurses intended to promote urinary continence in the first instance, or if managing urinary incontinence was their first and only intention.

**Method:** The Theory of Planned Behaviour formed the theoretical framework for the study (Ajzen 1980) which purports that intention to behave predicts actual behaviour. The study used an agreed definition for promoting continence and activities associated with this area of patient care. This observational case study collected descriptive data from interviews with staff, ward rounds, observation of case conferences/multidisciplinary team meetings in a stroke rehabilitative unit. Intention to promote continence was measured using a shortened adaptation and modelled questionnaire used in the survey.

**Findings:** One of the major findings was that, although nurses had developed a definition for promoting continence, the behaviours observed and language used at a practical level demonstrated that actual behaviour in practice was more akin to managing urinary incontinence. Beliefs around stroke nurses' inability to make the decision to promote continence within the care environment, was further demonstrated. A lack of clarity between managing urinary incontinence and promoting continence existed. The study concluded that, in practice, stroke nurses see the two different concepts of managing urinary incontinence and promoting urinary continence as one and the same.

**Conclusion:** In order to improve patient outcomes in continence care following stroke, there is a fundamental need for stroke nurses to understand the differences in these approaches so that they can plan and implement appropriate actions and effective patient care.

6.4 Theme: Undergraduate/ pre-registration education

6.4.1

**Online Video in Clinical Skills Education for Undergraduate Student Nurses: A Mixed Methods Prospective Cohort Study**

*Presenter: Agi Holland, Lecturer, Edinburgh Napier University, UK*

*Author(s): Agi Holland, Scotland, Gill McCrossan, Scotland, Fiona Smith, Scotland, Elizabeth Adamson, Scotland, Susan Watt, Scotland, Kay Penny, Scotland*

**Abstract**

**Background:** Improvements in the safety of the prescribing, dispensing and administration of medicines are identified as an international priority (Department of Health 2003). It is essential that higher education institutions play their part

**Aim:** To evaluate the use of an online best practice exemplar as an adjunct to the clinical skills teaching of oral medication administration to undergraduate student nurses

**Methods:** A mixed methods, prospective cohort design gathered data from two successive intakes (n=168, n=154) undertaking a clinical skills module from September 2009 – May 2010. The Control group received standard teaching using lectures and skills classes. The Intervention group received the standard teaching and unlimited access to an online video clip of medication administration. Performance and satisfaction were measured using module assessment results and a Student Satisfaction Survey (SSS). Qualitative data were gathered using focus groups (n=16, n=20)

**Results:** The Intervention group was significantly (p=0.021) more likely to pass the assessment and rate their satisfaction with the teaching significantly higher (p<0.05). Two Categories were identified from focus group data; Classroom Learning and Transfer to Practice

**Discussion and Conclusions:** Previous research evaluating computer based video instruction (CBVI) for clinical skills are limited in terms of their applicability to an undergraduate nursing setting and methodology in relation to small sample sizes and lack of statistical power and control groups. Additionally, no evidence is available which evaluates unlimited access to online CBVI as an adjunct to taught clinical skills sessions despite this approach being best aligned to educational theory. Our study addresses these limitations and provides strong evidence to support the use of online video as a teaching adjunct to taught clinical skills input. The presentation will give an overview of the project, detailed results and findings and share our experiences of developing and integrating this innovative clinical skills teaching intervention into the curriculum

6.4.2

**Establishing brief intervention training Into pre registration Nurse training.**

*Presenter: Maxine Holt, Manchester Metropolitan University, UK*

**Abstract**

Brief interventions provide a structured way to deliver advice and constitute a step beyond brief advice. Brief interventions aim to equip people with tools to change attitudes and handle underlying problems. The potential for nurses to engage in this role is, unprecedented across other health care professions. This three year project presents the findings, from focus groups and interviews with student nurses across 4 Higher Education Institutions, who experience brief intervention training, as part of their nurse education.

**Aim:** Evaluate the impact of adding brief intervention training into the core nurse training curricula on both the participating lecturers and the student nurse. 937 student nurses across four HEI's participated in the study over the three-year period as they progressed through their training.

**Findings:** Inclusion of Brief Intervention training in the pre-registration nursing curriculum results in increased awareness of health promoting opportunities in student nurses, together with increased confidence in creating health promoting opportunities in clinical practice.

**Recommendations:** Introduction of brief intervention training into pre-registration education meant that students were more able to recognise opportunities for brief interventions and should be supported.

Consideration should be given to adding brief intervention training into pre registration curricula as this report suggests that such training has an impact upon student confidence levels.

The development of an agreed curriculum may be as effective as the development of specific lesson plans and teaching materials.

The inclusion of all teaching staff and all branches of nurse education was likely to contribute to a positive experience for HEI's and students.

Formal student assessment in year 1 is important.

Support materials to be used in clinical practice should be practical – such as pocket sized to suit clinical working environments.

6.4.3

**Teaching clinical skills to undergraduate nursing students using a multiple intelligence teaching approach – an experimental study.**

*Presenter: Linda Sheahan, Nursing lecturer, Waterford Institute of Technology, Ireland*

*Author(s): Linda Sheahan Rep of Ireland, Prof Alison While UK, Dr. Jacqueline Bloomfield UK*

**Abstract**

**Background:** The clinical competency of nursing students has raised questions about the adequacy of current methods of teaching clinical skills in the undergraduate nursing programme. It is argued that despite the rhetoric of a student-centred approach; nurse education remains wedded to conventional teaching approaches, which fail to engage with the individual. This paper presents the findings of a doctoral research study which used a multiple intelligence teaching approach (MITA) for skills teaching, a five-phase model developed by Weber (2000), as the method of teaching. This study also accounted for the influence of individual learning styles (Felder and Solomon 1988), the students' multiple intelligences development assessment scale (Shearer 1999) and MI assessment preferences questionnaire.

**Aims:** The aim of this study was to measure the effectiveness of using Multiple Intelligences Teaching Approach (MITA) for teaching clinical skills to first year undergraduate nursing students and to measure if MITA affected objective structured clinical examinations (OSCE) **Results:**

**Methods:** This study employed a parallel randomised controlled trial with first year nursing students in a third-level institute in the South of Ireland (n= 90). Participants were randomly allocated using computer generation by the Head of Department to a control group (conventional teaching) (n= 44) or a treatment group (MITA) (n= 46). Students were subsequently assessed using OSCEs. Data was collected from September 2011 to May 2012.

**Results:** Findings showed a strong preference for the multiple intelligence of interpersonal (M = 62.58; SD 13.45) and learning style preference of sensing (M = 1.68; SD 0.95). Results identified participants in the experimental group had higher scores in all three OSCEs examined at the end of the semester (p = 0.01).

**Discussion and Conclusion:** The findings indicate that MITA has great potential in nursing education and clinical skills development, particularly in terms of reinforcing learning into the individual's professional development and clinical practice.

## 6.5 Theme: Patient experience

6.5.1

**Have patients' experiences of NHS care improved over the last 10 years? A little***Presenter: Professor Elizabeth West, University of Greenwich, UK***Abstract**

**Background:** England's national inpatient surveys meet high methodological standards and provide reliable longitudinal data on patients' evaluations of their care. Almost every year since 2002, approximately 70,000 patients have responded. A stated aim of the survey programme was to improve patients' experiences (Department of Health 2000). We use the survey data to ask whether that aim has been achieved.

**Aim:** To identify which aspects of patients' evaluations of their care have improved or declined.

**Methods:** Questions were identified for which five or more years of longitudinal inpatient survey data were available. The percentage of patients giving positive evaluations was compared for the question's earliest year and its most recent year. Statistically significant and substantial differences of 3% or more were categorised as improvements or declines.

**Results:** Data were available for 59 survey items. There were improvements on 15 items and declines on 9 items, while the remaining 35 items had changed by no more than 2%. Among the greatest improvements were: patients receiving copies of letters sent between GPs and hospital doctors; ward cleanliness and clinicians' handwashing. The greatest declines were in the time taken for nurses to answer call bells and in receiving explanations of the purposes of medicines.

**Discussion:** Patients' evaluations of care on most items have remained unchanged or got worse, despite an expansive inpatient survey programme. Many improvements were on issues for which top-down government policies and media campaigns have focussed: waiting times, ward cleanliness and handwashing. Improvements in emergency department waiting times and planned admission waiting times have reduced since a peak in 2009.

**Conclusions:** The inpatient survey results indicate that most aspects of patients' experiences of England's NHS care have not improved, and many high priority issues remain unchanged. A stronger focus on making better use of the survey results to improve care could drive more improvements.

6.5.2

**Advancing the understanding of patient experience through the use of innovative visual Methods***Presenter: Rachel Muir, Clinical Research Nurse, Guy's and St Thomas' NHS Teaching Trust, UK***Abstract**

Understanding and measuring patient experience has become increasingly important in national and international health care contexts, and there is emerging evidence that high quality patient experience is linked to better health outcomes (NHS Confederation 2010). Patient experience is often measured through patient surveys, questionnaires, interviews and focus groups, although more recently, innovative methodologies such as Experience-Based Co-Design (EBCD) have been developed (Bate & Robert 2007). This paper explores the potential of additional innovative methods including participatory video, photo voice, photo-elicitation interviews, and diary making to consider the contribution that visual approaches can make, methodologically, theoretically, and substantively, to understanding patient experience.

Drawing on current literature, this paper will consider the key issues and challenges in using visual methods, and seek to propose how these methods might be further developed as a critical element of exploring patient experience. It will be argued that visual methods can offer creative opportunities that can encourage deeper reflections and insights into the visual and sensory embodiments of patient experience (Prosser 2007). Moreover, visual methods, particularly those that seek to facilitate greater participation, may arguably engender greater involvement from groups who are more traditionally excluded from research. In addition, nursing and health research might benefit from a greater awareness of the visual in terms of the ability of these innovative methods to capture the more 'intangible' and sensory elements of patient experience.

6.5.3

**Patients' experiences of intra – and inter – hospital transitions: a qualitative meta-synthesis***Presenter: Dr Lisbeth Uhrenfeldt, Clinical Research Lead, assistant professor, Aarhus University, Denmark**Author(s): Lisbeth Uhrenfeldt, Denmark, Hanne Aagaard, Denmark, Elisabeth O.C. Hall, Denmark, Liv Fegran, Norway, Mette Spliid Ludvigsen, Denmark & Gabriele Meyer, Germany.***Abstract**

**Aim:** This review aggregated, interpreted and synthesised findings from qualitative studies of patients' experiences on being transferred/in transition from one hospital to another or from one ward to another, and to give evidence on clinical nursing and nursing research on transition.

**Background:** Studies about patients' experiences of transfer focused on concepts such as transfer stress, transfer anxiety and translocation syndrome; however, a meta-synthesis on experiences of transition across different patient populations is lacking.

**Data source:** Six electronic databases were searched during 1999-2011, based on the target phenomenon: patients' experiences of transition after transfer between hospitals or units. Reference lists of included articles were screened for eligible papers.

**Review Methods:** The meta-synthesis approach was based on the guidelines by Sandelowski and Barroso. Data were analysed into meta-summary and meta-synthesis. The qualitative content analysis process started with a search for common themes, concepts and metaphors.

**Results:** Fourteen qualitative studies were included. Three main categories were identified: transfer as unpredictable, scary and stressful; transfer as recovery and relief; and transfer as sliding into insignificance. The meta-synthesis showed patients' experiences of transitions as critical events where nurses need to focus on patient outcome of transfer as safe, predictable and individual.

**Conclusion:** It is difficult for patients to leave their experiences behind when feeling unimportant. Evidence exists for clinical nurses to continue the development of care quality and safety for patients in transfer/transition.

**Implications for nursing:** Healthcare leaders should request intervention studies and policy recommendations to improve the area of transfer and transition.

6.6 Theme: Mental health carers

6.6.1

**Behavioural Activation for depression delivered by mental health nurses. Results from a meta analysis and pilot randomised controlled trial of clinical and cost effectiveness and design of COBRA (cost effectiveness of behavioural activation) definitive**

*Presenter: Dr David Ekers, Durham University/Tees Esk and Wear NHS Foundation Trust, UK*

**Abstract**

**Introduction:** Depression is set to become the second largest cause of disease burden by 2020. Cognitive Behavioural Therapy (CBT) is the standard psychological treatment but barriers to access exist. Behavioural activation (BA) if as effective as full CBT and may offer increased access if suitable for delivery by a wider range of mental health staff.

**Method:** We explored clinical and cost effectiveness of BA through meta-analysis and randomised controlled trial with attention to parsimony of the approach and if it could be delivered by mental health nurses. Findings informed design a large multi-centre RCT which is currently recruiting participants.

**Results:** Meta-analysis

BA is effective compared to controls ( $k = 12$ , SMD  $-0.70$ , 95% CI  $\hat{\alpha} 1.0$  to  $\hat{\alpha} 0.39$ ) and as effective as CBT ( $k = 12$  SMD  $0.08$  95% CI  $\hat{\alpha} 0.14$  to  $0.30$ ). All trials used experienced psychotherapists hence parsimony had not been demonstrated.

**RCT**

We randomly allocated 47 depressed adults to 12 sessions of BA by mental health nurses or usual primary. A difference was found in favour of BA of  $\hat{\alpha} 15.79$  (95% CI  $\hat{\alpha} 24.55$  to  $\hat{\alpha} 7.02$ ) on the Beck Depression Inventory-II. Functioning and satisfaction also showed a significant difference in favour of BA. Quality adjusted life year difference in favour of BA of  $0.20$  (95% CI  $0.01$  to  $0.39$ ,  $p = 0.042$ ) via bootstrapping analysis suggested an incremental cost effectiveness ratio of £5756 with 97% probability that BA is cost effective at a threshold value of £20,000.

From this study a multi-centre RCT of BA delivered by non-specialist therapists has been designed. And will randomise 440 participants between BA and CBT. A non-inferiority design will be utilised on clinical outcomes at 6, 12 and 18 months. Cost utility will be explored using a health and social care perspective. The study protocol will be presented.

6.6.2

**Occupational closure in carework: health care support workers, assistant practitioners and nurses**

*Presenter: Professor Michael Traynor, Professor of Nursing Policy, Middlesex University, UK*

*Author(s): Michael Traynor, England, UK; Niels Buus, Denmark; Nina Nissen, Denmark; Carol Lincoln, England, UK.*

**Abstract**

**Background:** The ‘modernisation’ of the UK National Health Service (NHS) involved strategies to reorganise its workforce. A significant part of this involved making space for a new ‘flexible’ care-worker, the assistant practitioner, a move which has been studied extensively (NHS Education for Scotland 2010). Their deployment represents a challenge to nursing’s occupational closure (Witz 1990).

**Aims:** 1. To gain insight into the character of present day health care services by examining the perspective and professional identity of health care support workers (HCSWs) training to become assistant practitioners. 2. To discuss the emergence of assistant practitioners as a managerially led phenomenon in terms of professionalisation and professional closure.

**Methods:** Two focus groups ( $n=10$ ,  $n=12$ ) were held in December 2011 with HCSWs sponsored by London NHS trusts to train at a London university to become assistant practitioners. The transcripts of the groups were subjected to qualitative analysis.

**Results:** HCSWs in training are likely to be hand-picked by managers and some were ambitious and confident in their abilities. Many aspire to train to be nurses in the belief that they will gain recognition that they do not currently get but which they deserve. Many have a highly local orientation and their scope of practice is based upon their managers’ and supervisors’ perception of their individual aptitude rather than on qualification. They ‘usurp’ nurses’ claim that they are the health-care worker with privileged access to patients, saying they have taken over nursing’s core work while nurses abandon it for a largely administrative role.

**Discussion:** HCSWs differentiated between their own occupational status and that of nurses but believed their actual roles to be highly similar suggesting a failure of occupation closure for nursing.

**Conclusion:** HCSWs are the not unwilling agents of a managerially led project to reshape the workforce that cuts across existing professional demarcation.

6.7 Theme: Leadership

6.7.1

**A repertoire of essential attributes: Findings of an international study of academic nursing leaders**

*Presenter: Professor Lesley Wilkes, Professor of Nursing, University of Western Sydney, Australia*

*Author(s): Lesley Wilkes, Australia; Wendy Cross, Australia; Debra Jackson, Australia; John Daly Australia*

**Abstract**

**Background:** Nursing is facing an international crisis of leadership in both clinical and academic sectors. Faculty is ageing and both the health and education sectors have had significant change as we head into the 21st century. It is crucial that we meet future academic leadership needs through active succession planning.

**Aims:** This study aimed to identify the attributes of successful nursing academic leadership.

**Method:** From June 2011 to March 2012, oral histories using conversations with 30 deans in three countries (Canada, England and Australia) were collected to gain reflections on deanship from personal and professional perspectives. The conversations were transcribed and data about characteristics and attributes of leadership were extracted from the text.

**Results:** Some 60 personal and positional attributes were identified. Of these the most frequently ascribed attribute was having vision. Personal attributes important to the deans themselves included: passion, patience, courage, reflectivity, resourcefulness, self-knowledge, inspiring and encouraging staff, facilitator, innovator, sharing and being supportive. Positional attributes included: communication, faculty development, role model, good manager, promoter of nursing, connecting externally, credibility. Both personal and professional attributes are important to assist in developing a succession plan, support and education for new deans.

**Discussion:** Effective academic leadership in nursing requires a number of personal and professional attributes. The challenge is to find ways through experience, role modelling and education to develop effective academic nursing leaders who not only achieve the goals of the discipline, university and other stake holders but also able to lead successfully and work effectively with people.

**Conclusion:** Active strategies for succession planning and talent management need to be implemented to adequately meet future academic leadership needs in nursing.

6.7.2

### Organisational knowing: crucial knowing for the wise nurse

*Presenter: Dr Louise Terry, Reader in Law and Ethics, London South Bank University, UK*  
*Author(s): Louise Terry, UK; Graham Carr, UK; Joan Curzio, UK.*

#### Abstract

Title: Organisational knowing: crucial knowing for the wise nurse

**Background:** Expert nurses use a combination of rational, evidence-based care and intuitive, experiential, personal knowledge (Tichen & Ersler 2001). While there have been studies that have identified the attributes of nurse expertise (Manley et al. 2005), the process of translating this as nursing wisdom to pass on to junior nurses has yet to be explored.

**Aim:** The aim of the overall study was to explore with experienced nurses, how their nursing wisdom is gained, used and passed on to junior nurses. This presentation presents a concept that emerged from the larger study.

**Methods:** A two stage process of exploratory facilitative reflective sessions with a range of experienced registered nurses was held. Stage 1 involved repeated series of sessions each based around one of Carper's Patterns of Knowing (1978) that were held between September 2010 and July 2011. The results from Stage one were developed further during the Stage 2 conference held in December 2011 and all data underwent framework analysis (Ritchie and Spencer 1994).

**Results:** 30 experienced registered nurses, many with decades of experience, from a range of specialities and grades attended at least one study session or event. The analysis identified examples of socio-political and emancipatory knowing (Chinn and Kramer 2011) as well as unknowing. The four patterns of knowing identified by Carper were evident. A fifth pattern we have called Organisational knowing emerged as a dominant core concept not fully captured by Carper's original patterns of knowing or later additions.

**Discussion:** The participants in this study expressed their concern that organisational barriers and the failure to understand the organisations within which they work, are preventing nurses from developing in practice currently.

**Conclusions:** We propose that attention be devoted to developing organisational knowing as a new pattern of nursing knowledge.

6.7.3

### Breaking Down the Barriers-Three Years On

*Presenter: Jacqueline McKenna, Director of Nursing, Medway hospital, UK*

#### Abstract

This presentation will inform the conference about a focus group, facilitated as part of a doctorate study investigating the preparation for nurses to become ward sisters and the support they receive once in these posts.

Whilst many of the policy documents since 1948 have proposed that nurses require preparation for the ward sister role, preparation is not mandatory. There is also very little British research on the subject, the most recent being the RCN's study 'Breaking down the barriers' (2009). The hypothesis of my research is that nurses who receive preparation for and support to be a ward sister will manage the transition more effectively. This will add to nursing knowledge and have an impact on policy.

The purpose of the focus group was to review the findings of the RCN's study 'Breaking down the barriers' (2009), as the researcher wanted to use these as the basis of the survey to ward sisters, which is the main part of the doctorate study. It took place in May 2012 at RCN congress, with eight ward sisters.

The preparation for the focus group will be highlighted. Following this the four questions will be presented

What are the key skills and competencies of a sister?

- What are the pressures you face?
- What training did you receive?
- What would have helped your transition into the role?

The findings, thematically analysed and compared to the RCN study will be summarized. Generally the participants of the focus group reflected the views and findings in the RCN study, although there were a number of differences, which included not identifying 'being a researcher' as part of the role, housekeeping was not highlighted as a pressure they faced, and when discussing the support that would have helped they felt very strongly about having peer support.

6.8 Theme: Children and family

6.8.1

### Is research safe for children? A scoping review of safeguarding children in the research process

*Presenter: Dr Duncan Randall, University of Birmingham, UK*

**Background:** There is some evidence that young people who identify themselves as lesbian, gay, bisexual, transgendered or questioning their sexuality (LGBTQ) have poorer health and may find it more difficult to access appropriate health education and health services.

#### Aims:

1. To provide more accurate information about the health of LGBTQ young people, their health behaviours and their perceptions of healthcare services
2. To generate evidence that will inform policy and practice
3. To improve services for young LGBTQ people

**Methods:** A national survey of young people gathered data from over 3,500 young people (16-25 years) from May 2012 through a diverse recruitment strategy, including web based recruitment, contacting young people's groups across the country and attending Pride events. Some data were also collected from heterosexual young people to enable comparisons to be drawn. Funding was provided by the Big Lottery and ethical approval was granted by the University of Greenwich ethics committee. The project is a partnership led by the charity METRO, with Ergo Consulting and the University of Greenwich.

**Results:** Heterosexual young people were more likely than any other group to describe their health as 'very good' whereas lesbian and gay young people were more likely to select the category 'good'. Those who self-identified as bisexual or questioning their sexuality or choosing to describe their sexuality in another way, were more likely to describe their health as 'fair', 'bad' or 'very bad'.

**Discussion and Conclusion:** these results are discussed in the context of the findings about experiences of bullying at school and in the workplace, social support and the lack of it, and social class and regional difference in the experience of growing up LGBTQ. The implications for policy makers, healthcare commissioners and providers, particularly nurses working in sexual health and in schools are drawn out.

6.8.2

**The child-family-centred care approach as a way to improve quality improvement (QI) interventions related to prevention. The importance of the context**

*Presenter: Dr Simona Calza, Head Nurse of Paediatric Stem cell transplant Unit- Full time PhD Student, Gaslini Children's Hospital, Italy*

*Author(s): Calza Simona PhD student Methodology of Research Health Science Department University of Genoa, Italy Health Science Department. Bagnasco Annamaria Master Degree in Educational Science, PhD in Nursing Research Methodology, Nurse Researcher, Health Scien*

**Abstract**

**Background:** Literature shows that Child-Family-Centred-Care (CFCC) represents excellence in paediatric care. Joint Commission International and the Council of Europe underline the centrality of the child/family as synonym of excellence. The Children's and young people's health policy audit tool measures the excellence of paediatric care in UK NHS Trusts.

**Aim:** Describe the process of adaptation and validation of the U.K. version of the Children's and young people's health policy audit tool in an Italian Children's Hospital. In particular, the Segments (3 and 8) related to prevention and involvement of parents in care and their cross-cultural adaptation will be presented.

**Methods:** This is a descriptive study with a 'Mixed-Method' design. This study is part of a larger QI study. Six multi-professional focus groups and 13 semi-structured in-depth interviews were performed. The sample included professionals working in two Departments of the Hospital. Cross-Cultural Validation of the 'Children's and Young people's audit tool' enriched the context.

**Results:** Complete results will be presented at the Conference. Through the process of forward translation, we identified some points requiring adaptation to the Italian context, such as structures, laws, networks and types of health professionals. We involved 22 experts in the panel (6 physicians and 16 paediatric nurses) in 10 meetings.

**Discussion:** During the focus groups, nurses declared that they were willing to improve the involvement of parents/child/adolescents in care (e.g. hand washing) through negotiation. In particular, nurses preferred to supervise parents, because sometimes refused learn more about hygiene procedures.

**Conclusions:** The next step will be to involve parents through a qualitative approach and create our own Framework (4,2) to design interventions that enhance CFCC outcomes.

6.8.3

**Is research safe for children? A scoping review of safeguarding children in the research process.**

*Presenter: Dr Duncan Randall, University of Birmingham, UK*

*Author(s): Dr Duncan Randall, England, UK and Professor Julie Taylor, Scotland, UK*

**Abstract**

In recent years there has been a shift from research on children to participatory research with children (Christensen and James 2008), where researchers are involved in talking directly to children and undertaking activities with children to generate data. At the same time the profile of safeguarding children has risen with more official focus on nurses' duty to safeguard children (Audit Commission 2009). The increasing interaction in research between children and researchers and the heightened awareness of safeguarding we argue has led to a need for nurse researchers to consider safeguarding in their research practices, policies and procedures.

In this paper we report a scoping literature review of how safeguarding children is considered in research. Very little empirical research has been undertaken into how children are safeguarded during research projects, thus a wider scoping methodology was employed. We also draw on our own experiences of various research projects to consider the unique position of researcher as an adult asking questions about children's lives, often in a 'snapshot' or one off encounter, which place the researcher in a challenging position in relation to safeguarding policies and procedures (Randall2012). This work has uncovered ethical dilemmas about how researchers protect vulnerable people, themselves and collect valid and reliable data, which extend beyond children's healthcare into mental health of adults and various other lifestyle choices which may affect children's lives. To conclude the paper we will suggest some good practices which define the role of the researcher and their interaction with participants and safeguarding agencies.



# Concurrent Session 7

## Friday 22 March 2013 11.00-12.25

### 7.2 Theme: Patient experience

7.2.1

#### Survey of the knowledge expectations and received knowledge of arthroplastic patients and their significant others and patient's health related quality of life

Presenter: Professor Arun K Sigurdardottir, University of Akureyri, Iceland

Author(s): Arun K. Sigurdardottir, Iceland, Brynja Ingadottir, Iceland, Kirsi Valkeapää, Finland

#### Abstract

**Background:** Arthroplastic surgery is a common major surgical procedure in Western countries. Knowledge is needed to develop best practices on the education of this patient group.

**Aim:** To assess knowledge expectations and received knowledge of patients undergoing hip or knee replacement and their significant others. Also to assess relationship between health related quality of life and fulfilled knowledge expectations among patients.

**Methods:** A descriptive, prospective, comparative follow-up study with 3 data collection points (before surgery, time 1; at hospital discharge, time 2; and 6-7 months after surgery, time 3). Data were collected from January 2010 until June 2011. Previously validated instruments, two parallel that measure knowledge expectations and received knowledge (Hospital Patients' Knowledge Expectations /Hospital Patients' Received Knowledge) (Leino-Kilpi et al. 2005), and an instrument measuring health related quality of life (EQ-5D) (EQ-5D 2004) were used. The sample consisted of consecutive patients scheduled for elective hip or knee replacement in 3 Icelandic hospitals and their significant others.

**Results:** At time 1, 279 patients and 209 significant others participated, at time 2 responses were 75%/67% and at time 3, 74%/68%. Both patients and their significant others reported to receive less knowledge than they expected and this difference was larger with significant others, especially at time 3. Expectations on social and financial knowledge were least fulfilled in dimensions. There was a positive relationship between health related quality of life and fulfilled knowledge expectations among patients.

**Discussion:** Patients and their significant others have high knowledge expectations and although they receive relatively good knowledge more comprehensive education could possibly improve it.

**Conclusion:** Results indicate that the knowledge expectations of patients and their significant others should be assessed before surgery and the content of patient education tailored accordingly. This is important in order to support patients' recovery as hospital stay has shortened (OECD 2010).

7.2.2

#### A sense of homeliness in the hospital environment – maintaining every day life rhythm despite serious illness

Presenter: Connie Timmermann, Ph.D student, Horsens Hospital Unit, Denmark

Author(s): Connie Timmermann, Denmark; Lisbeth Uhrenfeldt, Denmark; Mette Terp HÅ, ybye, Denmark; Regner Birkelund, Denmark.

#### Abstract

**Background:** The effect of the hospital environment on health outcomes is a growing field of research. However, research on the patient experience of the hospital environment and the meaning of the environment to patients experiencing a life-threatening illness is still limited.

**Aim:** This study explores how patients with a life-threatening illness experience being in the hospital environment and the meaning they assign to the environment.

**Method:** Data was produced through qualitative interviews and observations at a general hospital in Denmark. Twelve patients participated in the study during their hospitalisation and each patient was interviewed several times. The analysis was guided by the hermeneutical-phenomenological theory of interpretation as presented by Paul Ricoeur.

**Results:** Patients experienced that a cosy and welcoming atmosphere formed by colourful decorations and small cosy spots formed a sense of homeliness in the hospital environment allowing them to maintain a sense of self. Patients further experienced how such aesthetic impressions in contrast to more clinical impressions had a positive impact on their mood. By bringing some of their private things or undertaking familiar tasks patients maintained part of their every day life rhythm.

**Discussion:** The hospital may provide a meaningful space for life during illness, when patients experience homeliness through the aesthetic practice of the environment. Maintaining part of their every day life rhythm during hospitalisa-

tion allowed them to maintain a sense of self that was important for their sense of well-being and personal strength in a vulnerable time of life.

**Conclusion:** Our findings stress the importance of an aesthetic and home-like hospital environment when experiencing a life-threatening illness. This offers patients an opportunity to maintain a meaningful space for life despite serious illness. Such knowledge could contribute to development of policy making regarding care settings and provide knowledge leading to an improved clinical caring practice.

7.2.3

#### Sufficiency of information exchange during routine nursing practice

Presenter: Vivianne Crispin, Postgraduate Research Student, University of Stirling, UK

Author(s): Vivianne Crispin, Scotland, UK; Carol Bugge, Scotland, UK, Kath Stoddart, Scotland, UK

#### Abstract

**Background:** Information exchange is important because it encourages patient participation in healthcare, and aids shared decision-making. No studies have investigated information exchange in nursing practice in ward settings specifically.

**Aims:** This study aims to explore the type, amount and relevance of information shared between patients and registered nurses during routine nursing care in ward settings. This paper will focus on findings related to sufficiency of information exchange.

**Methods:** This qualitative study was informed by case study methodology. Data were collected from medical and surgical inpatient wards from one UK hospital from August to December 2009. Non-participant semi-structured audio-recorded observations of interactions between patients and nurses were undertaken using a remotely controlled radio-microphone followed by semi-structured interviews with patients and nurses.

**Results:** Data were collected from nineteen cases involving interactions between nineteen patients and twenty-one nurses. We identified several issues in relation to sufficiency of information. For example, information was commonly provided rather than exchanged; some nurses provided limited information about nursing interventions and/or did not talk about risks, benefits or alternatives; and, often patients and nurses perceived that they had given and received sufficient information, contrary to the observation data.

**Discussion:** The sufficiency of information exchange between patients and nurses in ward settings may be affected by information being withheld, lost opportunities for sharing information, patient passivity, and nurses' power and control. We will consider how information exchanged previously, good patient/ nurse relationships, and information shared in layman's terms, may have affected participants' perceptions of sufficiency of information.

**Conclusion:** Although patients and nurses perceive the level of information exchange as sufficient, observation data suggests it does not correspond with best practice ideals. Interventions could be developed to enable these ideals to become established in routine nursing care.

### 7.3 Theme: Cultural proficiency

7.3.1

#### Assessing cultural proficiency training uptake: a study of nurse academics and professional staff in an Australian Tertiary Institution.

*Presenter: Kerrie Doyle, a/prof Indigenous health, University of Canberra, Australia*

*Author(s): Kerrie Doyle (Australia)*

##### Abstract

**Background:** Aboriginal Australians suffer the worst health indices of any post-colonial peoples. Under the Close the Gap initiatives, the Australian Government has increased the number of Aboriginal students in nursing and allied health. However, this is only part of the answer. Non-Aboriginal professionals need to be culturally proficient in role-modelling culturally appropriate care and interactions. Using the UN Declaration on the Rights of Indigenous Peoples as a framework, the academic and professional staff at our university were given a cross-cultural proficiency course. This 3 x 2 hour short course was delivered in house by an Aboriginal nurse academic, with immediate evaluation rated as 'excellent' and 'very good' by every participant. However, this type of evaluation is only Level 1, and can be a measure of the presenter's charisma, so we determined to do a follow-up evaluation to see if attitudes the third part of Bloom's taxonomy, had changed.

**Aims:** To measure effectiveness of cross-cultural education by assessing participants' attitudes to Aboriginal people.

**Methods:** 32 staff members volunteers participated by answering a questionnaire with 12 short paragraphs about Aboriginal people and issues. They were then asked to assess on a Likert scale (0-10) how well the given sentence described that paragraph, but their scores also indicated how aligned their attitudes were with the paragraph topic.

**Results:** There were two groups of participants – those who had attended the training, and those that had not. Participants undertaking training

scored significantly lower on an interval t-test ( $p < 0.05$ ) on scores of racist attitudes.

**Discussion:** The most significant results were in the items more closely aligned to academia ('research'/'student numbers'), suggesting a degree of self-interest in the attitudes. Even with small sample size, appropriate cross-cultural training can have attitude-changing effects in participants, and could adapted for other minority groups with health disparities

7.3.2

#### Developing Knowledge and skills for reflective practice in pre-registration children and young people's nursing. A mixed method study.

*Presenter: Dr Carol Chamley, Coventry University, UK*

*Author(s): Carol Chamley United kingdom*

##### Abstract

**Background:** The professional work-a-day life of the nurse involves making innumerable complex judgements, dealing with uncertainty, diversity instability and value conflict. Despite lack of definition and conceptual clarity, evidence-base and uncertain impact upon patient outcomes, reflective practice has been situated in the genre of nursing and nurse education for several decades. Children and young people's nurse are exposed to many unique and challenging situations and as such need to seek flexible ways of responding to perplexing episodes of care. Hence within everyday nursing practice there is a rich and deeply embedded seam of reflective interpretation and practical wisdom.

**Study Aim:** Part of a doctorate, the aim was to explore and describe the significance, effectiveness and development of reflective practice in children and young people's nursing students.

**Methods:** The study adopted a case study approach recruiting participants (n=18) from a single higher education institution in the West Midlands during 2009-2010. Data were collected during three phases, nesting qualitative and quantitative methods, including survey questionnaire, nominal group technique and conversational semi-structured interviews. Ethical approval was conferred by the study institutions.

**Results:** Data analysis engaged conventional content analysis (Hsieh and Shannon 2005) coupled with three CONCURRENT flows of activity (Miles and Huberman 1994), yielding six definitive themes.

- Reflection is About You
- Reflection is a Strategy for Learning
- Reflection Cements it Altogether
- Reflection Gives you Space
- A Reflective Lens for Caring

- Reflection and Evidence-based Practice.

These themes reinforced the significant contribution which reflection makes to cultivating an intelligent competent workforce.

**Discussion:** Findings supported and justified the place of reflective practice in children and young people's nursing and were cited as the catalyst for transforming future practice.

**Conclusion:** The study confirmed the importance and application of reflective practice in developing reflective practitioners for the future, whilst identifying the need for ongoing empirical research.

7.3.3

#### Internationally Educated Nurses striving in a new country: Finding meaning through symbols

*Presenter: Dr Patricia Bradley, York University, Canada*

*Author(s): Patricia Bradley, Toronto, Canada*

##### Abstract

**Background:** There has been a steady increase in internationally educated nurses (IENs) migrating to Canada, Ireland, New Zealand, United Kingdom, and the United States (Batata, 2005; Aiken et al., 2004). These nurses may come from a variety of countries and for a variety of reasons, including seeking a better life for themselves and their families, but little is known about them and thus they have been referred to as the 'forgotten nurses' (McGuire and Murphy, 2005). To integrate IENs into the new country's healthcare system, it is essential that the gaps in what is known and what is assumed about their understandings be identified to help educators prepare these nurses for education and practice. Finding meaning can be explored in a variety of ways.

**Aim:** The aim of the study is to understand the life worlds of nurses who experience immigration and whose lives are marked by the challenges to become a registered nurse in another country.

**Method:** This study, completed in 2011, focused on the experience of being an IEN for 30 BScN students through their line drawings and photos. Through a phenomenological research method analysis of the images went beyond the understanding of images as 'language'.

**Results:** The artwork opened a space in which both the world, and being in the world was brought to an inexhaustibly rich totality. Analysis of the images revealed the meaning of being a nurse and the unrelenting journey and longing for who they are and what they have lost.

**Conclusion and Discussion:** This presentation will invite the conference participants to 'dwell' along with the work in a way that takes us beyond the symbols and consider new ways of teaching and learning for IENs. Aesthetics is respectful of art's ability to disrupt and challenge customary expectations.

## 7.4 Theme: Patient safety

7.4.1

**How frequent are prescribing errors and near misses among traditional and non-traditional prescribers and how are they experienced?***Presenter: Lynne Paterson, South Tees NHS Hospitals Foundation Trust, UK**Author(s): Lynne Paterson, Middlesbrough UK***Abstract**

**Background:** A variety of health care personnel including nurses, health visitors and pharmacists have assumed the role of prescriber alongside that of the traditional medical prescriber. Despite theoretical conjecture that non-traditional prescribers would improve the quality of patient care, little work has been done to establish this. In particular, the safety element of this role takeover, from the perspective of prescribers, has not been fully investigated. This work explores how frequent prescribing errors and near misses are among traditional and non-traditional prescribers and examines how they are experienced.

**Method:** Embedded case study analysis was used which included the analysis of one year of reported prescribing errors and near misses; a review of archival records of prescribing and semi-structured interviews with twenty prescribers. A validated tool was used to capture the errors and interviews were thematically analysed. All data were viewed through the Brunswikian Lens model.

**Findings:** All prescribers wanted better prescribing training and on-going education.

Non-traditional prescribers made fewer errors than traditional prescribers, though they have a higher near miss rate.

There are persistent errors made with the same drugs.

Attitudes to errors differ by group.

Incident reporting is viewed with mistrust since there is a belief that no useful feedback is given which would improve prescribing safety.

**Conclusions:** Courses of prescribing training need to be robust and continual updates must be available for all prescribers.

Errors and near misses need to be closely monitored and shared.

Work remains to be done to decriminalise the incident reporting system and to ensure it is used as a tool to improve safety.

**Application:** This study uncovered important safety lessons for any health care institution which is serious about reducing prescribing incidents in order to safeguard patients. There are also valuable insights into the use of an incident reporting system.

7.4.2

**Systems of Accountability for Patient Safety: The Case of Healthcare Associated Infections in NHS Acute Care***Presenter: Dr Carin Magnusson, Research Fellow, University of Surrey, UK**Author(s): Carin Magnusson, England, UK***Abstract**

**Background:** Healthcare associated infections (HCAI) are a key issue for patient safety, and governance and accountability arrangements for HCAs have been highlighted as an important focus for further research. Accountability has been a driving force for NHS 'modernisation' and quality improvement, yet there is little research concerning understandings or implications of accountability, or about accountability in practice.

**Aims:** The aim of this study was to investigate accountability for patient safety in NHS acute care. It aimed to analyse different systems of accountability at an organisational level. Three different systems of accountability were analysed which were found to operate alongside each other within the organisation: external, managerial and professional.

**Methods:** The study used an in-depth case study of systems of accountability for the control of healthcare associated infections (HCAs) within one NHS Acute Hospital Trust in England. The methods used were ethnographic in nature: observations (N=14), documentary analysis and semi-structured interviews (N=37).

**Results:** The findings demonstrated that each accountability system had both functions and dysfunctions, which had implications for infection control performance. The institutional practices of account-giving were found to take high priority and their production required considerable resources. The core of accountability has been considered to concern how to create shared discourses about how to judge performance. The lack of shared criteria for how to evaluate infection control performance created tensions between the managerial and the professional accountability system.

**Conclusions:** Little is understood about what accountability arrangements are in place in NHS acute care and their impact on patient care, and it is unclear what 'enhanced' accountability in relation to safety means. This study contributes to the conceptual understanding of the role of accountability arrangements in supporting patient safety within healthcare organisations.

7.4.3

**Embedding Patient Safety in a Local Context***Presenter: Sally Moore, Bradford Institute for Health Research, UK**Author(s): Dr Natalie Taylor, England, UK; Sally Moore, England, UK, Dr Lorna Peach, England, UK; Professor Rebecca Lawton, England, UK; Beverley Slater, England, UK; Professor John Wright, England, UK***Abstract**

**Background:** Implementation of National Patient Safety Agency (NPSA) alerts is rarely straightforward and compliance can be difficult to demonstrate and sustain (Action Against Medical Accidents 2010). It requires behaviour change by health professionals; including the consideration of a range of technical, psychological and socio-cultural factors. The overarching project uses a theoretical framework of behaviour change (Michie et al., 2005) and key implementation principles to support the uptake of four NPSA alerts across five hospital Trusts.

**Aims:** This presentation demonstrates how we worked with one Foundation Trust to support the implementation of one NPSA alert: to reduce harm caused by misplaced nasogastric feeding tubes.

**Methods:** Our stepped process, informed by key principles and evidence from implementation literature, entailed 1) involving stakeholders, 2) identifying target behaviours, 3) identifying barriers to change, 4) generating strategies to address barriers, 5) supporting staff to implement strategies.

**Results:** Following audit and discussion, the target behavior to improve was agreed as the method staff used to check nasogastric tube position. Questionnaire results indicated the key barriers to checking the position of nasogastric tubes was 'social influences', 'environmental context/resources', 'emotion', and 'knowledge/skills'. Focus groups generated some innovative, generalizable, adaptable strategies for overcoming barriers, such as awareness events, screensavers, equipment modifications, and interactive learning resources. Results of an 18 month audit (Jan 2011-June 2012) of 290 notes will present the impact of specific interventions at various time points on behavior change.

**Discussion:** This study demonstrates an innovative, evidence based approach to identifying and addressing barriers to implementing change. By working with staff at the sharp end of patient care to design interventions according to local contexts, effects can be enhanced, improving the potential for safer practice.

**Conclusion:** The generalizability of this approach for the implementation of a range of guidelines is possible, providing further potential benefits for health services.

7.5 Theme: Hearing children's voices

7.5.1

**Enhancing participation and voice: involving young people as peer interviewers in child protection research**

*Presenter: Dr Caroline Bradbury-Jones, University of Dundee, UK*

*Author(s): Caroline Bradbury-Jones, Scotland, UK; Julie Taylor, Scotland, UK; Byron Carruthers, Scotland, UK; Nayla Ibrahim, Scotland, UK*

**Abstract**

Research on children's experiences is often reported from adults' perspectives, rather than allowing children to have a voice (Taylor & Green 2008). Recruiting young people to collaborate with the research as peer interviewers using participatory research methods can address this imbalance (Lauder et al. 2009). The rationale is that involving young people as researchers is likely to gain improved data from respondents of a similar age, who have shared common experiences. In this presentation, we report on a study that used participatory methods in an attempt to strengthen the child voice.

The purpose of our study was to understand how to better identify children at risk of going missing from care and identify the support that can be provided to those at risk to prevent (further) episodes of going missing. We held six focus groups comprising young people who had experience of the care system and going missing from care. Two young people (who had also experienced the care system and homelessness) were recruited as peer interviewers. They were provided with training and support from the research team and they facilitated the focus group discussions and took part in data analysis and dissemination.

In this presentation we share our experience of recruiting and supporting peer interviewers. Specifically we explore the ethical and practical issues involved. We highlight the considerable gains from using participatory methods and we also illuminate some of the hurdles and challenges. The presentation should appeal to colleagues seeking ways of enhancing the participatory dimension of their research in a way that gives voice to participants.

7.5.2

**Children's stories on managing their chronic illness at home**

*Presenter: Dr Marie Bodycombe-James, Lecturer, Swansea University, UK*

*Author(s): Marie Bodycombe-James, Wales*

**Abstract**

Repeated hospital admission for children has been shown to be detrimental to their psychological and physical health (Thruher et. al 2007, Samela et. al 2009). However the provision of care at home by a community children's nursing service has been reported as less stressful, and facilitates normality for the child and family (Speyer et.al 2009, Carter and Coad 2009).

This study aimed to explore the experiences of thirty (n=30) children between the ages of seven and eleven years of age of managing their chronic illness at home.

**Objectives:**

- To examine children's views on the skills they require to so they can manage their chronic illness at home.
- To determine images that children associate with home care.
- To identify children's perspectives of the care provided by the community children's nurse.

Thirty children were interviewed at home regarding their experience of managing their chronic illness and receiving nursing care from the community children nurse (CCN). The methodology was narrative inquiry (Polkinghorne 1995) which was grounded within the new sociology of childhood (James and James 2004, Jones and Welch 2010). The research utilised the Mosaic Approach (Clark and Moss 2001) to ensure the study involved the children as co-constructors of meaning.

The results were analysed using paradigmatic analysis, the themes showed that children with a chronic illness prefer to be cared for at home by a CCN, that they are knowledgeable about their condition, want to be involved in decisions about their lives, and are capable of managing their condition with the support of their parents and the CCN.

The conclusions of the study highlight the need for more investment in community children's nursing in Wales, and research that involves children as co-researchers to ensure that services are designed to meet the needs of the consumer.

7.5.3

**'Keeping my mind strong: enabling children to discuss and explore issues relating to their perceptions of positive mental health through the arts'**

*Presenter: Marie O'Neill, University of Ulster, UK*

*Author(s): Marie, O'Neill, Mrs, Kevin Moore, Mr, Professor Brendan McCormack & Professor Owen Barr.*

**Abstract**

**Background:** The foundations for good mental health functioning are laid down in childhood, ensuring that children have the potential to lead positive lives, develop resilience and have the ability to cope with the challenges that life may bring them. Psychological and mental health is paramount to a person's overall health and functioning, mental health problems significantly compromise a person's coping abilities, leading to low self esteem, poor body image, social isolation/exclusion and dysfunctional relationships (Parry-Langdon 2008, Department of Health 2009). One in 10 children and young people will experience, behavioural, emotional and mental health problems at some point in their lives.

**Aim:** Drawing is a natural mode of communication that children love and that offers a way to express feelings and thoughts in a manner that is less threatening than strictly verbal means. The advantages of using expressive arts as a means of communication is documented within the literature.

**Method:** An 'Expressive Art' Documentary analysis study from primary and post primary schools was undertaken to increase recognition about the impact mental health can have on all of our lives. An aspiration of the study was to raise public awareness of mental health well-being within schools. A unique way to do this was to have students participate in creating a POSTER concentrating on mental health issues, giving them the opportunity to discuss and explore the various types of problems and issues that children confront.

**Results:** Themes of personal understanding of mental health issues emerged i.e. stigma, illness, social isolation, depression, anxiety. Categories that related to support mechanisms utilised were: family, friends, and material possessions. In addition mental health promotion was conveyed.

**Conclusions:** The ramifications of mental ill health are enduring and potentially disabling. Expressive art offers children an opportunity to recognise and express their feelings.

## 7.6 Theme: Dignity in care

7.6.1

**An illuminative evaluation of the response of an acute hospital to the National Dignity in Care Campaign.***Presenter: Dr Andrew Gallini, Director of Clinical Services, Hospital of St John & St Elizabeth, UK***Abstract**

**Background:** Internationally, dignity is a core ethical value for nurses (International Council of Nurses, 2006) and is important for patients' healthcare experiences (Valentine et al, 2008). In England, a National Dignity in Care campaign was launched in November 2006, amid increasing concerns around dignity across healthcare. A literature review identified no published evaluation of the campaign, based in an acute hospital.

**Aims:** To: examine hospital patients' experiences related to dignity; explore the understanding, attitudes, roles and responsibilities of healthcare professionals, relating to the Dignity in Care campaign and; gain an in-depth understanding of the challenges and enablers to changing practice to improve patient dignity.

**Methods:** An illuminative evaluation was conducted in one acute hospital, drawing on qualitative data from individual interviews with ten patients, fourteen healthcare professionals and ten senior managers and executives. Data were collected in the autumn of 2008 and analysed using framework analysis.

**Results:** Six themes were identified: Patients' experiences in hospital; understanding of, and attitude towards the Dignity in Care campaign; challenges and enablers related to the Dignity in Care campaign; improvements identified as supporting dignity for patients; dignity training WORKSHOPS; wider issues raised around dignity.

**Discussion:** The findings indicated aspects of vulnerability, where patients could not advocate and protect themselves from a loss of dignity, as well as the distress experienced when patients observed indignities towards other patients. A contrast in emphasis was revealed between the day to day experiences of patients, and the focus of healthcare professionals, senior managers and executives on systems and initiatives to improve dignity but which often failed to address patients' simple requirements.

**Conclusions:** The evaluation's outcomes are of particular importance to policy and practice relating to issues of vulnerability and dignity. They also highlight the value of initiatives that gained widespread ownership across a large, complex acute hospital.

7.6.2

**The Role of the Ward Leader in the delivery of dignified care in acute hospitals***Presenter: Dr Mary Flatley, St Joseph's Hospice, UK***Abstract**

Providing dignified care in acute wards has been an ongoing challenge for the last 20 years. More recent reports have identified the role of the ward leader as crucial in the delivery of dignified and compassionate care (DOH 2010). From 2008-2010 the Dignity in Care Project (D.C.P.) used an action research approach working with ward nurses, patients and their carers, and hospital managers to promote dignified care in two acute hospitals. The D.C.P. collected data from clinical staff, patients and 'family' by using a range of participatory research methods, quantitative tools, qualitative interviews and field notes. The nurse researchers worked in partnership with staff to identify interventions that facilitated dignity, and barriers which hindered it.

This paper presents the analysis of the field notes of the nurse researchers, which identify key components of the role of the ward leader in the delivery of dignified care. The five themes identified are:-

- Keeping the whole in mind
- Prioritising caring and its impact
- Brokering
- Being an insider and outsider
- Role Modelling.

This presentation will expand the themes and discuss them in relation to leadership at ward level and their potential contribution to the development of the role of a ward leader.

7.6.3

**Elder patients' perspectives and experiences of dignity in a Chinese hospital setting***Presenter: Dr Lihua Wu, lecturer, University of Manchester, UK**Author(s): Lihua Wu, UK; Guangyan Miao, China; Yutong Zhou, China***Abstract**

**Background:** Although enhancing patients' rights and maintaining their dignity have been emphasized as the essentials of health service by World Health Organization (1994), only several studies from Western countries investigated patients' dignity during hospitalization (Matiti & Trorey 2004, Calnan et al. 2005, Baillie 2009). In Eastern countries, such as China which is under rapid economic development, there is little research on dignity among elder patients, whether their dignity is maintained remains unknown.

**Aims:** To explore elder patients' understanding and experiences of dignity in Chinese hospital settings.

**Methods:** In-depth interviews were conducted involving 18 elder patients purposively sampled from a hospital setting in Beijing in May 2012. Audio-taped interviews were transcribed verbatim, and data in transcripts were coded and analyzed by framework analysis approach.

**Results:** The findings revealed the elderly considered that their dignity was maintained to a certain extent during their hospital stay. Patients' understanding of dignity focused on three main domains: self respect, perceived dignity from medical staff and from hospitals. Factors contributed to self respect were identified: gaining respect from medical staff, respect themselves with a role as a patient and their struggles with diseases. Eight aspects were considered to be related to the maintenance of patients' dignity by the medical staff: attitude towards patients, communication, professional skills, rights of being informed, protection of privacy and avoidance of body exposure, being regarded as an individual, reduce patients' burden and rights of making own choice. The participants also reported that the availability of health service and the hospital environment were considered as organizational factors which related to the maintenance of patients' dignity.

**Discussion and Conclusions:** This study provided unique understanding of dignity from elder inpatients' perspectives based on Chinese culture, which also brought insight to health care professionals and organizations on promoting and safeguarding patients' dignity.

7.7 Theme: Education/workforce

7.7.1

**12-hour shifts A & E what is the evidence? A scoping review**

*Presenter: Professor Ruth Harris, Professor of Nursing Practice and Innovation, Kingston University and St. George's, University of London, UK*

*Author(s): Ruth Harris, England, UK; Sara Christian, England, UK; Jenny Parr, Associate Director of Nursing, Waitemata District Health Board, New Zealand Formerly Director of Nursing, Kingston Hospital, Kingston, UK*

**Abstract**

**Background:** The use of 12-hour shifts in the organisation of the nursing workforce has increased considerably over the last 20 years. The impetus for this development has been to address several issues: continuity of care, staff shortages and staffing costs. While there is some support for 12-hour shifts, often by nurses themselves in relation to work-life balance, there have also been some concerns about reduced patient safety, staff fatigue and increased staff turnover. These concerns require investigation particularly as the Francis Report into the failings in Mid Staffordshire, which is expected to have widespread influence across the NHS, is due to be published imminently.

**Aim:** This paper reports a scoping review examining the extent, range and nature of evidence available internationally around the impact of 12-hour shift patterns within nursing as well as other occupational fields. This evidence will inform future research and workforce development.

**Methods:** Items of literature were identified primarily from electronic database searches. Grey literature relating to policy was sought by searching government and other websites. The review was guided by Arksey and O'Malley (2005) to map the key concepts underpinning this area of research and main sources and types of evidence available.

**Results:** A wide range of literature was reviewed. The majority of studies address the impact of 12-hour shifts from a worker perspective with mixed findings; there was evidence of staff fatigue but predominantly positive self reports of the impact on work-life balance. Very few studies focused directly on patient safety and none in the UK.

**Conclusion:** The collated evidence from the studies is inconclusive; further research is required for us to understand this widely accepted approach to shift patterns particularly focusing on the longer term consequences on quality, cost and safety of patient care.

7.7.2

**Supporting transition from student to registered nurse: a collaborative research study.**

*Presenter: Dr Bill Whitehead, University of Derby, UK*

*Author(s): Bill Whitehead, (UK); Pat Owen, (UK); Elaine Beddingham, (UK); Maxine Simmons, (UK); Merryn Barton, (UK); Carl Walker, (UK); and Lorraine Henshaw, (UK).*

**Abstract**

**Background:** Internationally it has been shown since Kramer's seminal research in the 1970s that newly qualified nurses (NQNs) can suffer 'reality shock' (Kramer 1974) in their transition from student to qualified nurse. In the United Kingdom (UK) it is a recommendation of the Department of Health (DH 2010) to have a period of preceptorship for all newly registered health professionals, including nurses, to support them during this transition period. This study presents findings from a UK collaborative project between an NHS Acute Hospital Trust and a University which suggests the level and type of support required by NQNs.

**Aim:** To identify the level and type of support required to facilitate the transition from student to registered nurse.

**Methods:** This study is based on a methodological approach of a case study design using naturalistic enquiry (Lincoln and Guba 1985). 6 Focus groups and 10 one to one semi structured interviews were conducted between March and August 2012. The purposive sample of key actors including preceptees; preceptors; sisters; matrons; senior matrons and Learning Environment Managers resulted in a total sample of 50 participants. Audio recordings and notes were transcribed and analysed using content analysis supported by NVIVO software.

**Results:** The results will show the type and level of support NQNs need in their transition and will be presented as a content narrative supported by direct quotations from participants.

**Discussion:** Key findings for example managerial support; protected time and education preparation will be discussed in relation to the literature.

**Conclusions:** The study demonstrates that NQNs benefit from a period of structured support through transition which also enhances recruitment and retention and should translate to improved quality of care and patient safety.

7.7.3

**A community workforce for the future: A framework for placing students in General Practice**

*Presenter: Marie Therese Massey, Senior Lecturer, Sheffield Hallam University, UK*

*Author(s): Marie Therese Massey UK*

**Abstract**

**Background:** Across the UK 27% of the NHS community nursing workforce are due to retire in the next ten years and a viable workforce for the future is needed. In light of this Practice Nurses are identified as essential partners in providing the infrastructure to shape this. However placing students in General Practice continues to be a challenge for nursing educators. A clear understanding of the challenges would inform future nursing curricula.

**Aims:** Against this background a study was developed that aimed to determine the extent to which Practice Nurses, in a city in the north of England, were informally facilitating students' learning in clinical Practice as well as identifying the barriers, whether real or perceived, that were encountered. The phenomenon of whether nursing culture was influenced by the presence of student nurses was investigated at the same time.

**Method:** A mixed method research design was employed. Data was collected from Practice Nurses between June and July 2012. First by self-completion questionnaires (n=38), which were analysed descriptively and then by semi-structured interviews with a sub-sample of participants (n=6). A qualitative interpretive framework was utilised to analyse the data from the interviews. Themes were identified and subjected to thematic analysis.

**Results:** Overall the study's findings highlighted that the presence of student nurses in General Practice was a positive experience for the participants, but not without its challenges. Barriers included the historical attitudes of other members of staff to the presence of students.

**Discussion:** The conflicting perspectives of members of the General Practice team were highlighted in the data. Innovative methods suggested for breaking down barriers included peer support and positive role modelling within the Practice Nurse Community. The implications of these findings, the limitations for clinical practice and recommendations for future nursing curricula will be given as part of this presentation.

## 7.8 Theme: Learning disability/ mental health

7.8.1

**Report of a study on the factors affecting the implementation of CPA for learning disability clients with mental health problems.***Presenter: Dr Michael Kelly, King's College London, UK***Abstract**

People with intellectual disabilities and CONCURRENT mental health problems are increasingly coming into contact with mainstream or specialist mental health service where ought to be provided through a Care Programme Approach (CPA) framework. There has been no empirical research looking at CPA implementation for this client group.

The aim of this study was to explore the factors affecting CPA implementation for this client group.

**Methods:** The study was conducted using a case study approach (Yin, 2009) in a single mental health NHS trust which was working across five separate localities, each at a different stage of CPA development and implementation. The study comprised interviews with senior trust and local CPA steering group representatives and those charged with actual implementation at a front-line level. Documentary analysis was also undertaken. All participants completed an adapted version of the Partnership Assessment Tool (Hardy et al, 2003).

**Findings:** A range of strategies were employed by the five localities in the development and implementation of CPA. Although there were pockets of successful implementation, it was apparent that there was quite limited progress overall.

There were six key contextual factors found to be impacting significantly on the trust and its partner organisations at a strategic-level. The impact of these factors filtered down to a locality-level where services were experiencing difficulties specific to implementation at that level.

**Commentary:** The slow progress with CPA implementation can be attributed to the strategic and local level factors identified in this study.

Considering the extent of the problems associated with implementing CPA over the past 20 years and with mounting evidence regarding the implementation of CPA the way forward for services is not to continue adding patch after patch onto a fundamentally flawed system, but to be truly daring and start over.

7.8.2

**Management and quality indicators of diabetes mellitus in people with intellectual disabilities***Presenter: Dr Laurence Taggart, University of Ulster, UK**Author(s): Taggart, L., Truesdale-Kennedy & Coates, V., University of Ulster, Coleraine.***Abstract**

**Background:** People with intellectual disabilities (ID) are at a higher risk of developing diabetes compared to the non-intellectually disabled population, as a consequence of genetic syndromes and because this cohort are more exposed to many of the identified risk factors. However, little is known about the management of diabetes in this population.

**Aim:** The aim of this study was to examine the demographics, health and the diabetes quality of care indicators used with people with ID in one region of the United Kingdom (UK).

**Methodology:** This was a quantitative study using a postal survey design. An anonymised questionnaire was posted to all community ID teams and supported living/residential facilities requesting information on the demographics, health and quality of care indicators for people with ID who have diabetes on their caseloads.

**Results:** In total 186 questionnaires were returned. Results showed that 125 people with ID had Type 2 diabetes (67%) and 61 people had Type 1 (33%). This study found that 6% had glycosylated glucose levels (HbA1c) greater than 9.5% and for 52% the levels were between 6.5%-9.4%. Individuals reported to have poor glycaemic control were statistically more likely to have Type 1 diabetes and be younger, live with parents or independently and be obese. Results also illustrate that the national standards for good diabetes management were only partially met.

**Discussion:** Due to their enhanced predisposition for the development of diabetes this population merits particular attention with regards to screening for the onset of diabetes. The extent to which the quality of diabetes care indicators were achieved was variable but results suggest that for many people the indices were not met; that glycaemic control was poor, that only a quarter were of normal weight, that many were hypertensive and that almost a quarter had no record of their lipid levels.

7.8.3

**It's the talk!: a qualitative study of service user and staff alliances for involvement in secure mental health care.***Presenter: Dr Mick McKeown, University of Central Lancashire, UK**Author(s): Mick McKeown UK, Fiona Jones UK, Karen Wright UK, Rosie Ayub UK, Graham Browning UK, Joy Duxbury UK, Holly Fletcher UK, Jolene McVittie UK, Sally Rawcliffe-Foo UK, Simon (pseudonym) UK, Helen Spandler UK, Wayne Turton UK, Joanna Wright UK***Abstract**

**Background:** We present a study of involvement initiatives within secure mental health services across one UK region, where this has been organised to reflect alliances between staff and service users and has taken a number of forms. There is little previous international research in the field and the constraints upon effective involvement in these settings have been noted (Coffey 2006, Godin et al. 2007).

**Aims:** To explore and evaluate involvement initiatives in secure mental health settings.

**Methods:** The research comprised a narrative case study design with analysis of qualitative interviews and focus groups, with a total of 139 participants, undertaken to explore staff and service user perspectives on the practices and processes of involvement and its consequences. Data collection was carried out between October 2011 and February 2012 in a variety of settings.

**Results:** Findings cluster around ten broad themes we have titled: appreciation for collective involvement; not just about me; bringing it all back home; it's the talk!; involvement for recovery and well-being; supportive staff; commissioning for involvement; the emotional impact of involvement; accessibility; safety and security first, involvement second.

**Discussion:** The presentation will emphasise aspects of the communicative process that sustains these involvement initiatives and were most appreciated by participants. These features will be discussed with reference to Jurgen Habermas's work on communicative action and deliberative democracy (Habermas 1986, 1987). We will attempt to highlight those services or initiatives we feel exemplify good practice in involvement.

**Conclusions:** Conclusions are drawn regarding the quality and impact of involvement in secure settings, the implications for risk management and co-operative models of commissioning for future services. We suggest ways to enhance the experience of involvement for all concerned. The research has influenced regional policy development and is germane to innovative thinking about practice and policy in this field across international contexts.

## Symposia 1-8

Wednesday 20 March 16.30 – 18.00

### Symposium 1

#### Facilitating the Implementation of Research Evidence (FIRE)

Presenter: Professor Jo Rycroft-Malone, Professor of Implementation Research, Bangor University, UK

In this symposium we will present the findings from a large international randomised trial with embedded process evaluation, which evaluated the implementation strategy of facilitation. The Facilitating the Implementation of Research Evidence (FIRE) study was conducted in Ireland, England, Sweden and the Netherlands, and was focused on facilitating continence practice in nursing homes to be more in line with evidence-based guidelines.

The interlinked presentations will focus on the various components of the study, including:

- The design and approach to evaluating the implementation interventions
- The theory and underlying principles of the two facilitation interventions being tested, including how they were delivered and received by participants
- Findings from the trial, including compliance with guidelines
- Findings about the processes of implementation, including implementation challenges and facilitators.

We will conclude with a consideration of some of the practical and methodological challenges with conducting studies such as these.

### Paper 1

#### Background, Method and Initial Primary Outcome Findings from the FIRE study

Presenter: Kate Seers RN BSc(Hons) PhD is Professor of Health Research and Director of the RCN Research Institute at the University of Warwick

Nicola Crichton BSc(Hons) MSc PhD is Professor of Health Statistics and Pro Dean Research in the Faculty of Health and Social Care at London South Bank University

**Background:** Research evidence is not always used in practice. Helping people use evidence is an important factor in determining the use of research in daily practice.

**Aim:** This study aimed to evaluate the effectiveness of two types of facilitation in implementing research based continence recommendations.

**Method:** Four European countries took part, each with six long-term nursing care sites (total 24 sites) for people aged over 59 years with documented urinary incontinence

A pragmatic randomised controlled trial design was used, with three groups (standard dissemination and two different programmes of facilitation), with embedded process and economic evaluation. The primary outcome was percentage compliance with four evidence based continence recommendations, assessed at baseline, and 6, 12, 18, and 24 months after the the facilitation programme. Ethical permission was obtained. Data were collected between February 2010 and February 2013.

**Findings:** At baseline 419 older people in long term care were included in the study, rising to 468 at 6 months after the intervention. Low levels of compliance with recommendations was evident at baseline. Mean scores showed almost 60% had no documented compliance with the recommendation that the resident should be actively screened for urinary incontinence. This had not improved 6 months after the intervention. However, between country differences were significant ( $p < 0.001$ ), and these will be presented. Similar patterns emerged for the all continence recommendations.

**Discussion:** The lack of change in compliance with recommendations 6 months after a facilitation programme suggests either that the facilitation programmes did not affect the uptake of evidence or that uptake takes longer than 6 months to impact on the primary outcome. We will present the +12 and +18 month data at the symposium.

**Conclusion:** There were many challenges with implementation, and some of these will be considered in this symposium.

### References

Seers, K., Cox, K., Crichton, N.J., Tudor-Edwards, R., Eldh, A., Estabrooks, CA., Harvey, G., re Hawkes, C., Kitson, A., Linck, P., McCarthy, G., McCormack, B., Mockford, C., Rycroft-Malone, J., Titchen, A., & Wallin, L., (2012) FIRE (Facilitating Implementation of Research Evidence): a study protocol. Implementation Science 7: 25 doi:10.1186/1748-5908-7-25

### Paper 2

#### Type A Facilitation Intervention

Presenter: Gill Harvey BNurs PhD, Reader in Health Management, Manchester Business School, University of Manchester; Adjunct Visiting Associate Professor, School of Nursing, University of Adelaide

The PARIHS framework conceptualisation of facilitation suggests a continuum of facilitator roles and styles, ranging from task-based, project management type approaches to more holistic, enabling models of facilitation<sup>1</sup>. Type A facilitation is located in the middle of this continuum and applies a range of theories, models and methods to support the task and the process of implementing evidence into practice. It draws on an eclectic range of theories, derived from management science, organisational learning, quality improvement and humanistic psychology. This is consistent with other approaches to facilitating the implementation of evidence; for example, a recent systematic review by Baskerville and colleagues (2012)<sup>2</sup> concludes that in primary care, practices are 2.76 times more likely to implement evidence based guidelines if they are supported by a facilitator.

We designed the Type A facilitation intervention with a view to providing internal facilitators in the nursing homes with a 'toolkit' of implementation and improvement methods and techniques that they could use with health care teams to facilitate both the task and the process of implementing evidence. The intervention was 12 months in duration and commenced with a three day residential facilitator development programme, delivered by the two external facilitators. Following the residential WORKSHOP, the external facilitators held monthly 90 minute teleconference meetings with the internal facilitators, structuring the discussions around the key stages of implementation, audit and feedback, as well as discussing specific issues that internal facilitators were facing.

In this presentation the Type A facilitator role and accompanying facilitation methods will be outlined. In addition data derived from the reflections of the internal and external facilitators will be discussed to highlight the experiences of the internal and external facilitators over the 12 month intervention period, including the factors that enabled and restricted the implementation of the evidence based continence recommendations.

### References

1. Harvey, G., Loftus-Hills, A., Rycroft-Malone, J., Titchen, A., Kitson, A., McCormack, B., et al. Getting evidence into practice: the role and function of facilitation. J Adv Nurs 2002; 37(6): 577-588.
2. Baskerville, NB., Liddy, C., Hogg, W. Systematic review and meta-analysis of practice facilitation within primary care settings. Annals of Family Medicine 2012; 10(1), 63-74.



Paper 3

**Type B Facilitation Intervention**

*Presenter: Professor Brendan McCormack D.Phil (Oxon.), BSc (Hons.), PGCEA, RMN, RGN, Director, Institute of Nursing and Health Research and Head of the Person-centred Practice Research Centre, University of Ulster, Northern Ireland;*

Evidence suggests that practice development achieved through enabling facilitation methods requires a minimum of 2 years of sustained enabling facilitation (Boomer & McCormack 2008; Hardy et al 2007). We designed a facilitation intervention (Type B facilitation) based on the principles of enablement. The aim of the intervention was to help internal facilitators to develop collaborative, inclusive and participative ways of working with stakeholders in the implementation, evaluation and diffusion of the guidelines in their organisation.

This intervention was a two year, two staged intervention. Stage 1 was the delivery of an 18 month enabling facilitation development programme, including a planning, implementation and evaluation study of the continence guidelines. Stage 2 was a six month diffusion study. Internal facilitators had 48 protected days over the two years. They were supported by two external facilitators. The intervention began with a week-long, residential component designed to help internal facilitators to develop understandings of the fundamentals of facilitating the development of clinical practice through critical inquiry. They were then supported, over 24 months (through monthly telephone supervision), to deepen this understanding, develop their inquiry skills and take action with others in their organisations to bring about informed change and strategic commitment. The internal facilitators were helped to act as 'practitioner-researchers' and in working in this way, they undertook inquiries into their facilitation effectiveness through the collection of reflective evidence and the creation of portfolios.

In this presentation the facilitation processes will be outlined. In addition data derived from the reflections of the internal and external facilitators will be drawn upon to illuminate the challenges associated with working in this way and the outcomes achieved. The findings will raise questions about the effectiveness of telephone-supervision, contextual challenges and the skills used by facilitators to overcome personal and contextual challenges in the implementation of the guidelines.

**References**

Boomer C and McCormack B (2008) 'Where are we now?' A process for evaluating the context of care in practice development. *Practice Development in Health Care*, 7(3): 123-133

Hardy S, Titchen A & Manley K (2007) Patient narratives in the investigation and development of nursing practice expertise: a potential for transformation, *Nursing Inquiry*, 14(1): 80-88

Paper 4

**The process of implementation**

*Presenter: Jo Rycroft-Malone, PhD, MSc, BSc(hons), RN. Professor of Implementation Research, and University Director of Research, Bangor University.*

**Background:** The case has been made for more and better theory informed process evaluations within trials in an effort to facilitate insightful understandings of how interventions work. Therefore a theory driven process evaluation was designed to be embedded within the FIRE study. To uncover implementation processes.

**Aim:** The process evaluation aimed at uncovering implementation processes – including the implementation of the interventions, their impact in practice, and facilitators and barriers.

**Method:** A multi-method evaluation based on the principles of realist evaluation was designed to enable an iterative approach to evaluation over the life of the project. An evaluation framework was developed and data were collected in each of the participating sites (n=24) including semi-structured interviews with facilitators and residents, observations of practice, and the administration of the Alberta Context Tool. We also evaluated facilitation intervention support activities.

**Findings:** A rich picture of implementation has emerged. Findings show that engagement in facilitation activities was variable, and hindered by language issues and support that was provided remotely. Facilitator's impact was influenced by their credibility within the home, and the home manager's level of support for them, their activities, and the prioritisation of the issue of continence practice. Facilitators seem to have had greater impact in contexts where their approach was tailored and inclusive.

**Discussion:** The context of practice was complex, and navigation of this complexity by facilitators was challenging for them. Findings show their activities had a variable impact, and were mediated by managers and colleagues engagement in their processes and the study more generally, and by their level of engagement with the facilitation interventions.

**Conclusion:** Findings from this process evaluation provide illuminating findings for implementation researchers working in nursing home environments, and for the evidence base of implementation more generally.

Seers, K., Cox, K., Crichton, NJ., Tudor-Edwards, R., Eldh, A., Estabrooks, CA., Harvey, G., re Hawkes, C., Kitson, A., Linck, P., McCarthy, G., McCormack, B., Mockford, C., Rycroft-Malone, J., Titchen, A., & Wallin, L., (2012) FIRE (Facilitating Implementation of Research Evidence): a study protocol. *Implementation Science* 7: 25 doi:10.1186/1748-5908-7-25

Symposium 2

**Realist Evaluation – promise, problems and practicalities**

*Presenter: Dr Peter O'Halloran, , Queen's University Belfast, UK*

Realist evaluation is an innovative, multi-method approach to evaluating the effectiveness of complex health care interventions that is having an increasing impact on the research community. Drawing on their experience doing four realist evaluations in diverse areas of healthcare, the authors offer a comprehensive overview and critique of essential theory and practice.

The first paper (Realist review and realist evaluation: an introduction) introduces the main components of the approach and shows how realist review can support realist evaluation. The second paper (Concepts and methodology for realist evaluation: help or hindrance?) provides further detail on the key concepts, shows how they can be operationalised, and discusses the advantages and difficulties of using these ideas. Following these two papers introducing and illustrating the major concepts, the third paper (Realist Evaluation: a critical realist critique) takes a step back to re-consider realist evaluation in relation to its critical realist roots, asking whether it leads to evaluators abandoning the attempt to understand (and if necessary challenge) the underlying values of health care interventions and contenting themselves merely with explicating the factors that help or hinder implementation. The fourth and final paper (Data analysis and theory development in realist evaluation) plunges back into the tangled undergrowth of multiple-method data collection and shows how disparate forms of data can be synthesised for theory development, and the results presented in a form that is useful to practitioners and policy-makers.

Paper 1

**Title: Realist review and realist evaluation: an introduction**

*Presenter: Dr Peter O'Halloran, Lecturer, School of Nursing and Midwifery, Queen's University Belfast*

Practitioners, managers and policy-makers will be familiar with the phenomenon of apparently well-designed health care interventions which fail in practice, or – even more puzzling – those that fail in some organisational contexts but succeed in others (Greenhalgh et al, 2004). How are we to explain this? And what can we do to minimise the likelihood of failure and maximise the probability of success? Realist evaluation (Pawson and Tilley, 1997) aims to explain the processes involved between the introduction of an intervention and the outcomes that are produced. It focuses on the social relations involved in implementation, and seeks to explain how an intervention alters patterns of social behaviour within a given context to produce intended or unintended outcomes. As

with most studies, the researcher will conduct a review of the literature prior to data collection. However, the core purpose of a realist review is to search within papers for explanations as to how resource inputs, in a given context, trigger desired changes in the behaviour of the actors involved. These insights from the literature can then be tested as the evaluation unfolds (Pawson et al, 2005). Interventions are seen as the embodiment of theories about what will cause desired outcomes in a given situation. They provide resources that produce causal mechanisms which influence the reasoning of those responsible for implementation. This change in reasoning can lead to changed behaviour and so to the desired outcomes of the intervention. So a vital part of the evaluator's task is to identify the assumptions that provide a rationale for interventions, and to test those assumptions in practice. The aim is to identify tendencies in outcomes that result from combinations of causal mechanisms, and to make reasonable predictions as to the sorts of contexts that will help or hinder the success of interventions.

## References

- Greenhalgh, T., Glenn, R., Bate, P., Kyriakidou, O., Macfarlane, F., Peacock, R., 2004. How to Spread Good Ideas: A Systematic Review of the Literature on Diffusion Dissemination and Sustainability of Innovations in Health Service Delivery and Organisation. NCCSDO, London.
- Pawson, R., Tilley, N., 1997. Realistic Evaluation. Sage, London.
- Pawson R., Greenhalgh T., Harvey G., & Walshe K., 2005. Realist review – a new method of systematic review designed for complex policy interventions. *Journal of Health Service Research and Policy*, 10 (3), 21-34.

## Paper 2

### Title: Concepts and methodology for realist evaluation: help or hindrance?

*Presenter: Tracey McConnell, Research Assistant, School of Nursing and Midwifery, Queen's University Belfast*  
*Frances Burns, Project Manager (Research), School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast*

Realist evaluation is proposed as a way to investigate the complexity of implementing multifaceted interventions in health and social care. Learning on the insights of critical realism, it seeks to understand how 'mechanisms' (that is, how stakeholders interpret and act upon intervention strategies) interact with their 'context' (by which is meant not only the physical locality but also phenomena such as social norms, roles and relationships, and economic conditions) to produce observed 'outcome-patterns' (the intended and unintended consequences resulting from the activation of different mechanisms in different

contexts). Drawing on their experience of using this approach in two realist evaluations (Factors influencing research outcomes in a hospital trust; Implementation of the Liverpool Care Pathway for the dying patient [McConnell et al, in press]), the authors show how they operationalised the methodology and discuss its strengths and weaknesses as a means to understanding the factors influencing the impact of research and the implementation of important health care interventions.

## References

- McConnell, T., O'Halloran, P., & Porter, S. Systematic realist review of key factors affecting successful implementation and sustainability of the Liverpool Care Pathway for the dying patient. *Worldviews on Evidence-Based Nursing*. In press

## Paper 3

### Title: Realist Evaluation: a critical realist critique

*Presenter: Professor Sam Porter, Professor of Nursing Research, School of Nursing and Midwifery, Queen's University Belfast*

Realist evaluation claims critical realism as its intellectual ancestry, yet both in its theoretical assumptions and operational outworking, it diverges significantly from its parental source (Porter and O'Halloran, 2011). An instance of theoretical divergence is the attempt to reconstitute the fact-value gap following Bhaskar's critical REJECTION of that division. For Bhaskar, the purpose of knowledge about the social world is to act as an emancipatory tool through its identification of patterns of social oppression and inequality (Bhaskar, 1989). For Pawson and Tilley, this sort of 'utopian social engineering' allows ideology to subvert science (Pawson and Tilley, 1997). An instance of operational divergence is realistic evaluation's apparently ambiguous treatment of causality, and specifically its distinction between mechanisms and contexts, whereby the generic category of 'causal mechanism' in critical realism is reduced to the causal powers inherent in the intervention under examination. Conversely, causal mechanisms not inherent to the intervention but having an influence upon its outcomes are subsumed under the category of 'context'. The danger of not taking full cognisance of critical realism's model of social causality is that it sows confusion in the mind of the empirical researcher as to what is a mechanism and what is a context.

## References

- Bhaskar, R., 1989. The possibility of naturalism: A philosophical critique of the contemporary sciences. Harvester Wheatsheaf, Hemel Hempstead.
- Pawson, R., Tilley, N., 1997. Realistic Evaluation. Sage, London.
- Porter, S., O'Halloran, P., 2011. The use and limitation of realistic evaluation as a tool for evidence-based practice: A critical realist perspective. *Nursing Inquiry*. 2012; 19(1): 18-28, DOI: 10.1111/j.1440-1800.2011.00551.x

## Paper 4

### Data analysis and theory development in realist evaluation

*Presenter: Dr Angela Higgins, Occupational Health Nurse Practitioner, Antrim Hospital*  
*Jenny McGaughey, Nurse Lecturer, School of Nursing and Midwifery, Queen's University Belfast*

Given the huge range of contextual factors that may influence the effectiveness of a complex healthcare intervention, the question arises as to which factors to attend to when evaluating. For this reason, realist evaluation is typically theory-driven. That is, it seeks to test the theories of stakeholders, including those of the evaluator, against the data. In order to capture data that reflects this complexity, realist evaluations often use mixed methods, and take an iterative approach – testing and re-testing theories and assumptions. Thus large quantities of data may be generated in a range of organisational contexts, from – for example – policy documents, interviews with stakeholders, audits, observation of practice and process mapping. Drawing on their experience carrying out two realist evaluations (Early warning systems and acute care training for early detection and treatment of deteriorating ward-based patients [McGaughey et al, 2010]; Management of long-term sickness absence in large public sector organisations [Higgins et al, 2011]), the authors show how they synthesised their data to produce meaningful context-mechanism-outcome configurations, and developed a deeper theoretical understanding of the organisational issues affecting these areas of practice. Finally, they discuss how their results were presented in a form that is useful to practitioners and policy-makers.

## References

- Higgins, A., O'Halloran, P. & Porter, S. Management of Long Term Sickness Absence: A Systematic Realist Review. *Journal of Occupational Rehabilitation*. 2012 Volume 22, Number 3, 322-332, DOI: 10.1007/s10926-012-9362-4
- 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 deteriorating ward-based patients: Research protocol. *Journal of Advanced Nursing*. 66 (4), 923-932.

Symposium 3

**Psychological Therapies and or as Transformational Research?**

*Presenter: Professor Dawn Freshwater, Professor of Mental Health and PVC, University of Leeds, UK  
Vicki Drury PhD Associate Professor, Curtin University Western Australia (Commentator)*

The papers in this symposium highlight the complexity of human interaction and of understanding and interpreting the nature of effective psychological interventions in any meaningful way. What we hope to achieve is to contribute to the emergence of a more coherent description of the interaction between research into mental health and the mental health of researchers and practitioners. Mental illness is not a neutral, value free, scientifically precise term, which begs the question: How can it be researched as such. Research is often invoked as a method of establishing whether or not it is necessary to provide a service, which service to provide or how to measure the efficacy of a service. However the huge amount of research conducted into areas such as psychological therapy over and during the last 40 years, has to a large extent, at least until recently, failed to influence the design of services or treatments. Where research has demonstrated that a particular type of treatment would benefit patients, NHS service providers have not always ensured that the necessary skill base is developed and appropriate funding ring fenced. One such example of this is the strong evidence that the therapeutic relationship is the sine qua non of successful therapy; a relationship that requires time energy and effort to cultivate. And yet, most often, the focus of psychological therapies research centres around the effectiveness of short-term interventions such as cognitive behavioural and psychosocial skills. Proponents of such therapies now usefully contest the long held belief that short term psychological therapeutic interventions do no prize or emphasise the importance of the relationship continues to be challenged by such research studies as presented in this symposium on contemporary psychological therapies research.

Paper 1

**An overview of the effectiveness of psychological therapy for depression and stepped care service delivery models**

*Presenter: Dave Ekers PhD Senior Clinical Lecturer, Wolfston Research Institute, Durham University and Tees Esk and Wear NHS Trust*

Depression is a one of the most prevalent health disorders globally and causes significant distress and cost to the sufferer and society. Psychological therapy for depression has been recommended over a number of decades however access to these treatments remains limited. Cognitive behaviour therapy, behavioural activation, self help

approaches, interpersonal therapy and non-directive therapy all demonstrate moderate to large effect sizes when compared to treatment as usual. Differences between psychological interventions however are small and unstable when reviewed in meta-analyses suggesting that for most people adding complexity to treatment does not result in improved outcomes. Stepped care is one system used to organise delivery of psychological therapy that stratifies interventions across several levels of symptom severity. There is debate regarding the ideal design and operation of this complex system resulting in considerable variability in its use clinical settings. Further research is needed to identify the most cost effective approach to the delivery of psychological therapies for depression as we need to continue to reduce the gap between demand and access to therapy.

Paper 2

**Clinically representative research in the psychological therapies: an emerging paradigm.**

*Presenter: Jane Cahill PhD Senior Research Fellow, University of Leeds, UK.*

This paper considers the tension between the ‘biology’ and the ‘therapeutic relationship’ camps within mental health nursing, which is focussed on differing conceptualisations of what it is that constitutes evidence and appropriate lines of inquiry. I argue that the struggle that mental health nurses have experienced in delivering evidenced-based practice also reside in the thorny issue of methodological inquiry and how it is written into nursing practices. I would suggest that what is alienating to practitioners is the way in which evidence and evidence-based enquiry is generated. This paper offers a line of methodological inquiry that is based in clinical representativeness, a way of conducting and evaluating research to produce an evidence base that is informed from the ‘bottom up’ by ‘practice’. This paper not only contributes to the knowledge base of clinically representative research (CRR) but examines the ways in which this knowledge base has been produced and is currently perpetuated. The following themes are addressed:

1. Processes and outcomes in CRR: I identify key treatment outcomes and processes operating in practice settings and consider with what confidence we can make conclusions on observed outcomes in these settings. I also examine key moderating and mediating processes influencing such outcomes.
2. Practice of CRR: I reflect on the paradigm of CRR giving particular attention to how the paradigm has developed and is maintained. I look at how the relationship of CRR to ecacy research has influenced paradigm development.
3. Future directions of CRR: I summarise the conclusion of CRR to date and identify points of consensus, disagreement and clarity suggest-

ing in what areas the field has moved forward and whether there are instances where points of conflict have contributed to growth

Paper 3

**Caring for Prisoners: Towards Mindful Practice**

*Presenter: Elizabeth Walsh PhD Senior Lecturer; Pamela Fisher PhD Senior Research Fellow; Dawn Freshwater PhD Professor Dawn Freshwater, University of Leeds, UK.*

Those caring for prisoners are subject to the influences of the dominant custodial discourses of security and risk management that prevail in a prison environment. The conflicting caring and custodial roles adopted by nurses working in prisons and by prison officers constitute the foundation for further exploration of prisoner care in the wider health care literature. In this discussion paper, we argue that the identities and practices of those working in prison care are significantly shaped by organisational and societal discourses and that these generate rigidities and defensive mechanisms that limit the development of practice. We argue that a greater emphasis on mindfulness in professional development and clinical supervision may be helpful in enabling prison workers involved in caring roles to enter a professional dialogue characterised by openness, inclusion and engagement. This, we argue would facilitate the development of newer and richer understandings of practice and to a revitalisation of professional engagement.

## Symposium 4

### Understanding patient experience: Challenges, opportunities and new methodologies for working with vulnerable and marginalised patients and their families.

*Presenter: Professor Debra Jackson, University of Technology Sydney, Australia*

There is increasing recognition of the need to develop greater insights and understandings into patient, carer and family experience. This understanding is essential if health services and personnel are to provide care that is both clinically effective and socially and culturally appropriate. Current methods for gathering data predominantly draw on questionnaires and focus groups and interviews. Data so derived can provide valuable information on the experiences of individual and groups of patients, carers and families; and, also offer insights into community expectations. However, despite best efforts to capture patient, carer and family perspectives, their voices can be diminished and even rendered silent through various phases in the research process, such as, for example, the analytical phase. Thus, notwithstanding some success and advances in methodologies to capture the experience of patients and their families, there are numbers of vulnerable groups whose experiences remain unheard, unseen and unexplored. Yet it is important that the views, experiences and needs of people from marginalised groups, who may also be frequent users of health and social services, become visible.. In this symposium we present five papers that focus on some challenges presented when seeking to understand the experiences of vulnerable and marginalised groups; opportunities for gaining insight into their experiences, and practical strategies for gaining and reporting optimal quality data that can inform and enhance practice.

#### Paper 1

### Voices from the margins: working with stigmatised women

*Presenter: Professor Debra Jackson, University of Technology, Sydney, (UTS), New South Wales, Australia*

**Background:** Women who are marginalised and stigmatised because of social factors such as substance use disorder (SUD), imprisonment, or with a history of difficulties involving and/or abuse (and their families) are susceptible to poor health and social outcomes. In addition to social factors that make them vulnerable, many of these women may be further marginalised because of their status as members of minority cultural and/or ethnic groups.

**Aims:** This paper focuses on the tensions that can arise when seeking to explore women's experiences as patients/service users in the context of

incarceration, substance use disorder, and family intervention for child abuse, and highlights: (i) issues of gaining entrée to marginalised groups; (ii) strategies for establishing the trust necessary to elicit authentic data; (iii) ways of working with data so as not to diminish participants' voices; and, (iv) techniques for reporting research in ways that reinforce the centrality of the patient voice.

**Methods:** There are several crucial methodological issues that present challenges to nurses seeking to collect experiential data from persons from marginalised and stigmatised groups. These include: gaining acceptance by the individual/group/community, challenges in achieving participation, difficulties with oral literacy that can threaten the ability to adequately articulate experience and express feelings and emotions, aspects of data analysis that can potentially obliterate patient voices, and issues of representation of findings.

**Results:** Methodological problems and challenges, if not addressed adequately, can threaten research outcomes and jeopardise the quality of outcomes arising from the study.

**Conclusions:** Women from socially marginalised groups are often heavy users of health and social services and if we are to adequately meet the health and social support needs of these vulnerable women and their families, it is crucial that we continue to develop and refine methods that are methodologically robust, ethically sound, culturally appropriate and socially sensitive.

#### Paper 2

### Expert and Vulnerable: Two sides of the same condition – COPD

*Presenter: Matthew Hodson Nurse Consultant ACERS Team, Homerton University Hospital, London UK*

**Background:** Chronic Obstructive Pulmonary Disease (COPD) is a long term chronic condition characterised by airflow obstruction that does not markedly change over time. The main symptoms of the disease present as breathlessness, cough and sputum production. Patients living with this long-term health condition learn to become experts in their care.

**Aims:** The aim of the paper was to examine the experience of people living with COPD exploring two main areas 1) Patient as the 'expert' in their management and 2) the vulnerabilities people have when experiencing symptoms of an exacerbation and its management.

**Methods:** Researchers exploring patient experience with COPD need to consider the 2 sides of the experience-that of the 'expert' and the 'vulnerable'. This paper draws on published literature, experience as a nurse consultant and research findings from recent projects to understand the complexities these 2 sides present to patients and nurses providing care in the community and hospital setting.

**Results:** The chronicity and timeframe of living with COPD means many patients live as the expert patient managing the variability of their symptoms day-to-day. When their expertise is not respected it can impact on their personal emotions and satisfaction with their care. There are times, however, in the trajectory of living with COPD where the patient experiences vulnerability, such as managing exacerbations of their condition, recognising deteriorating symptoms, or deciding when to go to hospital.

**Conclusions:** Living with a long term condition presents a dichotomy for COPD patients who live with periods of both 'expertise' and 'vulnerability' in their management of their care. This presents challenges for patients and those caring for them.

#### Paper 3

### Marginal agency, marginal methods, marginal data: opportunities and challenges for engaging children in research

*Presenter: Prof Bernie Carter, University of Central Lancashire, Preston & Alder Hey Children's NHS Foundation Trust, Liverpool, UK*

**Background:** Creative approaches to data generation are increasingly being used within research. In particular, arts-based approaches have been embraced by health care researchers as they offer the opportunity to support the participation and engagement of children within research.

**Aims:** The paper has two core aims: (1) To critically consider whether child-centred, arts-based approaches genuinely create ways in which children with marginal agency can engage in research; and (2) to examine the extent to which such approaches create marginal data.

**Methods:** Researchers using arts-based approaches (e.g., drawings, collages, photographs, maps and other visual images) to data generation with children alongside more traditional verbal methods (e.g., stories and interviews) often face a dilemma. Text based data is usually easier to handle than the visual /image based data as the image based data poses particular analytical/interpretive demands.

**Results:** Often the result is that the main thrust of interpretive effort is placed on the text based data and the arts-based data are marginalised. Even when these data are not marginalised by the researcher, they can be perceived as being unnecessary when papers are either submitted for publication or revised for publication.

**Conclusions:** If arts-based approaches are to truly create opportunities for engagement in research and a means of marginalised groups such as children to have their say in research and about their lives, researchers need to better value the arts-based elements of their research within their findings, reports and papers.

Paper 4

**Putting the patient voice back into the heart of health care.**

*Presenter: Professor Carol Haigh, Manchester Metropolitan University*

**Background:** This presentation describes the use of digital stories to enhance and complement existing training and education around dignity, respect and privacy in the mental health context. When dignity is absent from care, people feel devalued, lack control and comfort. They may also lack confidence, be unable to make decisions for themselves, and feel humiliated, embarrassed and ashamed.

**Aims:** A three-day digital storytelling WORKSHOP enabled survivors of mental health services, and clinicians and managers of such services to work together as partners, bringing their own expertise, to develop a shared understanding of of dignity and mental health – and to create ten digital stories

**Methods:** Digital stories created by mental health service users sit at the heart of an online educational resource. Watching the stories enables staff to engage with the affective dimension of care and reflect on the impact of care that promotes dignity – or the lack of it – through participation in an online discussion about the elements of dignity inherent in the story.

**Results:** At the end of the WORKSHOP the service users reported enhanced feelings of empowerment and worth. Service staff also reported positive outcomes.

**Conclusions:** Use of the stories in undergraduate nurse education, CPD, and induction and recruitment reveals creative engagement with complex issues and highlights a growing awareness of the need for dignity-conserving care in mental health care.

Paper 5

**Learning to listen: Overview of methods**

*Presenter: Professor Sharon Andrew, Department of Acute Care, Anglia Ruskin University UK*

**Background:** Health care services are increasingly being tasked with being responsive to the patient perspective about the care they receive. Measures are evolving from focusing on patient satisfaction to uncovering the patient experience with their care and from generic measures to encapsulate specificity of experiences. Developments challenge researchers to reshape current methods or develop new methodological approaches to uncover the experiences of vulnerable and marginalised persons with their health care.

**Aims:** This paper will utilise experience from two studies to emphasise: 1) the advantages gained by using mixed methods; 2) listening to the patient voice and 3) showcase new approaches being

used to measure patient experience in vulnerable and marginalised persons.

**Methods:** Measuring satisfaction and experience of vulnerable and marginalised persons with their health care provides methodological challenges. Utilising a mixed methods approach, uncovering the affective or emotive response in the patient experience, and capturing the ‘real-time’ experience using ecological momentary assessment are methods that are advantageous in addressing this challenge.

**Results:** Patient satisfaction scales, irreverently called ‘happy scales’, have a ceiling effect that can be negated by utilisation of a mixed method approach.<sup>1</sup> Additionally, mixed methods can assist in identifying marginalised groups. Identifying the affective or emotive domain in their stories and incorporating the findings into a measure is another way of presenting the patient experience. Real time experience based on ecological momentary assessment is an emerging method in recognising patient experience over multiple time periods.

**Conclusions:** Responsiveness of health care personnel and service providers to provision of inclusive and adaptive care requires reflection of the methodological approaches used in identifying the patient experience. Those approaches need to be innovative, comprehensive, holistic and focus on the patient perspective – that means answering ‘yes’ I have captured the patient experience in my research.

Symposium 5

**Nursing, Safeguarding, and the Importance of Research**

*Presenter: Professor Ruth Northway, Professor of Learning Disability Nursing, University of Glamorgan, UK*

Recent years have seen numerous reports of abuse occurring within community, residential and hospital settings. Such reports have occurred around the globe. Adults who may be considered to be vulnerable have suffered abuse, neglect and marginalisation. Unfortunately numerous reports of ‘poor care’ within health settings have also been reported, some of which have been experienced as being abusive by the patients and families involved. However, despite these examples research relating to adult safeguarding is limited and is not always debated and undertaken within a health service context.

This symposium will present three studies in which nurses have been involved as researchers. A range of aspects will be considered including what motivates people to abuse, the experiences of abuse, the effects of abuse, and what support is/ should be available.

Each of these areas has significant implications for nursing and the implications for practice, education and future research will be explored. In addition as relevant policy frameworks are currently under review in some parts of the UK policy implications will also be considered.

Paper 1

**Exploring the motivations of perpetrators who abuse vulnerable adults**

*Presenter: Dr Robert Jenkins (University of Glamorgan), Dr Rachel Davies, Mick Collins Celia Netana, Liz Folkes, Dr Michal Tombs (Statistician)*

*Andy Kaye, Becky Stackhouse, Carole Evans*

**Background:** While preventing abuse is central to policies that seek to protect vulnerable adults from abuse, little is known about why people abuse others. This study explored both proactive and reactive motivations.

**Aims:** To understand what motivates someone to abuse a vulnerable adult, and to apply this understanding to safeguarding policies and practice.

**Methods:** The multi-phased, multi-method study included a literature review (stage 1), an all Wales online survey (stage 2), a series of case studies, and review of provisional findings by an Expert Focus Group comprising safeguarding coordinators (stage 3). Interpretative Phenomenological Analysis (IPA) was applied to the qualitative data (stage 2 & 3). Fifty-one professionals who had experience of adult protection (n=51) participated: 34 completed the online survey, 7 completed case

study interviews and 10 attended the Expert Focus Group.

**Results and Discussion:** The literature revealed issues of power / control, negative attitudes, the life experience of perpetrators, lack of support in the face of stress and burden, the society and environment context in which abuse occurs and problems within relationships. High levels of agreement were found with the existence of proactive and reactive categories of motivation. Themes with particularly strong levels of agreement related to power / control, the mental state of the perpetrator, the burden of caring and the working environment of staff perpetrators. A key finding was that in addition to proactive and reactive categories a third category of motivation exists: personal and relational aspects of motivation. A Motivation Mapping Tool (MMT) is proposed as a tool to stimulate dialogue between adult protection practitioners and to facilitate explicit discussion regarding issues of motivation.

**Conclusion:** Recommendations include generating creative ways of engaging with perpetrators, covering perpetrator motivation in investigator training, investigations and monitoring systems, and piloting the use of the Motivation Mapping Tool.

Paper 2

## Exploring service responses to domestic abuse in later life

*Presenter: Dr Julie McGarry (University of Nottingham), Christine Simpson, Kathryn Hinsliff-Smith*

**Background:** The impact of domestic abuse in later life is significant, encompassing a number of facets in addition to those experienced across all age groups (Women's Aid, 2007). Whilst the needs of older people who experience domestic abuse are markedly different from those in younger age groups these differences have not been adequately addressed by services and care providers across a range of agencies ( McGarry et al, 2010). Domestic abuse is now a key national policy priority and all sectors have a role to play in its management and prevention. As such, awareness and understanding of domestic abuse within the context of older people is increasingly being recognized as a significant deficit for those responsible for support and care provision.

**Aim:** To provide an account of the nature and scope of domestic abuse services and support for older people within a defined locality and to develop recommendations for service development and support.

**Methods:** Qualitative mixed methods approach incorporating questionnaires alongside in-depth semi-structured interviews. Nineteen individuals from a range of domestic abuse, safeguarding and older people's organizations and three older survivors participated in the project. Data analysis

was supported by an analytical framework (Ritchie & Lewis, 2003).

**Findings:** Three themes emerged from the data:

- Confusing concepts: domestic abuse and elder abuse
- Different chapters: family dynamics of older survivors
- Invisible: recognition and access to services

**Discussion:** The themes identified provide a clear account of service provision for older survivors of domestic abuse from a range of service and survivor perspectives. Recommendations include the need for education and training across agencies, greater understanding of the barriers for older people and the complexity of abuse in later life.

### References

- McGarry, J., Simpson, C., Mansour, Mansour. (2010). exploring the impact of domestic abuse on the lives and health of older women: Implications for policy and practice development. *Nursing Older People*. 22(5), 33-37
- Ritchie, J. and Lewis, J. (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage
- Womens' Aid (2007) What is domestic violence? Available at [www.womensaid.org.uk](http://www.womensaid.org.uk) Accessed 2/8/2012t

Paper 3

## Looking into Abuse: Research by People with Learning Disabilities

*Presenter: Ruth Northway (University of Glamorgan), Mel Melsome, Davey Bennett, Sam Flood and Joyce Howarth*

**Background:** Whilst internationally people with learning disabilities are at increased risk of abuse relevant research is limited, has often focused on sexual abuse, and has tended not to explore the perspective of people with learning disabilities.

**Aim:** To explore what people with learning disabilities understand by abuse, what they feel about abuse, what help they feel they need to keep safe, and what support they require if they are abused.

**Methods:** In this participatory study data were gathered in 2011-12 via individual interviews (n=15), focus groups (n=7 [47 participants]) and questionnaire (n= 107). Data analysis was undertaken as a group and emerging themes were identified and discussed.

**Findings:** Participants named different types of abuse and identified many emotions to describe their feelings regarding abuse. They were more likely to identify as helpful things they could do themselves to keep safe, rather than things others could do. The need to be listened to and believed when reporting abuse was identified as important by nearly everyone, as was the importance of on-going, trusted, support.

**Discussion:** Policies are in place to protect people with learning disabilities from abuse but abuse remains a common feature of many of their lives. Prevention programmes have tended to focus on keeping safe in relation to sexual abuse but participants identified the need for a much broader approach. They also identified the supports required when someone is abused but unfortunately these are not always available.

**Conclusions:** People with learning disabilities are aware of abuse and its effects but often do not find that the appropriate support is available. Policy, professional practice, and the education of health and social care workers need to take account of their self-defined support needs and use these as the basis for collaborative service development.

Symposium 6

**Inclusive methodologies for conceptualising and implementing self-management. Empowered users or abandoned patients?**

*Presenter: Professor Sue Latta, University of Southampton, UK*

This symposium consists of four inter-linked papers that focus on the contemporaneous concept of self-management. We seek to discuss self-management, using the case study of stroke, and highlight limitations in the measurement of self-management and how these may be best addressed. We discuss our experience of involving patients in the conceptualisation of self-management and why this is important to further debate. Finally, we discuss the impact of self-management upon patients and consider the challenges to patients and health care professionals in developing effective self-managers.

Presentation one led by Emma Boger, provides an overview of the measurement of self-management in relation to stroke. Consideration is given to how self-management is currently measured internationally, drawing on the findings of a recent systematic review. Recommendations for future practice are proposed for discussion.

Presentation two led by Emma Boger, discusses the importance of involving patients in research focused on the conceptualisation of self-management. The challenges of engaging with vulnerable groups are considered, with strategies to encourage this discussed. Findings from two qualitative studies are discussed with particular focus on a case study of a patient that highlights the potential challenges in trying to effectively self-manage.

Presentation three led by Dr Matthew Hankins, discusses the methodology underpinning the measurement of patient experience and how this commonly overlooks or actively excludes patient involvement, using examples from a wide range of conditions. Recommendations for qualitative and quantitative stages in developing measures are presented.

Presentation four, led by Dr Sara Demain considers the notion of the 'Burden' associated with self-management following stroke. Findings of an in-depth qualitative interview study are discussed, with particular consideration given to delivering minimally disruptive self-care rehabilitation. A preliminary conceptual framework for the burden of self-management following stroke is presented.

Paper 1

**How well are we measuring self-management in stroke? A systematic review of patient reported outcome measures.**

*Presenter: Emma Boger, PhD student, Faculty of Health Sciences, University of Southampton  
Sara Demain, NIHR Post Doctoral Research Fellow, Faculty of Health Sciences, University of Southampton  
Sue Latta, Professor of Nursing, Faculty of Health Sciences, University of Southampton*

**Background:** Self-management is a term adopted to refer to the strategies decisions and activities individuals take to manage a health condition. Self-management has potential importance for reducing the impact of illness and the strain on health service systems (Coster and Norman, 2009). The use of well-developed outcome measures would provide evidence that could enhance self-management in this patient group (Palfreyman, 2011).

**Aims:** To review the properties of outcome measures used in stroke self-management to inform researchers and clinicians and to make recommendations for future practice.

**Methods:** Systematic searches of electronic databases, government websites, generic internet search engines and hand searches of reference lists were conducted. Evidence of measurement properties (reliability, validity, responsiveness) were sought using a standardized checklist. The extent of involvement of patients in measure development and theoretical underpinnings of each intervention was also explored.

**Results:** 13 studies of stroke self-management originating from six countries were first identified. 43 different measures were adopted by self-management interventions. Six (46%) studies included untested measures. Eleven (85%) studies included at least one measure without reported reliability and validity in stroke populations. Three measures adequately included patients in their development (SSEQ, SIPSO, SA-SIP30).

**Discussion:** Few interventions specifically stated a theoretical underpinning and no intervention measured self-management as a discreet concept. Outcome measures which are related, indirect or proxy indicators of self-management and with questionable reliability and validity, contribute to an inability to sensitively evaluate the effectiveness of stroke self-management interventions.

**Conclusions:** Future enquiry into how self-management in stroke operates, would help to clarify the nature and range of specific self-management activities to be targeted in interventions. Enquiry would also elucidate those aspects of self-management that may be conducive to measurement.

**References**

COSTER, S. & NORMAN, I. 2009. Cochrane reviews of educational and self-management interventions to guide nursing practice: a review. *International Journal of Nursing Studies*, 46, 508-528.

PALFREYMAN, S. 2011. Patient-reported outcome measures and how they are used. *Nurs Older People*, 23, 31-6.

Paper 2

**'Just getting on and doing it yourself': Capturing the meaning of self-management to patients.**

*Presenter: Emma Boger, PhD student, Faculty of Health Sciences, University of Southampton  
Sara Demain, NIHR Post Doctoral Research Fellow, Faculty of Health Sciences, University of Southampton  
Sue Latta, Professor of Nursing, Faculty of Health Sciences, University of Southampton*

**Background:** 'Self-management' is often used by professionals to denote those activities patients do to maintain health (Wilson et al., 2006). However, little is known about what it means in practice to people following stroke.

**Aims:** To share our experience of exploring self-management following a focus group and interview study conducted with people following stroke. We seek to highlight the patient perspective of self-management and consider the challenges to professionals of working with informed and active users of health services. We present the perspective of a patient on self-managing following a stroke.

**Discussion:** Adequately seeking the perspective of patients may involve working with vulnerable groups, such as those with impairment. We highlight some of the challenges in involving vulnerable groups and the strategies used to help facilitate involvement.

**References**

WILSON, P., KENDALL, S. & BROOKS, F. 2006. Nurses' responses to expert patients: the rhetoric and reality of self-management in long-term conditions: a grounded theory study. *International Journal of Nursing Studies*, 43, 803-818.

Paper 3

**Developing measures of patient experience: maximally-inclusive methodologies**

*Presenter: Mathew Hankins, Senior Lecturer in Public Health, Faculty of Health Sciences, University of Southampton*

**Background:** The measurement of patient experience is increasingly viewed as an important outcome in its own right and the use of patient-reported outcome measures (PROMs) and other questionnaire measures is becoming routine in NHS practice and healthcare research. The methodology for developing and validating these measures is well-established, yet commonly excludes the patient from the development

process. This is especially problematic for measures of subjective experience such as health-related quality of life and treatment burden, since it is the patient's perspective that is of interest.

**Aims:** To provide an overview of the qualitative and quantitative methods used to develop measures of patient experience. By focusing on the inclusiveness of these methods, it will be argued that current methods actively exclude patient input into the development of patient experience measures. Examples will be drawn from our research across a range of conditions.

**Discussion:** Despite the need for patient involvement in the development of measures of patient experience, commonly used methods exclude patient-derived content. We propose maximally-inclusive methodology for both the qualitative and quantitative phases of measure development.

Paper 4

## The burden of self-management on patients and families

*Presenter: Sara Demain, NIHR Post Doctoral Fellow, Faculty of Health Sciences, University of Southampton*

**Background:** Self-care and self-management are important government strategies for managing the growing challenge of long-term illness. Research has focussed on developing interventions to promote behaviour change and self-management. Until recently, however, little attention has been paid to understanding the work of self-care and the burden this places on patients and carers (May et al, 2009). Stroke rehabilitation, which is increasingly community based, provides a good opportunity for exploring patient and carer self-care burdens.

**Objectives:** To use the case of stroke rehabilitation to generate a conceptual model of the workload of self-management and the treatment burdens this generates for people with stroke and their families.

**Methods:** In-depth qualitative interviews with people with stroke (n= 24) and associated family and friends (n=24) undertaking and supporting self-care rehabilitation were conducted. Participants were purposively sampled for age, gender, stroke severity, ethnicity and aphasia. Interviews focussed on the burdens (the hassles, difficulties, and stresses) generated by stroke self-care rehabilitation, the consequences of these for rehabilitation adherence as well as suggestions for making engagement with self-care rehabilitation easier. Interviews were digitally recorded and transcribed. Data were analysed using Framework analysis

**Results:** Key themes, identified from the data, forming the basis of the conceptual framework of the workload and burdens of stroke self-care rehabilitation will be presented, together with data extracts to support these. Initial findings highlight the workload of coordinating care needs, finding support and negotiating services and the negative

impacts of self-care rehabilitation on spousal and family relationships and self-identity.

**Discussion:** The discussion will relate the findings to existing research, current self-care policy and consider recommendations for delivering minimally disruptive self-care rehabilitation.

### References

12. MAY, C., MONTORI, V.M., MAIR, F.S. 2009. We need minimally disruptive medicine. *BMJ*, 339:b2803.

## Symposium 7

### Organisation and delegation of care: competencies for safe performance

*Presenter: Dr Carin Magnusson, Research Fellow, University of Surrey, UK*

**Background:** Acknowledging Benner's work on pattern recognition (1984), we suggest another framework which might enhance the Benner's theory. Evans et al. argue that knowledge is learnt at university or college but is recontextualised in the workplace into new knowledge which enables the learner to do the work expected by mentors, assessors and co-workers. This learning occurs during an academic programme at different sites (contexts) of learning. Evans et al. (2010) explain the theory of re-contextualisation of knowledge in relation to nursing students' experiences. The theory is a useful way to understand the on-going theory-practice gap in nursing for students (Allan 2011). Could this theory also be used to understand recontextualisation among newly qualified nurses as they progress their first year of qualified practice?

**Aim:** In this symposium we explore tensions in the relationship between health care assistants and newly qualified nurses over delegation, supervision and organisation of care to the former, who are unregulated workers.

**Methods:** We draw on empirical data from the AaRK project in which we explore how nurses integrate theoretical and practical knowledge and whether such integration is possible as nurses of today deliver less bedside or essential care in many areas of nursing.

**Findings:** Recontextualisation of knowledge by newly qualified nurses in their workplace reveals that there are differing points in which this takes place; these points potentially impact on the relationship between newly qualified nurses and health care assistants in relation to delegation, supervision and organisation of care.

**Discussion:** We argue that there may be points of recontextualisation which may occur for the newly qualified nurse as s/he progresses, acquiring new theoretical and practical knowledge and recontextualising others.



Paper 1

**Knowledge re-contextualisation: Understanding nurse performance, competence and confidence**

*Presenter: Carin Magnusson, Research Fellow, University of Surrey  
 Elaine Ball, Senior Lecturer, University of Salford  
 Helen Allan, Professor of Clinical Nursing Practice, University of Surrey  
 Karen Evans, Chair in Education, Institute of Education, University of London*

The idea of re-contextualisation has been developed by Evans et al (Evans, Guile et al. 2010) using an approach that concentrates on different forms of knowledge and the ways in which these are contextualised and 're-contextualised' in movements between different sites of learning.

In this first paper of the symposium we use the lens of re-conceptualisation to explore the concepts of performance, competence and confidence, with a particular focus on newly qualified nurses' first year in practice.

The NMC definition of nurse competence is 'the skills and ability to practise safely and effectively without the need for direct supervision'. Other definitions vary in content and range and this variation has had a major impact in how assessment of nurse competencies is approached and executed. For example, competency or competence is used as interchangeable codicils in nurse education. Moreover, there is little agreement of the meaning and relationship between the concepts of competence and performance. Performance has been said to be concerned with demonstrating an actual ability to perform. However, uncertainty remains around whether performance indicates underlying competence, or if performance is needed to demonstrate competence (Watson, Stimpson et al. 2002). While (1994) reveals the confusion between performance and competence in nursing and claims that despite these difficulties 'nurse education continues to assume that competence is an adequate criterion of proficiency for professional registration, with no acknowledgement to the potential difference between competence and future performance in real-life settings'. (1994:526)

The discussion will centre on exploring the complex relationship between competencies and nurse performance and will focus on questions relating to:

- NMC competency framework
- Assessment tools which measure competence
- Tools that measure nurse 'performance'

Paper 2

**'Doing my writing': what is the modern role of the staff nurse?**

*Presenter: Martin Johnson, Professor in Nursing, University of Salford  
 Carin Magnusson, Research Fellow, University of Surrey  
 Helen Allan, Professor of Clinical Nursing Practice, University of Surrey  
 Khim Horton, Senior Lecturer, University of Surrey  
 Elaine Ball, Senior Lecturer, University of Salford*

**Background:** In the context of rapid evolution of health services and care pathways in hospitals, few published studies have investigated the evolving role of the staff nurse in managing care provided by others.

**Aims:** To investigate the effects of academic award on registered nurses' ability to re-contextualise knowledge in practice (While et al 1998; Evans et al 2010).

**Methods:** From October 2011 to June 2012 we undertook participant observation periods (usually of 3-5 hours in three different hospitals) of first year qualified nurses (N = 54). We followed up with interviews exploring perceptions of role and context and extended these to ward managers (N = 10) and support workers (N = 10).

**Results:** The newly qualified nurses hope to build on 'university' knowledge including delegation, supervising the work of support workers, 'handing over' and communicating through various meetings such as 'huddles'. The use of complex and detailed computer software is not taught in the Universities but learned on qualification. We will draw on particular themes of 'doing my writing', 'doing my meds and obs' and 'working in parallel' to show how the role of the staff nurse has evolved.

**Discussion:** The nurses are very aware of the new culture of management surveillance, personal accountability and their responsibility for the work of others. The need to maintain records often supersedes involvement on personal nursing care.

**Conclusions:** The evolution of the modern role of the acute general hospital staff nurse away from bedside care is less to do with higher education than the demands of new skill mixes with support workers and transient bank staff forming an important part of the workforce.

Paper 3

**The legacy of the hidden curriculum in pre-registration programmes and the invisibility of knowledge in newly qualified nurses' (NQNs) practice.**

*Presenter: Helen Allan, Professor of Clinical Nursing Practice, University of Surrey  
 Karen Evans, Chair in Education, Institute of Education, University of London  
 Carin Magnusson, Research Fellow, University of Surrey*

**Background:** Current literature suggests that the hidden curriculum exists in many professional curricula and that it functions to socialise students into professional behaviours and practice. Allan (2012) has written that in nursing there is a gap in our understanding of how these socialisation processes have been influenced by supernumerary status and what forms the hidden curriculum might take currently in clinical practice.

**Aim:** This paper will explore the recontextualisation of newly qualified nurses' knowledge in clinical practice and how the experiences of the hidden curriculum in pre-registration programmes continues to shape learning for NQNs to make it largely invisible.

**Methods:** Using data from AaRK (see above)

**Findings:** NQNs describe a period of preceptorship where they can learn to be NQNs, the overt curriculum and ward staff allocate (generally) two weeks to NQNs to learn how to manage a bay of patients. But at the same time NQNs are expected by clinical staff, who are now their team members and colleagues, to begin to work while they learn to supervise, delegate and organise health care assistants' work after that two week period. While ward staff espouse beliefs about NQNs which suggest they 'allow' them leeway in this initial learning period, their behaviours show they expect NQNs to be competent to work immediately as registered nurses fairly quickly.

**Discussion:** We argue that our findings suggest the hidden curriculum in clinical learning for nursing students is a legacy which continues to influence how newly qualified nurses learn in their first clinical posts.

**Conclusions:** NQNs have to learn within a disintegrated learning context where opposing values of learning exist.

Symposium 8

**Territorial Army Nursing Research Professoriate**

*Presenter: Dr Alan Finnegan, University of Chester, UK*

The Territorial Army (TA) Nursing Research Professoriate was established in January 2012. The spur was that despite the high profile nature of Army nursing practice, the challenges of serving in hostile environments, away from one's normal constructs appears to have limited the operational research output from Army nurses. As a result, there have been limited Army nursing studies detailing the valuable information that has been generated in relation to the excellence and development in nursing practice in an operational arena.

This research group aims to provide robust, empirical Army nursing studies, to positively influence operational and contingency planning and capability building. This symposium will demonstrate the groups intent to promote Army nursing research at national and international level through collaborative working practices between the military and higher level academic institutions. The symposium presentations intend to reveal how this is being achieved; demonstrating how this forum brings together TA nursing academics from across the UK to establish a higher research expertise for leadership, development and guidance to positively influence Army nursing research.

The symposium abstracts and presentations will provide an overview of the breath and variety of positive nursing research that is being generated by this group. These include original mental health research to address depression in the Army, the use of clinical vignettes to support nurses on operational tours and the expertise that can be applied to positively improve the quality of life for severely injured Veterans on exiting the Armed Forces.

It is anticipated that the lessons learnt from the research and projects undertaken by this group, as portrayed in this symposium, will be transferable to other Armed Forces and into civilian nursing research.

Paper 1

**The Presentation of Depression in the British Army**

*Presenter: Dr Alan Finnegan Dr Alan Finnegan, University of Chester, UK*

**Background:** The British Army is predominately comprised of young men; often from disadvantaged backgrounds, in which Depression is a common mental health disorder.

**Aim:** To construct a predictive model detailing the presentation of depression in the army that could be utilised as an educational and clinical guideline for Army clinical personnel.

**Method & Participants:** Utilising a Constructivist Grounded Theory, phase 1 consisted of 19 interviews with experienced Army mental health clinicians undertaken between July 2007 and August 2008. Phase 2 was a validation exercise conducted with General Practitioners, completed in June and July 2012. REC was obtained.

**Results:** Depression in the Army correlates poorly with civilian definitions, and has a unique interpretation.

**Discussion:** Young soldiers presented with symptoms not in the International Classification of Disorders and older soldiers who feared being medically downgraded, sought help outside the Army Medical Services. Women found it easier to seek support, but many were inappropriately labelled as depressed. Implications include a need to address the poor understanding of military stressors; their relationships to depressive symptoms and raise higher awareness of gender imbalances with regard to access and treatment. The results have international implications for other Armed forces, and those employed in Young Men's Mental Health.

**Conclusion:** The results are presented as a simple predictive model and aide memoire that can be utilised as an educational and clinical guideline. There is scope to adapt this model to international civilian healthcare practice.

**References:**

Finnegan, A.P., Finnegan, S.E, Jackson, C., Simpson, R., Ashford, R., 2010a. Predisposing Factors and Associated Symptoms of British Army Personnel Requiring a Mental Health Assessment. *Journal of the Royal Army Medical Corps* 156 (2), 90-96.

Finnegan, A.P., Finnegan, S.E., McKee, P., Srinivasan, M., Simpson, R., 2010b. Predisposing Factors Leading to Depression in the British Army. *British Journal of Nursing* 19(21), 1355 – 1362.

Finnegan, A.P., Finnegan, S.E., Thomas, M., Deahl, M., Simpson, R., & Ashford, R. (2012). The Presentation of Depression in the British Army. *Nurse Education Today*, Submitted.

Paper 2

**Military Healthcare Battlefield Immunity**

*Presenter: Dr Janet Kelly PhD, Lecturer in Healthcare Law, University of Hull*

**Background:** This research study challenges The World Medical Association's (WMA) International Code of Ethics statement(2004), which declared that 'medical ethics in armed conflict is identical to medical ethics in times of peace'.

**Aim:** To examine the professional, ethical, and legal conflicts in British Military healthcare practice that occurs in three distinct military environments. These are the battlefield and the operational and non-operational environments. As conflict is exacerbated by the need to achieve Operational Effectiveness, this study also aims to explore the dual loyalty conflict that Military Health Care Professionals (MHCPs) encounter between following military orders and professional codes of practice.

**Method:** The method utilised real-life problem-solving vignettes developed and analysed between March 2009 and March 2011, which mirror actual ethical and professional conflicts and dilemmas that may occur in the three environments.

**Results:** The areas of law analysed similarly reflect the difficulties that MHCPs face when caring for the wounded in violent locations when under attack. In particular, the results questions whether it is right for a MHCP to owe their patients a duty of care in hostile environments.

**Discussion:** This leads onto questioning if MHCPs could enjoy combat immunity where no duty of care is owed to fellow soldiers in the battlefield. The research also questions whether the standard of care should be variable in hostile environments. It also explores the dual loyalty conflict of a wounded senior officer refusing treatment from a junior officer. In addition, it examines the difficulties of a doctor maintaining patient confidentiality when a soldier refuses treatment for a psychological injury but wishes to redeploy to the battlefield.

**Conclusion:** The study successfully challenges the WMAs statement. It also concludes by suggesting that neither a military-focused approach nor a professional healthcare-focused approach towards military healthcare is the best way to solve the dual loyalty conflict.

**References:**

O'Reilly, D.J. (2011). Proceedings of the DMS Medical Ethics Symposium. *Journal of the Royal Army Medical Corps*. 157(4); 405-410.

Kelly, J. (2012). Military Healthcare Battlefield Immunity. *Journal of the Royal Army Medical Corps*. 158(4) December. Accepted for Publication

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Paper 3

### **Transition from Service to Civilian Life for Medically Discharged Veterans and their Families**

*Presenter: Professor Mike Thomas PhD, Pro Vice Chancellor (Academic) & Executive Dean Faculty of Health & Social Care, University of Chester*  
*Dr Celia Hynes PhD, Director of Multi Professional Post Graduate Studies, University of Salford*  
*Mike Brownsell MSc, Head of Acute Adult and Child Care within the Faculty of Health and Social Care, University of Chester*

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**Background:** Recent military conflicts have resulted in the highest level of operational casualties since the Korean War, leading to increasing numbers of Service-personnel being discharged for medical reasons.

**Aim:** This project aims to provide individual educational needs assessment to all medically discharged Service Personnel and their partners, to enable individuals to access enhanced choices for career opportunities. The project also provides support for families and loved ones who often find transition to civilian life challenging and who wish to seek additional guidance during this period.

**Method:** A Training Needs Analysis (TNA) that maps service qualifications, skills and experiences on to a civilian equivalence; then offer the opportunity to retrain via access programmes or gain entry into Further or Higher Education and employment. Data collection, analysis and validation were conducted between April 2006 and April 2010.

**Results:** Outcomes suggest a significant increase in the numbers of discharged personnel entering higher education as compared with those not supported by the project, and greater employment outcomes for those choosing to enter the employment market by other routes.

**Discussion:** The project utilises the skills and experiences of existing service or ex-services staff and experienced educationalists in the assessment processes as mentors and counsellors. They provide advice and guidance on career aspirations, and practical issues such as accommodation, finances, individual needs, student support, and part-time employment. The project maintains support throughout a period of study or initial employment. This includes a networking support system via an internet platform; practical advice and motivational mentoring. Family support includes exploration of the key issues faced by service families during the difficult transition period.

**Conclusions:** Given the imminent and unprecedented level of expected discharges in the Future Army (2020) policy document, further opportunities for greater partnership working between Higher Education, the NHS, Voluntary sector and the British Army will be required.

#### **References**

Briefing Paper SNo6038 Defence Basing Review: Headline Decisions. House of Commons Library

## Symposia 9-17

Friday 22 March 13.30 – 14.55

### Symposium 9

#### Translating knowledge into action: learning from implementation projects undertaken by the NIHR CLAHRC South Yorkshire

*Presenter: Professor Kate Gerrish, Professor of Nursing Research, University of Sheffield/Sheffield Teaching Hospitals NHS Foundation Trust, UK*

In 2008, the National Institute for Health Research (England) established nine Collaborations for Leadership in Applied Health Research and Care (CLAHRC) with the remit to undertake high quality applied health research, facilitate the implementation of research findings into practice and increase capacity in NHS organisations to engage with and apply health research. The CLAHRCs represent a collaborative partnership between one or more universities and their neighbouring NHS organisations. This symposium will share some of the lessons learnt from implementation activities undertaken between 2009-2012 by the NIHR CLAHRC for South Yorkshire. The implications of the learning for other models of partnership working will be drawn out in each of the three papers presented.

The first paper will examine how implementation theory has been used to inform the design, conduct, evaluation and sustainability and spread of implementation activities in CLAHRC. The second paper will consider the practicalities of implementation in the 'real world' by exploring the model of partnership working and co-production underpinning implementation activities. The final paper will consider how implementation activities have provided a means of capacity building in research and implementation in support of the NIHR clinical academic training pathway for nurses, midwives and allied health professions.

### Paper 1

#### Bridging the theory practice gap in implementation activity

*Presenter: Kate Gerrish, Implementation Theme Lead, NIHR CLAHRC South Yorkshire, University of Sheffield, Sheffield Teaching Hospitals NHS Foundation Trust*

*Irene Illot, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

*Sara Laker, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

*Kate Bray, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

This paper will provide an overview of the approach taken to implementation activity within the Translating Knowledge into Action implementation theme for CLAHRC SY by drawing upon theoretical insights from implementation science. Tasked with the challenge of achieving step change in the way research findings are implemented in practice, several clinically focused implementation projects addressing NHS priorities for improving the quality of patient care and service delivery have been undertaken. Implementation science has informed the design, delivery and evaluation of projects together with strategies for sustainability and spread. Examples from implementation projects addressing improvements in oral nutrition support, management of patients with dysphagia and reducing the risk of hospital acquired venous thromboembolism will be used to illustrate how implementation theory informed implementation in practice.

The Knowledge to Action framework (Graham et al 2006) was used initially to tailor knowledge from primary research, through synthesis to developing research tools which were adapted to the local context. The action cycle within the framework provided a structure to systematically develop an understanding of the receptiveness of the local context to change, identify barriers to implementation, select evidence-based implementation strategies, monitor and evaluate change and plan for sustainability. The constructs of the Consolidated Framework for Implementation Research (Damschroeder et al 2009) informed a greater understanding of the broad range of factors which influenced implementation.

Learning from projects highlighted how implementation in the 'real world' is characterised by complexity and unpredictability and has necessitated bridging the gap between what Schon (1984) describes as the 'high ground of theory' and the 'swampy lowlands of practice'. Major challenges presented by reconfiguration of services, lack of

organisational slack and financial pressures on NHS organisations necessitated a style of working which was flexible and could adapt readily to a changing environment while at the same time ensuring rigour.

### References

Damschroeder L et al (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation sciences. *Implementation Science* 4:50 doi:10.1186/1748-5908-4-50

Graham I, Logan J, Harrison M, Strauss S, Tetroe J, Caswell W, Robinson N (2006) Lost in knowledge translation: Time for a map, *Journal of Continuing Education in the Health Professions* 26:1 13–24

Schon D (1984) *The reflective practitioners: how professionals think in action*. Basic Books

### Paper 2

#### Working together: co-production and partnership to achieve change

*Presenter: Sara Laker, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

*Kate Bray, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

*Irene Illot, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

*Kate Gerrish, Implementation Theme Lead, NIHR CLAHRC South Yorkshire, University of Sheffield /Sheffield Teaching Hospitals NHS Foundation Trust*

This presentation will explore how the principles of co-production and partnership working that underpin CLAHRC SY have been applied to implementation activities and will draw out lessons for successful collaboration between researchers, managers and practitioners.

The foci of implementation projects have been negotiated with healthcare partners in order to address their priorities for quality improvement. Ensuring shared ownership of projects and a collective responsibility for success amongst managers and frontline staff has been essential to progress activities and achieve change. Participatory ways of working with managers and the multi-disciplinary team have underpinned all stages of the implementation process. Projects have been co-designed and undertaken collaboratively. Through the process of co-production researchers, managers and practitioners have been able to develop implementation strategies which are evidence-based yet tailored to local contexts.

Examples from clinically focused implementation projects will be used to illustrate how these principles have worked in practice and draw out both the challenges and critical factors influencing success. Identifying individuals who can successfully span the boundaries between academia and health services has been essential to support implementation activity. Boundary spanners have occupied an important role as knowledge brokers in the co-production process by drawing together external research knowledge with internal knowledge of the organisation and the tacit knowledge of practitioners. Boundary spanning has occurred at all levels of the organisation from the executive level, through middle managers to front-line practitioners. Examples of boundary spanning roles and activities will be presented in order to demonstrate their contribution to the implementation process.

Paper 3

### Capacity building to support sustainability and spread

*Presenter: Irene Illot, Implementation Project Lead, NIHR CLAHRC South Yorkshire, Sheffield Teaching Hospitals NHS Foundation Trust*

*Kate Gerrish, Implementation Theme Lead, NIHR CLAHRC South Yorkshire, University of Sheffield / Sheffield Teaching Hospitals NHS Foundation Trust*

*Hilary Piercy, Senior Lecturer Sheffield Hallam University*

*Lizzie Dinsdale, NIHR MSc student, Sheffield Teaching Hospitals NHS Foundation Trust*

CLAHRCs have a remit to increase capacity and capability in NHS organisations to undertake and apply health research. Within the context of NIHR/CNO framework for clinical academic careers in nursing, midwifery and allied health professions (DH 2012), this presentation will provide an overview of two capacity building initiatives embedded within the 'Translating Knowledge into Action' implementation theme and present lessons from an evaluation of the initiatives.

The NIHR Clinical Academic Training pathway has been integrated with CLAHRC to provide a range of opportunities. Internships enabled clinical staff with an interest in a clinical academic career to gain insight into research by working alongside CLAHRC researchers who span academic and clinical boundaries. Research placement opportunities have been provided for students undertaking the NIHR funded MSc Clinical Research to work alongside researchers to develop first-hand experience of research and progress to a secondment programme following graduation to further develop research skills prior to applying for PhD fellowships. NIHR clinical lecturer fellowships linked to CLAHRC have provided a supportive research environment and created the opportunity for fellows to mentor early career researchers.

Secondment opportunities have been provided for nurses/allied health professionals from NHS partner organisations and academic staff

from university partners to work alongside the core CLAHRC team undertaking implementation projects. Most secondments are part-time, ranging from 6-30 months. Clinical secondees have acted as best practice champions in facilitating the uptake of evidence in clinical settings and developed expertise in implementation and evaluation. Academic secondees at doctoral and early post-doctoral level have contributed research expertise and had the opportunity to engage more fully in service delivery. A stakeholder evaluation of the secondment model identified six criteria for judging its success: meeting CLAHRC objectives, team working, workload management, personal development, enhanced clinical practice and enhanced education practice. These will be explored during the presentation.

#### References

Department of Health (2012) Developing the role of the clinical academic researcher in the nursing, midwifery and allied health professions. Department of Health, London

### Symposium 10

#### Evaluating healthcare programmes in the real world: can we embrace the mess?

*Presenter: Professor Helen Cheyne, University of Stirling, UK*

Presenter: Paper 1

#### Keeping childbirth natural and dynamic: evaluation of a national maternity care programme in Scotland

*Helen Cheyne, University of Stirling*

Paper 2

#### Addressing the implementation gap in research knowledge: the Optimised Suicide Prevention and its Implementation (OSPI) in Europe process evaluation.

*Presenter: M Maxwell, F Harris, R O'Connor, NMAHP Research Unit University of Stirling*

*J Coyne, University of Pennsylvania  
E Arensman, National Suicide Research Foundation*

*R Gusmao, Universidade Nova de Lisboa  
A Szekeley, Semmelweis University Budapest  
U Hegerl, University of Leipzig*

**Background:** The implementation of multi-level suicide prevention interventions in different settings will inevitably result in variations which may impact on outcomes. Few evaluations take account of the context and implementation processes and their impact on outcomes.

**Methods:** Drawing on realistic evaluation methodology<sup>1</sup>, we have systematically examined the implementation of OSPI (a multi level suicide prevention programme involving healthcare practitioners) across four different countries<sup>2</sup>. We used structured questionnaires, longitudinal qualitative interviews and/or focus groups, observation and additional data gathering at OSPI partner meetings and final WORKSHOPS with local implementers, partners and participants between January 2010 and December 2012. This is complimented by intermediate outcomes data from individual interventions.

**Findings:** We explored variation in: fidelity to the OSPI interventions; intensity of activities; local political, environmental and organisational context; and historical/cultural context. The majority of variation in the delivery of OSPI was in the intensity of recruitment to training of different occupational groups. This was largely impacted by local organisational arrangements, including

local ‘political’ environments; e.g. transforming gatekeepers into stakeholders. However, such variation had little differential impact on achievement of shared outcomes (improving attitudes and education about depression). Less variation occurred in relation to the delivery and intensity of the public health campaigns yet there were notable differences in outcomes, particularly in attitudes towards help seeking. This level is more likely to be influenced by historical/cultural baseline differences as well as local environmental factors.

**Conclusion:** Attention to the historical/cultural baseline in relation to public attitudes may indicate the need for pre-planned variation to the OSPI model. Changing public attitudes may require greater input and longer term intervention in some countries to impact on attitudes.

1. Pawson R, Tilley N. *Realistic evaluation*. London: Sage Publications, 1997.

2. Ulrich Hegerl, Lisa Wittenburg, Ella Arensmann, Chantal Van Audenhove, James C Coyne, David McDaid, Christina M van der Feltz-Cornelis, Ricardo Gusmao, MÃiria Kopp, Margret Maxwell, Ullrich Meise, Saska Roskar, Marco Sarchiapone, Armin Schmidtke, Airi Värnik and Anke Bramesfeld. 2009. Study Protocol: Optimizing Suicide Prevention Programs and Their Implementation in Europe (OSPI-Europe): An Evidence-Based Multi-Level Approach. *BMC Public Health* 2009, :428doi:10.1186/1471-2458-9-428

Paper 3

**Complex intervention or complex programme? implications for real world evaluation.**

*Presenter: P Abhyankar, H Cheyne, F Harris, M Maxwell, NMAHP Research Unit, University of Stirling*

Healthcare policy makers and managers increasingly recognise the need for evidence on the effective ways of developing, delivering and evaluating large scale programmes. This paper brings together the ‘learning’ from two programme evaluations (papers 1 and 2) to hypothesise defining characteristics of a healthcare programme and discuss implications for evaluation.

Many healthcare interventions are complex interventions, comprising a number of behavioural, technological and organisational components acting independently as well as interdependently. RCTs considered as the gold standard for evaluating clinical effectiveness often fall short of explaining why interventions do or do not work and how they can be implemented in the real world context. This is because the effect of factors that impact on the real world implementation of the interventions is often controlled for during an RCT. The MRC framework<sup>1</sup> highlighted the importance of understanding the workability and integration of interventions in settings that are themselves dynamic and complex. Once the effectiveness of complex interventions has been demonstrated

the interventions may be considered ‘ready’ for implementation into routine healthcare practice/delivery. Healthcare programmes (such as KCND) are developed with the aim of implementing the evidence-based healthcare interventions in real-world, complex settings on a large scale.

Healthcare programmes often aim at improving health or healthcare delivery by systematically implementing a range of healthcare interventions, at various levels, into complex and dynamic systems. The interventions combined into a programme may in themselves be complex, comprising several elements and may be aimed at different levels. These may have been effective in evaluations but when combined and introduced into a range of contexts, they may work differently and produce different outcomes. Programme evaluation requires to identify the different mechanisms through which the embedded interventions work in different contexts, examine interactions and unanticipated outcomes (paper 4), and identify implementation strategies that maximise programme effectiveness.

1. Medical Research Council. *A framework for development and evaluation of RCTs for complex interventions to improve health*. London: MRC, 2000

2. Medical Research Council. *Developing and Evaluating Complex Interventions: New Guidance*. London: MRC, 2008

Paper 4

**Exploring synergistic effects and ‘added value’ in an Optimised Suicide Prevention Programme implemented in four European countries (OSPI-Europe)**

*Presenter: F Harris, M Maxwell, R O’Connor, NMAHP Research Unit University of Stirling J Coyne, University of Pennsylvania E Arensman, National Suicide Research Foundation*

*R Gusmao, Universidade Nova de Lisboa A Szekeley, Semmelweis University Budapest U Hegerl, University of Leipzig*

**Background:** What are the ‘active ingredients’ of complex interventions and how do the various components of these interventions interact? These questions were posed by the MRC Framework<sup>1,2</sup> yet remain unanswered. While the synergies between two or more simple interventions such as drugs are more easily investigated, the same is not true for the synergies between components of non-pharmacological interventions and when quantification of synergistic effects may not be possible. We explore the potential for identifying synergistic effects when complex interventions are combined within a multi-level health programme (paper 2).

**Aims:** To describe and illustrate a method of exploring synergistic effects between intervention levels in a complex health programme.

**Methods:** Four waves of qualitative data collection conducted at six monthly intervals (January 2010 – December 2011) informed this paper. We also conducted a WORKSHOP designed to refine our method of exploring synergistic effects. A framework consisting of all the components of the five intervention levels was developed to guide the recording of synergies across components/levels. Analysis drew on the framework analysis approach<sup>1</sup>.

**Results:** There was a definitional distinction between synergistic effects between levels of intervention within the programme and additional effects that were generated but nevertheless were external to OSPI activities. These additional effects added value to OSPI interventions through, for instance, encouraging further (external) suicide prevention activities.

Synergistic effects between support for self help groups (patients and families, level 4), the public health campaign (level 3) and GP training (level 1) illustrated how a particular approach to service user involvement might optimise the potential for synergies in any future implementation of the 5-level approach to suicide prevention.

**Conclusion:** Exploring and understanding the synergistic and additional effects in complex interventions is crucial to maximise the potential of suicide prevention programmes. Our method allows us to take a step closer to further developing methodologies related to identifying synergistic effects and how these might be defined within complex multi-level interventions.

1. Ritchie, J. and Spencer, L. (1994). Qualitative data analysis for applied policy research. In Bryman, A. and Burgess, R.G. (eds). *Analyzing qualitative data*. pp 173-194. London: Routledge.

Paper 5

**Symposium discussion**

*Presenter: Margaret Maxwell, Fiona Harris, Purva Abhyankar, NMAHP Research Unit University of Stirling*

The discussion will focus on the following key learning points

- synergistic effects
- value of control groups
- identifying Context Mechanism Outcomes (CMO) in complex programmes
- Guidance for programme development and implementation? (KCND and OSPI)

**Symposium 11**

**Generating clinically relevant and impactful economic evidence of nurse-led services in practice**

*Chair: Janice Smyth, Director, RCN Northern Ireland, UK*

Understanding the cost of services and their outcomes in monetary terms has become crucial in the current financial climate. While often couched in the language of 'efficiency', many of the recent developments in the UK and elsewhere in Europe have been characterised by 'cuts'. Ill-informed cuts can jeopardise efficiency and compromise the quality of care.

Frontline nurses contribute towards the efficiency agenda through innovations. They are also ideally placed to generate data to support innovations and improvements. While nurses routinely assess clinical effectiveness, they need to develop new capabilities to be able to argue from an economic as well as a clinical standpoint.

The three papers in this symposium describe the importance of nurses generating clinically relevant and impactful evidence in practice. The first paper underlines the importance of supplementing evidence on clinical effectiveness with a robust economic case. The second paper describes a programme designed to build capability within the nursing workforce to demonstrate the economic impact of nurse-led services. The third paper presents an economic assessment of a heart failure nurse liaison service conducted by a nurse who has undergone the programme described in the preceding paper. It further reflects on the lessons learned from the process.

**Paper 1**

**Generating clinically relevant, impactful evidence in practice**

*Presenter: A. McMahon*

Globally health service providers are challenged to continue to meet the demand for health services in the face of diminishing resources. Nurses offer a unique insight into how these challenges can be met. They also experience the impact of austerity measures first hand.

In order to ground its response to austerity measures in the UK, in the realities of nursing practice, the Royal College of Nursing launched its Frontline First Campaign. The campaign sought to engage RCN members in the development of an evidence base demonstrating the realities of contemporary nursing on the frontline. Nurses were invited to report on cuts to front line services, their experiences of waste in the system and nurse-led innovations in practice.

One nurse-led innovation submitted stood out from the crowd. Marina Lupari had incorporated a robust economic assessment into the redesign of services for older people with multi-morbid

chronic conditions, demonstrating both the clinical and cost benefits of her innovation (Bell, K 2011).

Skills in economic assessment are limited across the public sector and the nursing profession is no exception. The RCN therefore worked in partnership with the Office for Public Management, a not for profit enterprise with expertise in economic assessment to demonstrate the value of 'monetising' nurse-led innovations and increasing their impact. Two case studies of Frontline First innovations were developed using the bespoke OPM 'EAT' methodology (Ryrie and Anderson 2011). The first was an innovation to reduce the incidence of pressure ulcers in care homes. The second was a whole system redesign of respiratory services.

This paper will provide an overview of the RCN Frontline First campaign and examine the nature of nursing innovation in practice. The two monetised case studies will be presented to demonstrate the potential to generate clinically relevant, impactful evidence, in practice.

**References**

Bell, K. (2011) Fresh Ideas from the Frontline. RCN Bulletin 12th January pp 6-7  
[http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0011/389189/Frontline\\_First\\_award\\_-\\_3\\_finalists.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0011/389189/Frontline_First_award_-_3_finalists.pdf)  
 Ryrie, I. and Anderson, B. (2011) Tool to assess the cost and quality benefits of nursing innovation, *Nursing Management*, vol. 18, no. 4, pp. 29-31.

**Paper 2**

**Developing a programme to build capability within the nursing workforce to demonstrate the value of nurse-led services and to use the evidence to transform care**

*Presenter: C. Hoong Sin*

In the UK, the potential contribution of clinicians to efficiency targets through innovations in practice has been calculated at £9bn per year (Gainsbury 2009) and we know that nurses play a key role in this. Yet, nurses are taking on more responsibilities and there is evidence that services and nurse numbers are being cut.

The response to the economic case studies produced for the Frontline First Campaign indicates that such evidence can be influential. Definitions of 'worth' and 'value', however, are contentious and nurses must have a role in shaping understandings of value. Emerging evidence from our work suggests that nurse-led quality and efficiency drives are more likely to be sustainable when nurses themselves are equipped to argue from an economic as well as a clinical standpoint.

A bespoke programme was developed by OPM to build nursing capability in economic assessment. The programme incorporates training and support to use an Economic Assessment Tool (Ryrie and

Anderson 2011), and the facilitation of its spread and adoption by the workforce.

This paper discusses how the programme was designed to embed HM Treasury (2003) requirements in accessible ways for non-expert audiences. These are based on international standards required of any economic assessment. It proceeds to outline the programme's key components, what these involve, and what they aim to achieve. Over and above the programme's substantive content, this paper further discusses the process of delivering the programme. Programme delivery, in partnership with the RCN, builds up a community of practice within the nursing workforce, encourages nurses to engage with other colleagues, and equips them with the skills to know how to make sense of the evidence to work with others to transform care. The programme achieved endorsed award status from the Institute for Leadership and Management, thereby contributing towards nurses continuing professional development.

**References**

Gainsbury, S. (2009) Clinical improvements could save the NHS £9bn a year, *Health Service Journal*, 19 November 2009. Available at: [www.hsj.co.uk/5008572.article](http://www.hsj.co.uk/5008572.article) (Last accessed: 4 October 2012).  
 HM Treasury (2002) *The Green Book: Appraisals and Evaluations* in Central Government, London: The Stationery Office.  
 Ryrie, I. and Anderson, B. (2011) Tool to assess the cost and quality benefits of nursing innovation, *Nursing Management*, vol. 18, no. 4, pp. 29-31.

**Paper 3**

**Demonstrating the value of nurse-led services – findings from an economic assessment of a nurse-led heart failure liaison service and reflections on lessons learned from the process**

*Presenter: J. Nicholl*

The Heart Failure Nurse Liaison Service (HFNLS) in Tayside, Scotland, offers support for patients who have suffered from heart failure, left ventricular systolic dysfunction (LVSD) and congestive cardiac failure across NHS Tayside.

An economic assessment of the service was conducted by applying the Economic Assessment Tool methodology (Ryrie and Anderson 2011). By following HM Treasury guidance, the costs of setting up and delivering the service were itemised systematically, covering both direct and indirect costs. Against the documented costs, a range of benefits contributing towards the NHS's Quality, Innovation, Productivity and Prevention (QIPP) agenda were identified. Some of these were monetisable benefits, while others were qualitative outcomes. For example, patients reported a greater sense of wellbeing within the HFNLS. In

addition, 8.3% of HFNSL patients were re-admitted, compared with 27.3% of similar patients not referred to HFNSL. If re-admitted, the length of stay of HFNSL patients is 4.8 days shorter compared with similar patients not referred. Monetisable savings were calculated for avoided admissions and length of stays. The service also contributed to monetisable savings for the Community Health Partnerships. Overall, the estimated efficiencies amounted to around £489 per patient within the HFNSL.

This paper will present this economic case study and share reflections on the process from clinical practice. The experience of having undergone the programme has been one marked by a heightened sense of empowerment. With the case study having an immediate impact, it has enabled nurses to feel that they can play a vital role in influencing commissioning and funding decisions, and that evidence in practice can be used to find ways of improving the service to deliver greater quality and efficiency impact.

#### Reference

Ryrie, I. and Anderson, B. (2011) Tool to assess the cost and quality benefits of nursing innovation, *Nursing Management*, vol. 18, no. 4, pp. 29-31.

#### Symposium 12

### Organisational wrongdoing in health care: implications for patient outcomes and nursing leadership

*Presenter: Dr Marie Hutchinson, Southern Cross University, Australia*

*Symposium lead and chair: Dr Marie Hutchinson, Senior Lecturer Nursing, School of Health and Human Sciences, Southern Cross University, Lismore, Australia.*

*Co-presenters: Associate Professor Michelle Cleary, Professor Debra Jackson, Professor John Daly.*

**Introduction:** In recent years bullying and aggression among nurses has become an increasingly popular topic of study (Hutchinson 2006, Hutchinson, Wilkes, Jackson et al 2010). This body of work has primarily focused upon nurses and the harm caused to nurses or workplace productivity. Little attention has been given to understanding how these behaviours erode work group dynamics and lead to unethical behaviour that impacts care delivery, care outcomes, or causes harm to patients. Reflecting the centrality of patient advocacy to nursing practice, nurses may find themselves faced with the dilemma of having to raise concerns or blow the whistle on wrongdoing. Drawing upon their experience of a decade of research and scholarship in the field of wrongdoing and nursing leadership, the panel will present four research papers focusing upon the nature of organisational wrongdoing and its corrosive effect on moral integrity, safety climate and patient outcomes. Each paper builds upon our understanding of the nature of wrongdoing in the health workplace and its implications for patient outcomes, individual and work group moral integrity, and nursing leadership. The first paper sets out an ethical framework to promote integrity, the following two are concerned with specific forms of wrongdoing and their impact on patient outcomes and factors that influence nurses' capacity to raise concerns, the fourth paper addresses the implications of wrongdoing for nursing leadership.

A variety of methodologies are deployed across the four papers and International perspectives are offered to illustrate the need for global action to address this problem. The key findings and recommendations arising from the analyses will be presented. There will also be an opportunity for delegates to discuss the relevance of the presentations and recommendations for their practice.

Hutchinson, M., Vickers, M.H., Jackson, D., Wilkes, L., 2006. Workplace bullying in nursing: Towards a more critical organisational perspective. *Nursing Inquiry*, 13 (2), 118-126.

Hutchinson, M., Wilkes, L., Jackson, D., Vickers, M., 2010. Integrating individual, work group and organisational factors: Testing a multidimensional model of bullying in the nursing workplace. *Journal of Nursing Management*, 18, 173-181.

#### Paper 1

### Workplace integrity: a priority for all staff in the health sector

*Presenter: Michelle Cleary, Associate Professor, Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore*

**Background and aims:** This analysis critically examines the concept of moral integrity and advances the argument that mitigating workplace wrongdoing not only requires one to distinguish right from wrong, but to also be willing to speak up and act accordingly. This is part of the 'new professionalism', which encompasses personal virtues, being advocated for health professionals, and those in academia (Cleary et al. in press; Robertson & Walter, 2011).

**Method:** The analysis is conceptual and literature based. Contemporary research and theoretical literature through to 2012 are included.

**Results:** The paper presents key features of contemporary research in this field to identify how values and goals congruent with workplace integrity need to be clearly articulated, enacted and embedded in everyday activities. The paper then overviews the structural and contextual realities of nursing work within organisations and how these factors can compromise whole unit integrity and seriously challenge nurses' commitment to enacting integrity for the sake of patient wellbeing. Suggestions for strengthening individual and group integrity to retain staff and create optimal working environments conducive to positive patient outcomes are provided.

**Discussion and conclusion:** Any threat to integrity in the workplace can lead to a toxic and corrupt environment that may be deleterious to staff, consumers and students (Cleary et al. in press; 2010; 2009). Strengthening individual and group integrity are essential to recruiting and retaining staff and creating working environments conducive to positive patient outcomes.

Cleary M, Hunt GE, Horsfall J. (2010). Identifying and addressing bullying in nursing. *Issues in Mental Health Nursing*, 31, 331-335.

Cleary M, Hunt GE, Walter G, Robertson M. (2009). Dealing with Bullying in the Workplace: toward Zero Tolerance. *Journal of Psychosocial Nursing and Mental Health Services*, 47(12), 34-41.

Cleary M, Walter G, Andrew S, Jackson D. (in press). Negative workplace behaviors at the University of Hard Knocks. *Contemporary Nurse*.

Robertson, M., & Walter, G. (2011). Psychiatric ethics and the 'new professionalism' In D. Bhugra (Ed.), *Psychiatry's Contract with Society: Concepts, Controversies and Consequences*. (pp. 221-239). Oxford: Oxford University Press.



Paper 2

**Bullying, intimidation and the corrosion of care: An Australian and international perspective**

*Presenter: Dr Marie Hutchinson, Senior Lecturer Nursing, School of Health and Human Sciences, Southern Cross University, Lismore, Australia.*

**Background and aims:** Bullying and other forms of wrongdoing have attracted increasing attention in recent years (Hutchinson 2008, 2010, in press). To date, little attention has been directed towards understanding how bullying can implicate patient care, or how toxic dynamics within work teams can erode moral integrity.

In 2007 qualitative interviews (n=26) were undertaken with nurses to explore their experiences of workplace bullying, one category identified from the interviews related to how bullying implicated patient care. Building upon this work in 2012 a meta summary of qualitative research was completed to identify the impact of bullying on patient outcomes.

**Method:** Content analysis of the interviews was undertaken using NVivo the results identified major and minor categories, one category emerging from this analysis related to the way in which patient care could be implicated in nurse bullying. Subsequently we have undertaken a systematic review of 8 electronic databases examining the nursing literature for the period 1990-2011. This review yielded 16 publications detailing the nature of disruptive nurse behaviours and their capacity to impact patient outcomes. Effect size analysis was undertaken on the taxonomic findings of the review to demonstrate the conceptual range and hierarchical structure of findings, thereby providing insight into the relative importance of the categories identified from the analysis.

**Results:** Narratives presented explore how bullying can evolve to incorporate strategies that compromise patient care. The taxonomy derived from the meta summary will be used to illustrate the scope and complexity of nurses behaviours that threaten patient outcomes.

**Discussion and Conclusion:** Bullying can spiral into behaviours that implicate patient care; some nurses may deliberately risk patient safety as a strategy to place targeted colleagues under pressure. Little is known about this worrying phenomenon, evidence from international studies suggests it may be widespread.

**References:**

Hutchinson, M., Jackson, D., Wilkes, L., Vickers, M.H., 2008. A new model of bullying in the nursing workplace: Organisational characteristics as critical antecedents. *Advances in Nursing Science*, 31 (2), E6-E71.  
 Hutchinson, M., Vickers, M.H., Jackson, D., Wilkes, L., 2010. A typology of bullying behaviours: The experiences of Australian nurses. *Journal of Clinical Nursing*, 19 (15), 2319.  
 Hutchinson, M., (in press) Bullying as workgroup manipulation: a model for understanding

patterns of victimization and contagion within the workgroup. (Accepted Nov 3rd 2011). *Journal of Nursing Management*. DOI: 10.1111/j.1365-2834.2012.01390.x

Paper 3

**Factors influencing Nurses' capacity to raise concerns: Insights from an Australian study on nurse whistleblowing**

*Presenter: Professor Debra Jackson, RN PhD, Faculty of Health, University of Technology, Sydney.*

**Background and aims:** Patient advocacy is a crucial aspect of nursing practice. In the health sector, nurses frequently act as patient advocates and whistle blow on poor practice or wrongdoing (Jackson et al 2010a). Concerns raised may not always dealt with appropriately by those to whom concerns are raised (Jackson in press). This presentation will examine the narratives of nurse whistleblowers and explicate factors that influence their capacity to raise concerns about patient safety.

**Method:** In 2008 qualitative interview data was collected from 11 whistle-blower nurses. Code based analysis was undertaken to reveal themes.

**Results:** Whistleblowing was stressful and traumatic. Nurses experienced pressure not to speak out and their workplace relationships suffered as a result (Jackson et al 2010b). Considerable hardship was experienced in raising concerns in environments characterised by avoidant leadership (Jackson et al in press).

**Discussion of key issues:** We will discuss the implications, particularly the impact on nurses' well-being and work satisfaction and avoidant leadership and inappropriate line managerial responses as a factor influencing decision-making around reporting workplace wrong-doing.

**Conclusion:** Opportunities need to be created for nurses and healthcare professionals to work together as a team to voice their collective concerns about issues of patient safety or organizational wrongdoing.

**References:**

Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb, E., Luck, L., et al. (2010a). Understanding whistleblowing: Qualitative insights from nurse whistleblowers. *Journal of Advanced Nursing*, 66(10), 2194-2201.  
 Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb, E., Luck, L., et al. (2010d). Trial and retribution: A qualitative study of whistleblowing and workplace relationships in nursing. *Contemporary Nurse*, 36(1-2), 34-44.  
 Jackson, D., Hutchinson, M., Peters, K., Luck, L., & Saltman, D. C. (in press). Understanding avoidant leadership in health care: Findings from a secondary analysis of two qualitative studies. *Journal of Nursing Management*. (accepted 16/01/2012, available online) doi: 10.1111/j.1365-2834.2012.01395.x

Paper 4

**Organisational wrongdoing in health care: roles and responses of nursing leaders**

*Presenter: Professor John Daly, Faculty of Health, University of Technology, Sydney.*

**Background and aims:** Leaders have a crucial role to play in ensuring workplace integrity and mitigating the effects of workplace wrongdoing by responding appropriately to concerns raised by nurses.

**Method:** A conceptual and literature based analysis to identify the roles and responses of nurse leaders to organisational wrongdoing in health care.

**Results:** Considerable literature exists to illustrate the impact of nurse leadership upon organisational performance and organisational culture. Less attention has been directed towards understanding how hierarchical and instrumental modes of nurse leadership can evolve and constrain organisational trust, justice and safety, or how these modes of leadership can foster a culture tolerant of wrongdoing.

**Discussion of key issues:** Avoidant leadership has largely been characterized as Laissez-Faire or passive, however, there are far more concerning forms of avoidant leadership i.e. that which can be enacted to suppress dissent or protect organisational interests – regardless of wrongdoing. Suggestions for strengthening leadership to create positive working environments conducive to addressing wrongdoing will be discussed.

**Conclusion:** Nurse leaders can positively influence work climates through exercising moral leadership and integrity. Modern health care organisations can create pressures that can corrupt the moral compass of nurse leaders; to be truly effective nurse leaders require personal qualities such as courage and integrity.

**References:**

Jackson, D., Peters, K., Hutchinson, M., Edenborough, M., Luck, L., & Wilkes, L. (2011). Exploring confidentiality in the context of nurse whistleblowing: Issues for nurse managers. *Journal of Nursing Management*, 19(5), 655-663.  
 Jackson, D., Hutchinson, M., Peters, K., Luck, L., & Saltman, D. C. (in press). Understanding avoidant leadership in health care: Findings from a secondary analysis of two qualitative studies. *Journal of Nursing Management*. (accepted 16/01/2012, available online) doi: 10.1111/j.1365-2834.2012.01395.x  
 Jackson, D., & Daly, J. (2011). All things to all people: Adversity and resilience in leadership. *Nurse Leader*, 9(3), 21-22+30.

Symposium 13

**Advancements in clinical leadership: leading better care**

*Presenter: Dr Kathleen Stoddart, University of Stirling, UK*

The focus of the symposium is advancements in clinical leadership in the interest of patients. Clinical leadership by Senior Charge Nurses/Midwives (SCN/Ms) is evolving in transforming healthcare services across the UK and internationally (Trofino 2000, Stewart and Usher 2010, Fealy et al 2011, Wilson et al 2012).

The context for the body of work we report is provided by 'Leading better care' (LBC) (SGHD 2008). The specified role dimensions of LBC are to 1) ensure safe and effective practice 2) enhance the patient experience 3) manage and develop the performance of the team and 4) contribute to the delivery of the organisation's objectives. Phase one of LBC implementation was with hospital-based SCN/Ms in 2010. Phase 2 commenced in 2012 and is with community-based SCN/Ms.

The three papers examine the implementation of LBC from different perspectives to provide an in the round examination of the potential for clinical leaders to make a difference to the quality of care.

Paper one reports upon a longitudinal, interview study of hospital-based SCNs who were participants in a larger, mixed method evaluation (Stoddart et al 2012). This study follows the experience of SCN as phase one of LBC embeds into practice and is sustained by them. In paper two, the findings of an action research project with community based SCN/Ms are explored. This study is designed to inform and support SCN/Ms and their community teams as they meet the challenges of fulfilling the role dimensions of LBC. Paper three reports on a 'care and comfort rounds' intervention designed and implemented by a clinical team and led by the SCN specifically.

We will draw together the three closely connected papers to illuminate the impact of LBC in practice underpinned by the enhancement of quality of care conjoined with the patient experience.

Paper 1

**A Longitudinal study of hospital-based Senior Charge Nurses (SCNs)**

*Presenter: K M Stoddart, Clinical Doctorate Programme Director*

*C Bugge, Senior Lecturer and Enhancing Self Care Research Group Lead, School of Nursing, Midwifery and Health, University of Stirling*

**Background:** Leading better care (LBC) is a major development in clinical leadership with emphasis upon transforming and continuing high standards of quality of care (SGHD, 2008). LBC has been implemented in hospital-based settings over the last two years and as it continues to embed there is considerable value in following the SCNs evolutionary journey.

**Aims:** The study aims to understand the views and experience of SCNs in relation to the ongoing implementation of 'Leading better care.'

**Methods:** Nine SCNs, from mental health and acute general areas, who were interviewed in a previous mixed methods evaluative study (Stoddart et al, 2012) are being interviewed twice more at nine month intervals. 2012 – 2013. Interviews explore their on-going views and experiences in relation to the implementation of LBC. Data presented in this paper will draw on the comparison between the original evaluative data and the data collection that is now completed for the first follow up interviews. The principles of Framework Analysis were used.

**Results:** The SCNs reported increased confidence in adopting the LBC role dimensions and with quality improvement and assurance methodologies. In addition, SCNs focused upon the key areas of clinical leadership and accountability; impacts upon patient care, themselves and colleagues; visibility in practice and influence upon peers and the organisation; and, succession planning.

**Discussion:** The dialogue of SCNs is moving away from the 'nitty gritty' of LBC implementation towards issues of stability and sustaining progress. Areas of emphasis that emerged in the interim findings represent a deepening of the SCNs modus operandi in their LBC role and all it encompasses.

**Conclusions:** The transformation of SCNs as clinical leaders is founded upon LBC. However, there were indications that SCNs were beginning to seek a new level of engagement with their organisation and wider influence upon quality of care.

**References**

Scottish Government Health Department (2008) Leading Better Care, Edinburgh  
 Stoddart K M; Bugge C; Shepherd A; Farquharson B The new clinical leadership role of senior charge nurses: a mixed methods study of their views and experience *Journal of Nursing Management* DOI: 10.1111/JONM.12008

Paper 2

**An action research study of the implementation of 'Leading better care' in the community**

*Presenter: A Smith, Senior Teaching Fellow; Associate Head of School*

*A J Shepherd, Senior Lecturer  
 K M Stoddart, Clinical Doctorate Programme Director*

*C Bugge, Senior Lecturer and Enhancing Self Care Research Group Lead,  
 School of Nursing, Midwifery and Health,  
 University of Stirling*

**Background:** CONCURRENT with the implementation of Leading Better Care (LBC), a substantial number of policy drivers are influential upon the activities of Community Senior Charge Nurses (CSCNs) – including 'Modernising nursing in the community (MNiC) (SGHD, 2012) and the integration of health and social services (SG, 2012). MNiC encompasses the substantial agenda of 'children, young people and families; adults and older people; work and wellbeing'. In a transforming service in which the balance of care is shifting to the community, the role dimensions specified in LBC are the catalyst for the all the responsibilities and accountability of CSCNs.

**Aims:** The aims are to explore how CSCNs implement the precepts of LBC: specifically to – identify the evolution of the CSCN role in the community context and explore how the location/integration service models impact upon LBC implementation.

**Methods:** This is an action research study deploying three cycles of focus groups with nine CSCNs from different areas of community practice. The first, now completed, cycle focused upon exploring current issues and actions and interventions. The principles of Framework Analysis were applied to transcribed data.

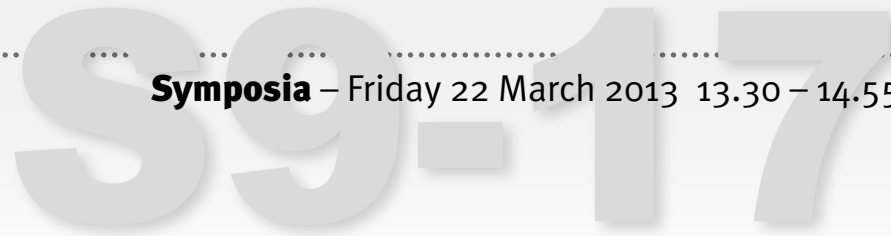
**Results:** Challenges of change; leadership development; quality improvement and coordinating care were key areas of focus as CSCNs adapted to the demands of their role as framed in LBC. CSCNs considered that LBC provided the impetus of all their endeavours in a context of strategic and operational change.

**Discussion:** LBC was in the early stages of implementation and CSCNs were at the beginning of understanding its demands and the impact it would have in their practice context.

**Conclusions:** Integrating the challenges of change, maximising learning opportunities with peers, – including the SCNs involved in phase 1 of LBC implementation, and developing the skills required by the four role dimensions of LBC are areas of concerted effort by CSCN.

**References**

Scottish Government (2012) Health and Social Care Act (Scotland), Edinburgh  
 Scottish Government Health Department (2012) Modernising nursing in the community, Edinburgh



Paper 3

**Care and comfort rounds: leadership in action**

*Presenter: F Grant, Development Facilitator, Surgical and Cancer Services*  
*R Ciccu-Moore, Lead Nurse Surgical & Cancer Services*  
*B-A Niven, Senior Charge Nurse, Acute Services Division*  
*NHS Forth Valley, Scotland*

**Background:** A number of reports criticising care delivery by nurses provided the impetus to develop a structured process of patient care rounds to assure the fundamentals of care. Driven by quality standards, care and comfort are primary in patients' experience and outcomes (NHS Forth Valley 2011, SGHD 2010).

**Aims:** The project focused upon delivering active rather than reactive care, specifically to: reduce number of patient falls; increase patient satisfaction; provide a more controlled environment. Two hourly care and comfort rounds were introduced to test these aims.

**Methods:** The project was conducted over a year in an acute hospital setting, led by the senior charge nurse. Baseline information was collected a priori in key areas of: incidence of falls; call bell usage and response; patient satisfaction. Data was collected throughout by structured observation; documentary audits; secondary data analysis. Implementation was supported by staff training and achieved within 3 months. Bespoke checklists to record care and comfort activities were developed and refined. Complementary information for patients and the public was developed.

**Results:** Key measurement criteria of incidence of falls, use of call bells and patient experience were used to evaluate. Nine months post implementation there was a 39% reduction in falls; 36% reduction in use of call bells; increased patient satisfaction with their nursing care. A consistently high rate of over 96% compliance with patient checklist completion was achieved.

**Discussion:** Care and comfort rounds are embedded in the ward culture and their added value recognised. Patient satisfaction is increased, especially in relation to visibility and timeliness of nurses.

**Conclusions:** Care and comfort rounds are intentional actions by nurses for patients designed to anticipate needs, minimise risk and maximise quality of care. As a structured approach to fundamental care, the rounds support patients' care pathways and are reassuring to patients and the public.

NHS Forth Valley (2011) Nursing and Midwifery Objectives 2011 – 2012 NHS Forth Valley

Scottish Government Health Department (2010) The Healthcare Quality Strategy for NHS Scotland Edinburgh

Symposium 14

**A symposium to debate issues of empowerment, ethics and cultural difference and their impact in participatory research among socially excluded groups**

*Presenter: Professor Debra Salmon, Professor, University of the West of England, UK*

Health inequalities experienced by socially disadvantaged groups are recognised worldwide. While groups can vary depending on social and cultural contexts, universally prisoners, single parents and Gypsies-Travellers are subjected to societal disapproval, social disadvantage and poor health outcomes. In response, international policy drivers focus on the reduction of health inequalities by improving the health of these groups. While researchers play a crucial role in highlighting effective interventions and providing evidence upon which to base practice, there are real challenges to meaningful research involvement of these groups. These challenges have to be overcome to develop research which is authentic, inclusive and sufficiently rigorous to underpin policy and practice.

This symposium focuses on methodological challenges of researching with disadvantaged populations. Drawing on innovative research projects, we explore issues connected with participation and empowerment. Dr Louise Condon will present her study of Gypsies and Travellers focussing on the ethical issues of conducting cross-cultural research and the impact upon recruitment and the interpretation of the findings. In his paper Dr Nick de Viggiani discusses researching vulnerable young people who are held in secure settings, in particular how to approach this population ethically and safely. Professor Debra Salmon will focus on the challenges and benefits of participatory approaches in research with single parents, highlighting the impact of the approach on data collection, and the overall quality of the findings. Research dissemination lies at the heart of influencing policy and practice at all levels. We will therefore explore how participatory approaches, using participants voices can impact in direct and influential ways on those with can change the direction of national and local policy. This symposium will be of interest to health professionals and researchers addressing the health and wellbeing needs of disadvantaged and stigmatised groups and those seeking to conduct practice-based, social exclusion research.

Paper 1

**A participatory study exploring the qualitative journeys of single parents on Jobseeker's Allowance**

In the UK the majority of single parents would like to work part-time as this is their preferred way of combining raising their children and being in paid work (Pearcy 2009; Millar and Ridge, 2001). Recent British government policy, influenced by the current economic recession, has meant that single parents with increasingly younger children are looking for work. The recession has been forecast to have long-lasting effects both in terms of the negative impact on the job market, and pressures to cut welfare spending. This has led to the intensification of competition for part-time jobs (TUC, 2012; Work Foundation, 2011) and the lack of quality part-time roles (Stewart et al., 2012).

Funded by the Big Lottery Research Programme, this research used a participatory approach to explore the journeys of single parents on Job Seekers Allowance. It focused on parent's experience of the support and training opportunities provided to facilitate learning and advancement into sustainable employment, as well as their well-being subsequent to recent welfare reforms. Longitudinal, interview data was collected from fifty single parents who had moved from Income Support to Job Seekers Allowance between 2009 and 2012.

Using participatory approach single parents from local communities were trained as peer researchers and supported to undertake fieldwork, data analysis and dissemination. Content and thematic analysis identified a number of key findings, which included a strong sense that single parents want to work, a desire to undertake training for a career which is compatible with their caring responsibilities, but also a lack of suitable childcare and an adverse impact on health and well-being. Single parent peer researchers highlighted the strengths and weaknesses of their involvement in the research, and raised issues of empowerment and meaningful participation, which have implications for policy making and research practice with all socially excluded groups.

Millar, J. and Ridge, T. (2001) Families, Poverty, work and care: A review of the literature on single parents and low income families with children. Department for Work and Pensions Research Report No. 153, Corporate Document Services, Leeds.

Stewart, E., Curtis, D., Buck, R., Lanceley, L. and Gallagher, P. (2012) Building a Sustainable Quality Part-time Recruitment Market. JRF, London.

TUC (2012) Labour Market Report, Number 24, March 2012, London.

The Work Foundation (2011) Prospects and Challenges for Economic Recovery. January 2011.

(Abstract 298, excluding title)

Paper 2

### Cross cultural research: issues arising from interviewing Gypsies and Travellers

This paper discusses the practice of cross-cultural research with Gypsies and Travellers in relation to a study conducted in Bristol between November 2011 and January 2012. Gypsies and Travellers are an under researched group with known poor health outcomes. In the UK their health outcomes are known to be worse than many other BME groups and worse than other groups living in similar socio-economic circumstances (Parry et al 2007). A growing body of research focuses on the health status of Roma people and contributes to a picture of severe disadvantage (Parekh & Rose 2011, Fésüs et al 2012).

Participants in the Bristol qualitative study (n=22) included members of the Irish Traveller, English Gypsy and Romanian Roma communities. Cross cultural research has the potential to yield scientific knowledge to improve health by means of making comparisons (Ovretveit 1998). In the case of Gypsies and Travellers it is first of all important to establish the validity of undertaking 'cross-cultural' research with this group, taking into account societal views on Gypsy-Traveller 'culture'. The shared common history of Gypsies and Travellers, which includes widespread persecution, means that researchers must be acutely sensitive to cultural issues; it is acknowledged that research with this group is demanding of conceptual and practical research skills (Ovretveit 1998).

The paper will conclude by considering the ethical issues surrounding cross cultural research. Such issues relate to practical aspects of research such as participation, 'placing' (i.e. identifying who meets the cultural criteria to take part (Liamputong 2010)), consent and interpretation of data. Finally the method of feedback of research findings to participants will be discussed with reference to the approach used in the Bristol project. This paper will be of interest to health professionals working with Gypsies and Travellers and those seeking to conduct practice-based cross-cultural research.

Paper 3

### Research with Young People in the Justice System

A three year project (2010-13) funded by the Big Lottery Research programme, entitled Musical Pathways, explored health, wellbeing and identity among young people aged 13-19 years in the justice system. This research was conducted in partnership with Superact, a national arts Community Interest Company, formerly affiliated with the charity Live Music Now. The research employed qualitative research to explore young people's narratives about their participation in creative music WORKSHOPS and their experiences and reflections on their personal lives before and whilst under the guardianship of the justice system. It used quantitative measures to attempt to establish trends over time in mental and social wellbeing. The research was conducted within youth offending teams, secure units (known officially as secure children's homes), juvenile secure units and young offender institutions in southern England. The research process revealed significant challenges in accessing and conducting research with vulnerable young people, in secure settings and within the community. In particular, issues relating to recruitment, consent and data collection arose in terms of how the approach this population ethically and safely.

Symposium 15

### Complexities of Research in Critical Care Nursing

*Presenter: Dr Sheila Rodgers, Senior Lecturer, University of Edinburgh, UK*

This Symposium presents a range of contrasting approaches to research in critical care nursing to exemplify some of the complexities and particular challenges faced in research in this field. The opening paper sets the scene for the symposium and argues that the critical care environment is a complex setting and that research requires careful evaluation of these complexities. Critical care research needs to ask not only 'does the intervention work?', but 'how does the intervention work?'

The second paper on 'Negotiating recovery after surviving critical illness' addresses some of the complexities of a longitudinal study of critical care patients and discusses issues regarding the analyses of very large qualitative data sets.

The third paper focuses very much on the ethical issues often encountered when conducting studies in critical care. Issues such as consent and follow up of patients after critical care are explored. Not all patients recruited to a study may survive which raises ethical and practical issues. Protocols as to whether to then exclude those patients and their data need to be considered. In this study there are ethical issues regarding contacting patients after discharge home since their health status is not known until contact is made.

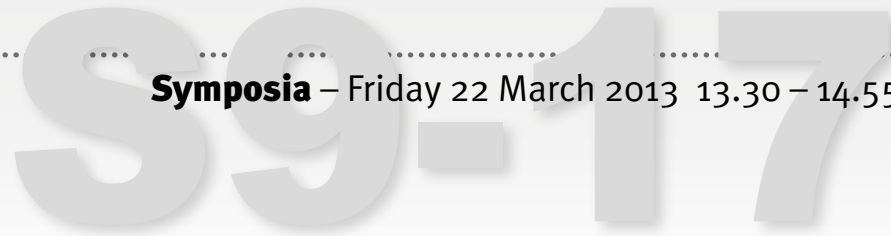
The final paper looks at using technology in data collection in a high dependency environment. Collecting data on to an electronic case report form using touch screen technology poses particular challenges in terms of field limitations and data security in terms of storage and remote downloading of data. The value of this kind of approach will be discussed in terms of collecting large amounts of patient data from both existing records and e-records and from patients themselves in the critical care setting.

Paper 1

### Capturing the Complexity of Critical Care Research

*Presenter: Author: Dr Bronagh Blackwood, Senior Lecturer, Centre for Infection & Immunity, School of Medicine, Queen's University Belfast*

**Background:** The intensive care unit (ICU) is an incredibly diverse environment with multidisciplinary and multispecialty clinical teams providing care to a multiplicity of critically ill patients, using advanced treatments and technologies, and operating within the constraints of physical and electronic infrastructures, resources and processes.<sup>1</sup> As such, the ICU is a classic example of a complex system involving interdependent and interrelated components reacting across many levels with each component having the potential to influence clinical interventions and patient



outcomes. It follows that the evaluation of interventions conducted within complex systems is difficult because of problems in identifying and separately assessing the effects and interactions of various components.

**Discussion:** This paper examines the concept of systems understanding of care delivery, coined by Donabedian in 1966, involving the domains of structure, process, and outcome to describe how the environment or context (structure) and processes of care are predictive of patients' outcomes. By dissecting the results and interpretations of a systematic review and meta-analysis of randomised controlled trials (RCTs) of protocolised ventilator weaning in ICU, the constraints associated with using single evaluation methods of outcomes from complex interventions are outlined.<sup>2</sup> Furthermore, by drawing upon data from studies included in a recent evidence synthesis of ventilator weaning,<sup>3</sup> the benefits of additional structure and process evaluation are illuminated.

**Conclusion:** Evaluating complex interventions and demonstrating credible cause and effect outcomes is a complex endeavour, but such evaluations are possible by carefully identifying and evaluating all component parts. Such evaluations succeed by asking, not only 'does the intervention work?', but 'how does the intervention work?'

**References**

1. Dong Y, Chbat NW, Gupta A, Hadzikadic M, Gajic O. Systems modelling and simulation applications for critical care medicine. *Ann Inten Care* 2012, 2:18 <http://www.annalsofintensivecare.com/content/2/1/18>
2. Blackwood B, Alderdice F, Burns KEA, Cardwell CR, Lavery G, O'Halloran P. Protocolized versus non-protocolized weaning for reducing the duration of mechanical ventilation in critically ill adult patients: a Cochrane Review. *BMJ* 2011; 342:C7237
3. Jordan J, Rose L, Noyes J, Dainty KN, Blackwood B. Factors that impact on protocolized weaning from mechanical ventilation in critically ill adults & children: a Cochrane qualitative synthesis (Protocol). *Cochrane Database Syst Rev* 2012, Issue 5, 16 May.

Paper 2

**Negotiating recovery after surviving critical illness**

*Presenter: Dr Susanne Kean, Research Fellow, School of Health in Social Science, University of Edinburgh*

**Background:** In Scotland, annually 30,000 patients are admitted to critical care units and many of these patients' lives are saved. Surviving critical illness is associated with a number of physical, psychological and social problems, including ICU acquired weakness, weight loss, cognitive dysfunction and re-engagement with previous social lives and activities (Herridge 2007). Today, the

focus in critical care is moving from 'saving lives' to 'recovering lives'. Recovery from critical illness extending well into a time after hospital discharge poses serious challenges for the ICU survivor and their families/ carers of which we know little.

**Aim:** To examine ICU survivors experiences of recovering from critical illness.

**Method:** Constructivist grounded theory approach (Charmaz 2006). Participants (N=27) were interviewed at four time points: pre-discharge, 4-6 weeks, 6 and 12 months post-hospital discharge.

**Analysis:** Data were analysed using the constant comparative method (Glaser & Strauss 1967), coded in NVivo 9 and theoretically informed by social constructionism.

**Results:** 'Negotiating the recovery journey' was one finding and forms the focus of this paper.

It was evident that the current acute and community health service is fragmented, leaving many ICU survivors and their families without the necessary support. In some cases this led to re-admissions. One aspect of successful recovery was linked to the patients' ability to negotiate the complexity of the acute and community health care system.

**Discussion:** The lack of an integrated acute and community health care system left many ICU survivors without the necessary support to recover in the community. Consequently, some participants were re-admitted to hospital and/ or relied heavily on family support following hospital discharge.

**Conclusion:** Data suggest a fragmentation of services requiring ICU survivors to negotiate their recovery support needs. Suggestions are made for future interventions.

Charmaz K (2006) *Constructing Grounded Theory – A Practical Guide through Qualitative Analysis*. SAGE Publications, London.

Glaser B & Strauss A (1967) *The Discovery of Grounded Theory*. Aldine DeGruyter, New York.

Herridge M (2007) Long-term outcomes after critical illness: past, present, future. *Current Opinion in Critical Care* 13, 473 – 475.

Paper 3

**During and after critical care: exploring ethical issues in studying critical care diaries**

*Presenter: Corrienne McCulloch, Senior Practitioner in Clinical Research, Royal Infirmary of Edinburgh, NHS Lothian*

Diaries are currently being used in some critical care units to help patients and families with their recovery following a critical illness. Originating in Scandinavian countries they are now used in various critical care units across Europe and the UK (Egerod et al 2011). The diary is initiated by nursing staff in the critical care unit when the patient is expected to have a prolonged stay (Jones 2009). Written for and to the patient when they are criti-

cally ill, it provides a factual account or narrative of their time in critical care from the perspective of the bedside nurse and visiting family members.

Research has focused mainly on the patient during recovery and the effect of diaries on clinical outcomes on recovery (Phillips 2011). Findings suggest that the diary can be a useful aid in helping patients and their families come to terms with the experience of critical illness. However there is a lack of research and understanding around the different groups who use the diary and during the time in critical care. Furthermore, research into the patient's experience of critical care diaries during recovery is limited.

This presentation offers a new perspective on research around critical care diaries, with a particular focus on ethical issues arising when conducting research in this area. The author will report on a qualitative study in progress, looking at diaries in the critical care setting and beyond from the perspectives and experiences of patients, family members and nursing staff. Questions relating to diaries in this context will be considered, for example 'who does the diary belong to?' Furthermore, the ethical issues of gaining access, the consent process and the presence of the nurse researcher observing nursing staff will be explored.

**References**

Egerod I Storli SL Å kerman E (2011) Intensive care patient diaries in Scandinavia: a comparative study of emergence and evolution *Nursing Inquiry* 18(3) 235 – 246

Jones C (2009) Introducing photo diaries for ICU patients *Journal of the Intensive Care Society* 10(3) 183 – 185

Phillips C (2011) Use of patient diaries in critical care *Nursing Standard* 26 (11) 35 – 43

Paper 4

**Exploring the sufficiency of methods to measure the impact of wireless respiratory monitoring (RESpeck) on post-operative patients: A pilot study.**

*Presenter: Dr Claire Kydonaki, Research Fellow, University of Edinburgh, Nursing Studies /Senior Critical Care Research Coordinator, Edinburgh Critical Care Research Group, Royal Infirmary of Edinburgh, NHS Lothian*  
*Dr. Sheila Rodgers, Senior Lecturer, Nursing Studies, Health in Social Science, University of Edinburgh /Honorary Research Consultant, Critical Care, NHS Lothian*

**Background:** Respiratory Rate (RR) is an important measure of illness and complications and is often poorly measured and recorded in hospital patients (Gordon & Beckett, 2011). A small (5x3x1cm) CE marked wireless device (RESpeck) provides valid measurements of RR at 5 minute intervals in surgical patients (Drummond et al, 2011). This now

requires testing to establish its wider clinical use and value. Prior to that, we need to evaluate the study methods.

**Aims:** The aim of this pilot study was to develop and evaluate a system to reliably and securely record data in order to assess the impact of RESpeck on patients in a subsequent study.

**Methods:** An electronic case report form (eCRF) on a tablet computer was developed to allow data collection in the clinical area. Data were collected from patients admitted in a surgical ward for elective surgery at a tertiary hospital in Scotland. The patients wore the RESpeck monitor for 48 hours. The monitor recorded RR continuously. The bedside nurses were blinded to the monitor and recorded the RR as per their current routine. Ethical and R&D approval were obtained.

**Results:** Twenty patients were recruited. We collected data in the eCRF pre – and post-operatively (demographic and economic data, Duke Activity Status Index, P-Poosum, POMS, Morisky scale, EuroQol EQ-5D, length of stay, mortality, intervention triggers). RR recordings from the monitor were downloaded to a computer after the 48 hour period. Practicalities of the data collection were also recorded.

**Discussion:** The eCRF allowed for speedy and efficient data collection. Exporting the data to an excel database was straightforward. Issues with recruitment of patients at pre-admission stage were raised and will be considered for the feasibility study.

**Conclusions:** The use of an eCRF for data collection in the clinical setting may be beneficial.

#### References

- Gordon CF, Beckett DJ., 2011. Significant deficiencies in the overnight use of a Standardised Early Warning Scoring system in a teaching hospital. *Scot Med J*; 56: 15-8.
- Drummond GB, Bates A, Mann J, Arvind DK., 2011. Validation of a new non-invasive automatic monitor of respiratory rate for postoperative subjects. *Br J Anaesthesia*; 107: 462-9.

#### Symposium 16

### Sustaining and managing the delivery of student nurse mentorship

*Presenter: Dr Jocelyn Cornish, King's College London, UK*

*Lead: Dr Jocelyn Cornish*

*Chair: Christine Driscoll*

**Background:** Research literature on mentorship originates in the UK, Ireland, Sweden, Australia and Hong Kong suggesting that mentorship and the support of student learning in the clinical setting is of international significance. Much of the previous research on mentorship focuses on the relationship between the mentor and mentee. This project contributes to the small but growing volume of research on the wider hinterland to mentorship.

The aim of this project was to investigate perceptions of higher education and trust personnel as to whether mentorship capacity is sufficient to meet pre-registration student need. The three project objectives each investigated an aspect of capacity:

- Providing placements, mentors and sign-off mentors;
- Preparing mentors and sign-off mentors for their role;
- Delivering mentorship in practice.

**Methods:** A qualitative design was used to gather data: semi-structured interviews were held with 36 key personnel in two higher education institutions (HEIs) and a sample of the healthcare providers with which they were associated. Participants and organizations were purposively selected to represent: key roles in the provision of mentorship; a diversity of modes of provision of mentorship programmes; and a spread across hospital, community and primary care trusts and adult, child and mental health practice settings. The fieldwork was undertaken in two stages: stage 1 in the two higher education institutions (March and April 2011) and stage 2 in the seven NHS trusts (November and December 2011). Analysis of the qualitative data utilized a thematic framework (Lathlean 2010).

**Results:** The findings highlight tensions and complexities of mentorship provision, issues of accountability and quality measures, implications for education providers and placement providers and exemplars of good practice.

The symposium is divided into four papers each focussing on project findings relating to a different aspect of capacity for mentorship.

#### Paper 1

### Sustaining and managing the delivery of student nurse mentorship: defining the wider hinterland to mentorship.

*Presenter: Robinson S, Cornish J, Driscoll C, Knutton S.*

Mentorship provision aims to ensure that nursing students are fit to practice at the point of registration. It relies on effective partnership and collaborative working between education providers (HEIs) and placement providers to meet NMC standards (NMC 2008, 2010). This paper discusses the hinterland to mentorship which is the context for understanding the complexities of mentorship provision. It considers: posts, roles, relationships, resources, activities and quality and accountability systems.

Delivering mentorship is a joint responsibility of HEIs and their associated Trusts. The HEIs provide mentorship courses for Trust staff and link lecturers support mentors in practice. The Trusts provide resources to enable staff to attend these mentorship courses and then provide the placements and mentors for the HEI's pre-registration students. The findings demonstrate that a variety of mechanisms exist to facilitate liaison between HEIs and Trusts. There was reference to competing demands on time leading to changes in whether the HEI or the Trust took the lead over certain activities and concern about sustainability of funding for innovative posts focused on practice education. To add to the complexity, the findings revealed that mentorship sits within a number of quality assurance and accountability frameworks requiring multiple mechanisms and safeguards to ensure adherence to NMC standards. The effective delivery of mentorship is highly dependent on the ability of all staff working in mentorship to maintain effective professional working relationships to provide essential 'oil' for the system.

Discussion will focus on current and forthcoming changes in the links between HEIs and Trusts that were seen by participants to effect the continuing implementation of mentorship provision.

#### References.

- NMC (2008) Standards to support learning and assessment in practice. London: Nursing and Midwifery Council.
- NMC (2010) Standards for pre-registration nursing education. London: Nursing and Midwifery Council.

Paper 2

**Sustaining and managing the delivery of student nurse mentorship: providing placements.**

*Presenter: Cornish J, Driscoll C, Knutton S, Robinson S*

This paper arises from the project described in the symposium abstract and focuses on capacity in relation to the provision of placements in which pre-registration students gain their practical experience and the processes by which students are allocated to placements and to mentors.

Research into this area has highlighted a wide range of factors that can influence organisational capacity. Decisions about the numbers of students who can be supported in a placement was explored by Hutchings et. al (2005) and Murray and Williamson (2009) and ways to enhance provision by Magnusson et. al. (2007). In addition, Barnett et. al (2010) identified the essential role of collaboration between key stakeholders and the essential personal attributes required.

Findings indicated that locating and sustaining placements and deciding how to allocate students to settings and mentors is complex taking place in a climate of constant organisational change and depends upon good working relationships and ongoing negotiations. This project showed the continuous challenge of identifying and re-classifying placements as suitable learning environments as well as the 'juggling and shuffling' required in the auditing of new placements, decommissioning re-opening of placements to ensure capacity.

Findings indicate the importance of different post-holders such as practice education facilitators in facilitating the development of initiatives to mitigate adverse factors. Their local knowledge of the nature of practice areas, of staff circumstances and student needs inform decisions about the number of students that can be supported and the kind of mentor who might best be able to support particular students.

The discussion will focus on the diversity of factors that can influence capacity from individual and setting willingness and eligibility to mentor through to the impact of widespread organisational change. Exemplars of good practice and solutions to placement capacity problems will be outlined.

**References**

Barnett T, Cross M, Shahwan-Akl L and Jacob E (2010) The evaluation of a successful collaborative education model to expand student clinical placements. *Nurse Education In Practice* 10: 17-21  
 Hutchings A, Williamson G and Humphreys A (2005) Supporting learners in clinical practice: Capacity issues. *Journal of Clinical Nursing* 14(8): 945-55  
 Magnusson C, O'Driscoll M, Smith P (2007) New roles to support practice learning – Can they facilitate expansion of placement capacity? *Nurse Education Today* 27: 643-650

Murray SC & Williamson GR (2009) Managing capacity issues in clinical placements for pre-registration nurses. *Journal of Clinical Nursing* 18: 3146-3154

Paper 3

**Sustaining and managing the delivery of student nurse mentorship: preparing mentors and sign-off mentors for their role.**

*Presenter: Knutton S, Robinson S, Cornish J, Driscoll C*

This paper arises from the project described in the symposium abstract and focuses on capacity to prepare mentors to facilitate learning and assess competence.

Aspects of preparation for the role of mentor have been investigated in several studies including motivations for taking a mentorship course (Watson 2004), attitude to the role (Moseley and Davies 2008) and how mentors make judgments about students' competence (Shakespeare and Webb 2008). This paper focuses on some of the tensions that arise regarding accountability for and quality of the preparation of nurses taking on the role of mentor and sign-off mentor.

Findings highlighted the tensions arising where employers set the attainment of a mentorship qualification as a gateway to career progression and the related question about whether all nurses should become mentors and if all mentors should become sign-off mentors. Considerable diversity of view existed among the 36 participants about whether mentorship should be a generic or specialist role. Quantity as well as quality was an issue with concerns that only the generic route would provide sufficient mentors to match student numbers. Much of the concern about the generic route focused on mentor's abilities to assess competence, with recognition of the challenge presented by the dual role of assessor and facilitator (Bray and Nettleton 2007). The majority of trust and HEI participants spoke positively about the introduction of sign-off mentorship, with a focus on increased accountability for judgements about fitness for practice, whilst recognising that it was a resource-intensive initiative.

Getting mentors and sign-off mentors to the point of being in a practice setting with the requisite skills was recognised as the end-point of a range of processes and activities. Discussion will highlight tensions and challenges these processes generate, proposals for alternative patterns of working and the complex network of working relationships essential to ensure that these processes are accomplished.

**References**

Bray L & Nettleton P (2007) Assessor or mentor? Role confusion in professional education. *Nurse Education Today* 27 (8): 848-855

Moseley & Davies 2008 Moseley LG, Davies M (2008) What do mentors find difficult? *Journal of Clinical Nursing*. 17 (12): 1627-1634.

Shakespeare P, Webb C (2008) Professional Identity as a resource for talk: exploring the mentor-student relationship. *Nursing Inquiry* 15: 270-279.

Watson S 2004 Mentor preparation: reasons for undertaking the course and expectations of the candidates. *Nurse Education Today*. 24: 30-40

Paper 4

**Sustaining and managing the delivery of student nurse mentorship: delivering mentorship in practice.**

*Presenter: Driscoll C, Knutton S, Robinson S, Cornish J*

This paper arises from the project described in the symposium abstract and focuses on the capacity for delivering mentorship in practice.

While the mentor is the professional to be most directly involved in students' learning in practice, studies exploring student support during placement experiences (Andrews et. al. 2006, Carlisle et. al. 2009, O'Driscoll et. al. 2010) recognise that other personnel, from both practice and educational settings, make a significant contribution to this process.

This paper will focus on the systems and strategies utilized to sustain mentors in the fulfilment of their roles and responsibilities. Formal systems set up to meet NMC requirements such as annual updating and triennial review were variously viewed by participants in terms of their value and impact on the quality of mentorship. Most participants perceived mentors to be 'doing a good job' given the challenges in meeting the expectations of the role against a background of increasing workloads, changing skill mix, job uncertainty and student expectations. However, there was also concern about systems for monitoring the quality of mentorship with suggestions that some audit mechanisms were a 'tick box' exercise only. The importance of direct support for the mentor, especially when managing challenging situations with learners was recognised with a variety of HEI, Trust and joint – funded roles identified as having responsibility for mentor support.

Findings include many examples of perceived good practice in this area but also recognise the challenges posed by current financial, professional and organizational climates and changes in service organisation. Whilst there was unanimity of view that posts with a defined practice education remit were essential to delivery; concerns were expressed about sustained funding for initiatives that led to the introduction of practice education facilitator posts.

Discussion will focus on the tensions regarding accountability and responsibility for sustaining

mentors in the practice setting and the quality issues arising.

#### References

Andrews G, Brodie D, Andrews J, Hillan E, Thomas B, Wong J Rixon L (2006) Professional roles and communications in clinical placements: A qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies* 43(7): 861-874

Carlisle C, Calman L, Ibbotson T (2009) Practice-based learning: The role of practice education facilitators in supporting mentors. *Nurse Education Today* 29(7): 715-721

O'Driscoll M, Allan H and Smith P (2010) Still looking for leadership – who is responsible for student nurses' learning in practice? *Nurse Education Today* 30 212-217

#### Symposium 17

### BRIGHTLIGHT: a lesson in collaboration

*Presenter: Dr Rachel Taylor, Senior Research Fellow/Senior Research Manager, University College London Hospitals NHS Foundation Trust & London South Bank University, UK*

Approximately 2,000 young people aged 13 – 24 years, are diagnosed with cancer each year in England. Although this represents less than 1% of cancer incidence, cancer is the main cause of death outside accidents in this population. Improvements in survival for 13 – 24 year olds have been less than for younger children and older adults. In recognition of this survival deficit NICE issued the Improving Outcome Guidance in 2005. This stated young people less than 19 should be referred to a principal treatment centre and those aged 19 – 24 should have 'unhindered access to age appropriate care.'

BRIGHTLIGHT is a programme of research comprising of four inter-connected workstreams evaluating teenage and young adult cancer care in England. Central to BRIGHTLIGHT is a cohort study involving 2,012 young people followed over three years. Success of BRIGHTLIGHT depends upon three main criteria: accessing all young people in England; recruiting all young people in England; and retaining all young people through the study period. The BRIGHTLIGHT project has evolved through collaboration and feasibility work and the team has strove to extend collaboration to a wider group of stakeholders in order to address these three main criteria.

This symposium presents four papers. The first introduces the BRIGHTLIGHT collaboration framework outlining the range of professionals and organisations required to identify, recruit and data collect throughout England. The second paper reports the discussion groups held nationally with clinical trials researchers, which identified problems and challenges to recruitment into BRIGHTLIGHT. Paper three describes the development of the survey reflecting young people's cancer experiences and introduces BRIGHTLIGHT's commercial partners, Ipsos MORI who validated the survey and methods of survey administration. Finally, the fourth paper describes how user involvement with young people has been incorporated throughout BRIGHTLIGHT, with young people progressing from consultation to co-researchers in BRIGHTLIGHT.

#### Acknowledgement

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We would like to thank the cancer community and health professionals in all the NHS Trusts in England participating in BRIGHTLIGHT for their support.

#### Paper 1

### Overview of collaboration: from academic to industry

*Presenter: Rachel Taylor, Senior Research Manager, University College London Hospital NHS Foundation Trust;*

*Catherine O'Hara, Research & Intelligence Officer, North West Cancer Intelligence Service;*

*Louise Hooker, Teenage Cancer Trust Lead Nurse, University Hospitals of Southampton NHS Foundation Trust;*

*Lorna Fern, Research & Development Coordinator;*

*Jeremy Whelan, Professor of Medical Oncology National Cancer Research Institute TYA Clinical Studies Group on behalf of the BRIGHTLIGHT Team*

BRIGHTLIGHT is a national evaluation of teenage and young adult cancer care. The BRIGHTLIGHT cohort will consist of young people aged 13 – 24 years diagnosed with cancer in England between July 2012 and July 2013. Data collection is at five time points over three years. The study design has required a complex negotiation of collaboration to enable all young people to be identified and recruited, and for initial data collection to be carried out face-to-face in their home.

The BRIGHTLIGHT collaboration framework involves:

- North West Cancer Intelligence Service (NWCIS)
- Collaboration with the NWCIS enables identification of all newly diagnosed young people with cancer through reviewing monthly Cancer Waits dataset.
- Researchers nationally
- Collaboration with the NIHR Cancer Research Network (NCRN) to critical enable recruitment in every Trust in England. BRIGHTLIGHT also includes researchers from three academic organisations.
- Health professionals

To ensure recruitment of all young people BRIGHTLIGHT needs to open in every NHS Trust in England. Facilitated by the NCRN, BRIGHTLIGHT has collaborated with health professionals nationally to identify principal investigators to allow recruitment in over 80% of NHS Trusts.

**Industry:** National data collection in young people's homes requires a national body of interviewers with training and expertise in survey administration. This is been facilitated through collaboration with Ipsos MORI's Social Research Institute.

**Young people:** Consultation, collaboration, co-researchers and co-applicant; young people's involvement in BRIGHTLIGHT is central to our recruitment and retention strategy. It will also ensure results generated by BRIGHTLIGHT will influence practice in a way that is relevant to them.

**Conclusion:** BRIGHTLIGHT will provide the most extensive evaluation of cancer services in England. This paper will discuss how, in addition to improving services for young people, it will highlight the critical role of the NCRN and multi professional collaboration for facilitating national studies.



Paper 2

**Collaboration with researchers: bridging between trial and survey**

*Presenter: Stefan Durkacz, Research Manager, Ipsos MORI Social Research Institute;*  
*Rachel Taylor, Senior Research Manager, University College London Hospitals NHS Foundation Trust;*  
*Lorna Fern, Research & Development Coordinator, National Cancer Research Institute TYA Clinical Studies Group*  
*Jeremy Whelan, Professor of Medical Oncology on behalf of the BRIGHTLIGHT Team*

**Background:** Clinical research, including clinical trials, in England is supported by the National Institute for Health Research (NIHR) Cancer Research Network (NCRN). The 32 local networks covering the whole of the NHS in England employ more than 700 researchers, supporting over 600 studies within the portfolio. Researchers in the NCRN are mainly from a health or scientific background with the primary role of conducting clinical trials. In order to collaborate on BRIGHTLIGHT NCRN researchers were faced with a number of challenges:

1. Researchers mostly recruit to specific tumour types rather than an age group spanning a numerous tumours.
2. The NCRN comprises mainly of researchers with expertise in recruiting to adult studies; BRIGHTLIGHT includes ‘children’.
3. The NCRN portfolio contains a number of non-trial studies however researchers have limited experience of survey methods.

**Aims:** Using novel online methodology we aimed to explore with researchers their perceived role in recruitment, identify potential challenges and pose solutions.

**Methods:** Ideation Exchange is an online, telephone-moderated discussion method, which allows larger numbers of participants compared to face-to-face. Critically, all participants remain anonymous facilitating honest and hierarchy free discussion. As participants enter the discussion directly into the online programme, transcripts are available immediately.

**Results:** Thirty-four researchers from 21 networks participated in two Ideation Exchanges. A number of challenges to recruitment were identified, including being able to identify young people, making initial contact and gaining consent. Researchers unfamiliar with talking to young people expressed their anxieties in approaching and communicating with children.

**Summary:** Ideation Exchange was a successful method in engaging participants from a wide geographical area. Researchers openly expressed their anxieties and perceived difficulties with the protocol. Transcripts were available immediately facilitating ‘FAQ document’ to be produced and circulated throughout the networks within a week of the discussion group in order to alleviate researcher anxiety.

Paper 3

**Collaboration with Industry: survey validation & delivery**

*Presenter: Julia Pye, Methods Director, Ipsos MORI Social Research Institute;*  
*Lorna Fern, Research & Development Coordinator, National Cancer Research Institute TYA Clinical Studies Group;*  
*Anita Solanki, Cohort Manager, University College London Hospitals NHS Foundation Trust;*  
*Rachel Taylor, Senior Research Manager, University College London Hospitals NHS Foundation Trust on behalf of the BRIGHTLIGHT Team*

**Background:** Patient-reported outcome measures (PROM) have become core to assessing quality of health care to ensure quality is based on patients’ views and not solely those of providers. However, the extent to which quality assessment reflects patients’ views and experience depends on the outcome measure; its conceptual basis and how it was developed.

**Aims:** To develop and validate an outcome measure, the BRIGHTLIGHT Survey, for use with young people with cancer that accurately reflects their experience.

**Methods:** Stage 1: develop the theoretical basis of the BRIGHTLIGHT Survey through a systematic review of literature and semi-structured interviews with eleven young people.

Stage 2: identify core domains and generate questions.

Stage 3: validate the BRIGHTLIGHT Survey (health professionals’ review, and cognitive interviews with young people).

Stage 4: validate the methods of survey administration through focus groups with young people and their families.

**Results:** Ten common themes emerged in the meta-synthesis of 17 papers identified in the review and eight themes emerged from the interviews with young people, which formed the basis of a conceptual model of the cancer experience. The conceptual model underpinned the core domains and related questions of the BRIGHTLIGHT Survey e.g. quality of life, social support, financial impact, achieving life goals. Content was reviewed by health professionals and refined through cognitive interviews with 22 young people. Three focus groups with 11 young people refined the accompanying documents and consent forms, changed the time-point of survey administration and confirmed the appropriateness of methods of administration.

**Conclusion:** The BRIGHTLIGHT Survey has been developed to accurately reflect young people’s experience of cancer. This is important to ensuring young people remain interested in completing it over a three year period and to ensure changes in care will be based on young people’s experience and need rather than being determined by providers alone.

Paper 4

**Collaboration with young people: from consultant to co-researcher**

*Presenter: Lorna Fern, Research & Development Coordinator, National Cancer Research Institute TYA Clinical Studies Group*  
*Faith Gibson, Clinical Professor of Children and Young People’s Cancer Care, London South Bank University and Great Ormond Street Hospital for Children NHS Foundation Trust;*  
*Rachel Taylor, Senior Research Manager, University College London Hospitals NHS Foundation Trust;*  
*Anita Solanki, Cohort Manager, Jeremy Whelan, Professor of Medical Oncology on behalf of the BRIGHTLIGHT Team*

Patient and public involvement (PPI) is central to healthcare policy and research in the UK. The BRIGHTLIGHT team worked with young people during the feasibility and pilot work. The aim of this paper is to describe the role young people have played in BRIGHTLIGHT highlighting how they have progressed from consultation to working as co-researchers.

**BRIGHTLIGHT inception**

The National Cancer Research Institute Teenage and Young Adult (TYA) Clinical Studies Group Core Consumer Group (CCG) comprised of five young people with a previous cancer diagnosis. The CCG worked as co-researchers to identify priorities for a TYA cancer unit and describe the experience of cancer care for young people. This work underpinned the development of the patient survey for BRIGHTLIGHT.

**Becoming BRIGHTLIGHT**

Young people suggested the original study name ‘essence of TYA cancer care’ or ‘2012 TYA Cancer Cohort’ was uninspiring. A brand transformation exercise was carried out a WORKSHOP with young people and independent creative advisors. Young people branded the study BRIGHTLIGHT (light at the end of the tunnel, leading the way).

**Being BRIGHTLIGHT**

The Young Person’s Reference Group (YPRG) is a ‘virtual’ steering group with an annual meeting. Membership is open to all non-BRIGHTLIGHT participants, aged 13-24 at diagnosis within the last three years. The role of the YPRG varies with study progression but includes advising on content and editing the study newsletter and website ([www.thebrightlightstudy.com](http://www.thebrightlightstudy.com)), and providing advice on study conduct. Two members of the YPRG are trained in telephone interviewing and will interview young people who do not want to take part in BRIGHTLIGHT to explore reasons for this.

**Conclusion:** The key to longitudinal research is to keep participants engaged throughout the study. Young people are best place to advice professionals on strategies to do this. This paper will also discuss evaluation of PPI.

# Workshops

Wednesday 20 March 2013

11.50 – 15.15

### WORKSHOP 1

## Smoking Cessation and Nursing Intervention.

*Presenter: Mitra Rangarajan, Nurse Practitioner, Private Practice, USA*

*Author(s): Mitra J. Rangarajan United States.*

### Abstract

Does a nurse managed smoking cessation intervention vs. usual care affect abstinence rate from tobacco smoking?

Tobacco use is an epidemic of overwhelming proportions affecting survival, causing millions of deaths every year, causing untold human suffering worldwide and contributing to escalating health-care costs. Few interventions are more important to public health than promoting cessation of tobacco use (Orleans, et al. 2006). Tobacco still remains the most common and biggest preventable cause of death in the world today. The World Health Organization estimates that tobacco killed 5.4 million people globally worldwide and if the trend of smoking continues it is estimated that this number will rise to 8 million by 2030, with a record number of more than 80% death occurring in the developing world.

Besides increasing the risk of developing cardiovascular diseases and chronic obstructive pulmonary disorders, it is a well-known risk factor for developing cancers of the lung, oral cavity, larynx, esophagus, stomach, pancreas, colorectum, bladder and kidney (Doll et al. 1994, p 135). Smoking is found to be an independent risk factor for developing pancreatitis (Mackay, 2001). Simple advice from physicians to patients to stop smoking has shown to be very effective (U.S. Surgeon General's Report, 2005). While smoking rates fell in the developing countries between 1970's and 1980's there is some evidence that at present it is leveling out (Samet & Yoon, 2001). The importance of developing, evaluating and implementing smoking cessation interventions that are effective in reducing the public health impact of tobacco smoking is obvious. The goal of this paper is to identify the most successful intervention strategy based on the evidence in the literature that could be implemented in our practice setting that could make a positive impact on reducing the number of smokers in our patient population. The goal of the WORKSHOP would be to provide participants the tools necessary to implement a nurse led smoking intervention program and publish the outcome of such intervention in peer reviewed journals.

The objective of this literature search was to answer the following question, 'does a nurse

managed smoking cessation intervention vs. usual care affect abstinence rate from tobacco smoking?' In order to answer the query a comprehensive literature search was undertaken in Pubmed, Mesh, Embase and Cochrane library. The terms used for the search in Pubmed and Mesh included smoking, cessation, intervention, nurse, tobacco, health education, and patient education. Alternate search strategies were utilized which included manual search of journal for original articles. The journal used for hand search included, Cleveland Clinic Journal, Archives of Internal Medicine, Mayo Clinic Proceedings, Medical Economics, American Family Physician & Clinician Review.

The inclusion criteria was studies must be randomized controlled trial, quasi experimental, systematic reviews, meta-analysis, program planning, age of the study subjects must be 18yrs or older, smokers and case control study. The study participants must have been followed up at 6 months. The inclusion criteria was studies must be randomized controlled trial, quasi experimental, systematic reviews, meta-analysis, program planning, age of the study subjects must be 18yrs or older, smokers and case control study. The study participants must have been followed up at 6 months.

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There were 18 studies in level 1, with the strength being strong-A, in 15 studies and 3 studies with strength B. The studies that met level II category were 5 and the strength was good at B for 4 of them and 1 study was A. There were 3 studies that met level III category and one study in the level V category. The results from the level I study confirmed that nursing intervention with simple advice increased the odd of smoking cessation. Per level II studies, training nurses for delivering smoking cessation strategies improved the abstinence rate at 3 and 6 months follow up. The level III study demonstrated that those patients who participated in 75% of the smoking cessation intervention advice given by a nurse, remained abstinent at 6 months and 12 months.

The trans theoretical framework is the one that I chose for my practice initiative of smoking cessation. The pre-contemplation, contemplation, preparation, action and maintenance stage seem to best fit the needs of smoking cessation. For a smoker the pre contemplation stage is when the smoker is not ready but still toying with the idea, in the contemplation stage while the smoker is still

not ready he is a bit closer, since he is seriously considering quitting. In the action stage, the nurse advice provides the motivation required and of course, in the maintenance stage the former smoker will require much needed support.

The success of the 5 A's approach depends on accurately identifying all tobacco users. The 5 A approach is ask, advice, assess, assist & arrange. Based on the literature it is clear that nurse advice for as little time as is possible will result in smoking cessation. Along with the 5A's described earlier in this paper, including a 6th vital sign at the time of each visit, the patient and the provider will become cognizant of the need to assess the smoking status and take appropriate action to quit.

There is definitely a need for doctoral and post - doctoral students to conduct tobacco related research to determine what needs to be done to prepare future scholars. The limited training of nurses in tobacco control leading to limited opportunities for research mentorship should not discourage nursing scholars from exploring the wealth of research opportunities. Translational research must continue to improve evidence based tobacco control

Thursday 21 March 2013  
09.25-10.25

### WORKSHOP 3

## Randomised controlled trials in developmental group psychotherapy with adolescents who repeatedly self harm.

*Presenter: Gemma Trainor, Consultant Nurse, Clinical Lead for McGuinness Day Service, Greater Manchester West Mental Health Foundation Trust, UK*

### Abstract

Young people who self harm in the UK are reaching epidemic proportions. Recent statistics show that 1 in 10 young people will self harm over a lifetime (Samaritans 2010). Furthermore there has been a very worrying trend amongst younger children of primary school years self harming.

Rates have been rising since the 1960's and the UK has the highest rates in Europe. Self harming is predominantly an adolescent phenomenon, however much of the literature and research is based in the adult population. Researchers and clinicians vary widely in their definition of suicidal behaviour. Failure to define the behaviour accurately presents difficulties in data collection and analysis. Professionals and the wider public confuse self harm with suicide attempts and completed suicide. Whereas self harm often is the opposite of suicide in that it is often a way of coping with thoughts and emotions as opposed to ending their life. Despite the distinctions around one third of adolescents who kill themselves have a history of self harm (Martunnen et al 1991). Therefore self harming behaviours can be a common precursor to suicide. Child and adolescents mental health services spend a substantial amount of time managing these young people, and there is little known about effective intervention. The NICE guidance (2004) provided some insights into good practice and treatments that show promise. 'Young people who self harm would be offered six services of Developmental Group Psychotherapy' (Wood and Trainor, 2001). This group treatment programme will be the topic of the presentation which is a manualised treatment co-designed by the presenter and a colleague. The treatment has been the subject of 3 randomised controlled trials in the UK (Wood and Trainor, 2001), (Green, J et al, 2011) and over two different sites in Australia, (Hazell, P et al, 2009).

There are many damaging risk taking behaviours such as drug and alcohol abuse, eating disorders however for the purpose of this presentation these are not considered under the reason of self harming behaviour in young people.

### Aims

1. To describe the group treatment modality, inclusion and exclusion criteria, group processes and treatment fidelity.
2. To discuss difficulties in investigating psychological treatments using gold standard methodology RCT's.
3. To provide guidance on assessment and management of self harm with adolescents, to include risk and protective factors.
4. To highlight specific at risk populations in young people.
5. To explore the problem with definitions self harm vs suicidality.
6. To describe how to involve users and carers in research and treatment.
7. To present current research funding NICE guidance, national inquiry and royal college of psychiatrists steering group.
8. To discuss the way forward and implications for future research direction.

### Summary

Of the extant of treatments in the UK and USA there is not treatment that is seen to be more superior than another even though there has been a significant increase in treatment for adolescents in the past 10 years (Hawton, K et al, 2005). Inpatient admissions can be fraught with difficulties and can result in an increase in self harm due to contagion or imitative behaviour. Additionally young people can become dependent on professionals therefore new creative ways of working need to be adopted. Developmental Group Psychotherapy is an eclectic model which emphasises the importance of working collaboratively with professionals and empowering young people to work towards regulating their emotions and keeping themselves safe.

Young people are attracted to the group programme and often describe feeling excluded or cut adrift from family, friends and school. The group members will be at different stages of recovery, therefore they are encouraged to provide other youngsters with genuine empathy and more importantly healthier solutions to their current predicament.

The therapists adopt a para analytical stance and the group is viewed as a way of correcting previous life scripts and embracing alternative strategies in coping with distress. Currently the presenters provide supervision across 8 different CAMHS services in the North West of England. The day service in Greater Manchester is the host site and therapists attend monthly supervision with additional telephone communication, should that be required to all therapists in the satellite clinics. The day service is a nurse led service which complements the plans for the future in demonstrating

innovation and credibility in the nursing profession.

There are plans to include treatment sites in the South of Ireland. This WORKSHOP will provide a unique and interesting opportunity for conference goers to benefit from the experience and enthusiasm of the presenters.

Thursday 21 March 2013  
13.35 - 14.00

### WORKSHOP 4

#### Putting the cart before the horse: how to run grant writing groups for novice and experienced researchers seeking to become principal investigators

*Presenter: Professor Brian Williams, Director of the Chief Scientist Office' NMAHP Research Unit, University of Stirling, UK*

*Author(s): Professor Brian Williams, NMAHP Research Unit, University of Stirling, UK; Dr Jacqui Morris, NHS Tayside/University of Dundee*

#### Abstract

Aims:

- To describe a novel research apprenticeship scheme designed to develop new principal investigators.
- To provide sufficient information and support on the scheme's principles so as to facilitate its replication elsewhere in both clinical and HEI settings.

**Background:** This WORKSHOP illustrates how investment in an apprenticeship model of research training for clinical staff can: provide an avenue for the development of nursing, midwifery and allied health professions careers, provide new skills that energise the workforce both individually and collectively; facilitate the careful development and evaluation of innovations in patient care that would not happen otherwise; and develop new principal investigators. It draws primarily on the experiences several Scottish regional initiatives. Key features of these apprenticeship models are:

- a) A focus on a small group of highly capable and motivated individuals.
- b) Identification of key research topics, identified as important by both patients and grass roots clinical staff.
- c) Attendance at a fortnightly group peer review session applying key grant writing principles.
- d) Mentorship from senior successful health service researchers with excellent track records in obtaining research funding, paper writing and dissemination/communication to clinical audiences and organisations.
- e) The provision of problem based learning through the initial development of high quality, fundable research proposals on topics valued by employers.
- f) Robust and ongoing peer support and commitment.
- g) Longer term part-time secondment to work on subsequent funding proposals while maintaining involvement and role within the clinical setting.

#### Scheme Success

The scheme has been developed iteratively and has successfully operated with both novel researchers within the NHS, and more experienced university academics wishing to become principal investigators. Grant proposals stemming from the scheme have met with a success rate of over 50% and resulted in several substantive grants from blue chip funders.

#### Advantages of the apprenticeship model approach

I think it was that it was very serious and very focused and the support was very good. It certainly helped me because I have never done any clinical research before and I have never really done any research training. This meant that it was a very very steep learning curve it has to be said. It was very intensive, particularly the first 3 months up until Christmas. And it was the ongoing support that really helped us through. NMAHP participant, 2009/10 cohort

Our experience of earlier versions of the scheme convinces us that investments in applied health services research training for clinical staff results in staff that are individually more enthusiastic, questioning, reflective, highly skilled and motivated. Such initiatives facilitate knowledge gain and practical developments that improve patient care in ways that are less likely to occur in situations in which staff lack research capacity and capability.

The benefits that we have witnessed with the apprenticeship model are unlikely to be secured via traditional research funding routes alone. MSc courses do not provide sufficient opportunities to work with experienced researchers; project grants alone do not provide opportunities for such intensive research learning and mentoring for clinical staff; and the few research training posts that are offered by funding bodies tend to be awarded to people who already have some research skills and experience, and do not usually keep fellows and their research learning experiences so closely connected to their NHS roles.

In addition, the research apprenticeship scheme enables clinicians to develop their own projects that are highly relevant to their NHS role. This is in contrast to the more traditional research degree approach in which students work on projects designed by their supervisors. The relevance of these projects to the real issues faced by NHS clinicians in practice is a strength of these research training models. The proximity of the research ideas to real issues of patient care means that the approach has clear potential to address highly relevant issues such as clinical excellence, collaboration and communication highlighted by the healthcare quality strategy.

There is scope for some fine tuning of the approaches mentioned above. In particular we

would emphasise the importance of careful selection of research trainees (looking particularly for commitment to and aptitude for research work), and supportive liaison between programme leads, trainees and their NHS managers to optimise relevance

But the remarkable thing is that, embarking on it and knowing that it was time limited, and excepting that the endpoint was open ended, we all see it as an opportunity for it to continue for as long as we want it to continue. (verbal agreements from other focus group participants). Because even if the first submission is not successful, we have collaborators both from within the scheme but now also out with the scheme as well that are interested in our work and therefore it's a question of re-imagining, reconsidering how to deliver it. But what it does do that can be a bit scary is that it tells you that it is up to you to drive it forward. People will help you drive it forward, but its only really going to move forward if we as the original instigators of the idea take it seriously and continue to pursue it. NMAHP participant, 2009/10 cohort

#### Format of the WORKSHOP:

The WORKSHOP will consist of an overall description of the scheme followed by an interactive demonstration of how it operates, and a final question and answer session.

#### Relevant audience:

The WORKSHOP is principally aimed at individuals who are looking for ways of growing the number of principal investigators within their own organisation, whether that be the NHS or an HEI. However, key insights into the operation of the scheme may be of interest and use to all researchers.

# Thursday 21 March 2013

## 15.35-17.00

### WORKSHOP 5

#### Keeping a Research Log

*Presenter: Dr Camille Cronin, University of Essex, UK*

*Author(s): Camille Cronin, UK.*

#### Abstract

This WORKSHOP is geared towards the novice researcher engaging in research activities over a period of time e.g. first time researcher, pursuing a Masters by Research, Professional Doctorate or Doctoral research.

**Background:** The use of memoing as a reflective tool to record the researcher's abstract thinking is recommended (Alvesson & Sköldbberg 2009). Reflexivity involves reflecting on the way in which research is carried out and understanding how the process of doing research shapes its outcomes.

**Aim:** The aim is to explore the usefulness of actively keeping a research log. This could be also be referred to as reflective diary, journal or note book.

**Rationale for WORKSHOP:** Reflexivity played an integral component in the presenters own research using a case study design to explore learning in the workplace. Healthcare settings were examined using critical incident interviews, observations and documentation. Throughout the duration of the presenter's research, a journal was maintained recording events, searches, meetings, thoughts, diagrams, references and reflections.

Throughout the study the researcher made entries in a journal (note book) and reflected on experiences whether good, bad or indifferent. These memos served to place data within time or place. These entries were useful when retracing events and re-examining how one felt. Activities like these reinforce the rigour in research and forms an important part of the research process providing links between methods used and approaches taken.

The role of the researcher in developing the research protocol is important but can be heavily criticised (Rolf et al 2011). For example in quantitative research which is more abstract and follows scientific principles, the researcher remains objective and removed from the research project. Whereas in qualitative research the researcher is inherently involved in the whole research process and must consciously be aware of the subjective nature of the research and be acutely aware of not allowing themselves to become involved in the experiences and emotions of the project. As Rolfe et al (2011) maintain, this is difficult and have discussed issues surrounding researcher reflexivity while considering the possible issues of each epistemological domain.

In her work on grounded theory, Charmaz (2006) maintains that memo-writing is pivotal in the drafting stages of data analysis. It could be argued that keeping memos and notes throughout the whole research process is pivotal. Furthermore it could be argued that this is 'good practice' When you make notes, you stop and reflect on your ideas – whether it's about an important part of your search strategy, key reading, and gaining access to a research site or in analysing data. Recording that moment maybe an important point in the research where you change direction or justify a decision. Recording this is important because when you come to write up you can then remember the context in which this thought process or reflection happened. Charmaz (2006) argues that memo-writing is important part of grounded theory. While this relates to that methodology, its principles can be applied to the whole research process. Writing successive notes throughout the whole research journey keeps the researcher involved in the process of re-search, and this is particularly important because you can re-visit your notes at any time. Recording your thoughts, comparisons, connections and pictures can help with questioning the direction of the research. The cycle of research require the researcher to revisit many parts of the research process.

A striking feature of the presenter's work 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 plan in the WORKSHOP is to present this notion, discuss experiences of reflection and apply this to the research setting thinking about how it would be useful and applicable to the novice researcher. The WORKSHOP will examine examples of diary entries and use them to stimulate the audience to think about what they are doing, what they maybe about to embark on, and other possible ways of recording their research activities (voice record, Ipad, email, notes, etc). The audience will be asked to participate and share their thoughts and ideas of their work or intentions.

**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 a journal to record notes and reflexive memos is one way to achieve this.

Friday 22 March 2013

11.00-12.25

### WORKSHOP 6

#### Tackling the implementation challenge: bridging the gap between research and practice

*Presenter: Dr Irene Ilott, Knowledge translation project lead, CLAHRC for South Yorkshire, UK*

*Author(s): Irene Ilott, UK; Kate Gerrish, UK; Sara Laker, UK; Kate Bray*

#### Abstract

**Aim:** The aim of the WORKSHOP is to enable participants to contribute to implementation activities by supporting the uptake of research findings into practice.

**Background:** Globally there is concern about the slow, erratic way health services research is used to improve patient outcomes and service delivery. The discrepancy between the availability of research evidence and its use in practice is frequently referred to as the 'research-practice gap' (Squires et al, 2011). Translational research is about implementing research in practice: overcoming the blocks between laboratory bench and bedside. The WORKSHOP will focus on the so-called second knowledge translation gap which means using research in everyday clinical practice and decision making about health (Woolf, 2008).

Researchers are increasingly expected to become engaged with implementation activities, to help practitioners, managers, policy makers or educators to use their research findings. The WORKSHOP will draw on learning from the Translating Knowledge into Action (TK2A) Theme of the NIHR Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (CLAHRC SY). The CLAHRC is a large scale, five year (2008-2013) collaborative programme focusing on applied health research and implementation of research findings into practice in the area of self-care and self-management for people with long term conditions. For further information, see <http://clahrc-sy.nihr.ac.uk/>

Since 2009, the TK2A team have been conducting applied research whilst simultaneously studying the implementation process in acute and community settings. The clinical projects address core aspects of patient care, namely enhancing oral nutrition, supporting dysphagia management and preventing venous thromboembolism. The implementation process spans developing the protocol/proposal, delivering the knowledge translation interventions, and stimulating spread and sustainability to ensure the change is embedded in routine practice. All the projects are based on partnership working, with knowledge exchange and negotiation underpinning adaptation to make the change fit each context.

**Target audience:** The content will be relevant to those interested in practice development, service improvement and research. It will be suitable for novices as well as experienced researchers who are embarking on implementation activities for the first time.

**Outline:** The interactive WORKSHOP will concentrate on the practical challenges associated with implementation projects. These projects are those designed to implement best evidence to improve service delivery, enhance clinical practice or introduce innovations into health or social care.

Following a brief introduction to the policy and theoretical imperatives, there will be small group facilitated discussions about getting started, implementation strategies and evaluation. Each group will be led by an experienced Knowledge Translation Project Lead. Getting started covers proposal development and project management; using implementation theory to name and frame implementation problems; and partnership working. The range of implementation strategies, including facilitation, knowledge brokering, e-learning and citizen engagement will be considered. Evaluation encompasses identifying contributory factors and assigning attribution. After Action Review (Cronin & Andrews 2009), a formative and summative team learning technique will be presented and then used to evaluate the WORKSHOP.

In the plenary sessions, we will signpost relevant literature, including a series of 'getting started' papers produced by the TK2A. These papers will be distributed as the WORKSHOP resources. In these briefing papers, we share our experience, highlighting principles and offer practical tips about how to bridge the gap between knowledge and practice.

**Expected outcomes:** At the conclusion of the WORKSHOP participants will have a good understanding of the implementation process, particularly the importance of context specific adaptation to help narrow the gap between knowledge and action.

# Posters

Wednesday 20 March 2013

## Mental Health

1

### The Effect of Intimate Partner Abuse on Women's Health Related Quality of Life

Professor Erla Kolbrun Svavarsdottir, Professor, University of Iceland, Iceland

#### Abstract

**Purpose:** Health care professionals such as nurses working at Emergency Departments and at Community Health Care Centers are increasingly finding the need to be up to date in scientific knowledge about the effect of intimate partner abuse on women's health and health related quality of life. Nurses also want to offer best practice first response when assessing abuse among women, but little is known about effective screening procedure(s).

**Aims:** To evaluate the effect of abuse on women's (a) health related quality of life; and (b) to evaluate the effectiveness of screening methods in detecting women abuse within an emergency department at a University Hospital in Iceland (ED, n=156) and in the community at a University Square among female University students (US, n=168)). The Women's Response to Battering model (Campbell & Soeken, 1999) was the conceptual framework for the study.

**Methods:** Cross sectional research design was used. Data were collected at one time in 2009 over a period of 9 months from 324 women ranging in age from 18-67 years.

**Results:** For the women who experienced abuse (n=55) a significant difference was found on their physical and mental health when comparing them to the group of women (n=251) who did not experience abuse in their intimate relationships. Further, the women's mental health, the experience of abuse in current intimate relationship and experiencing post-traumatic-stress-disorder, predicted 54% of the variance in the women's psychological health. Physical abuse was experienced by 21 of the women (6.9%), 45 (14.8%) reported being victims of emotional abuse and 8 women (2.6%) had been sexually abused in their current intimate relationship. Results regarding the women's health related quality of life, and disclosure of abuse based on the method used for data collection, will be reported.

**Discussion and Conclusions:** Implication for clinical practice and future research will be discussed.

2

### 'We're Here to Make a Difference': Expert by Experience involvement in a mental health Trust

Anne Crawford-Docherty, Black Country Partnership NHS Foundation Trust, UK  
Author(s): Anne Crawford-Docherty, West Bromwich, UK; Make a Difference Group, West Bromwich UK

#### Abstract

In 2004 the lead author was asked by the Trust Chief Executive to form a group comprising service users, carers and supporting staff to improve service users' experience of receiving Trust services. The Group was given the freedom to set its own priorities, to develop its own workplans and to advise the wider organisation on how to make its services more responsive. This paper will describe the remarkable journey taken towards developing a culture of meaningful Expert by Experience involvement within a mental health Trust. The stages of the Group and Trust's development in this venture are described, key professional and ethical issues for the staff facilitator of the work are highlighted and explored and key achievements of the Make a Difference Group in terms of service improvement, cultural change and personal recovery are discussed.

## Long term conditions

3

### Impact of variables within the Common Sense Model of Self-Regulation on health outcomes: A systematic review and meta-analysis

Joanne Brooke, University of Greenwich, UK

#### Abstract

**Background:** Our aim was to undertake a comprehensive systematic review to explore the relationships between the constructs of the Common Sense Model of Self-Regulation (CSM) and how these constructs impact on health outcomes over and above the progression of a biological disease. The CSM forms a theoretical basis to explore individuals' perceptions of a health threat including; identity, cause, consequences, timeline, personal and treatment control. The model proposes illness perceptions influence coping strategies and coping mediates the relationship between illness perceptions and health outcomes.

**Methods:** MEDLINE, EMBASE, CINAHL and Cochrane Database of Systematic Reviews databases from 01/01/2003 – 31/01/2012 were searched. Bibliographies of articles were reviewed. Only studies exploring illness perceptions measured by the Illness Perception Questionnaire (IPQ) or the Revised IPQ (IPQ-R) were included. Coping measures and health outcomes were not predetermined. Health outcomes included mental health and quality of life. Correlation data was extracted to complete the meta-analysis.

**Results:** Of 268 studies identified in the primary search, 13 studies enrolling 1309 participants met the inclusion criteria. Illness perceptions were significantly associated with health outcomes (Correlation 0.247, 95% CI, 0.176-0.314, p=0.001). Higher reporting of identity, chronic timeline, consequences and emotional representations were associated with higher reporting of anxiety, depression and stress. Higher reporting of personal and treatment control were associated with lower reporting of anxiety, depression and stress. Patterns of illness perceptions and coping, and coping and health outcomes did not remain significant in the meta-analysis; therefore coping did not meet the criteria of mediation.

**Discussion:** The implications of the current review are important for all healthcare professionals working with individuals dealing with a health threat as illness perceptions directly influence an individual's health outcome. Randomized controlled trials are being completed and tentative results demonstrate interventions can alter negative illness perceptions to the benefit of the individual.

4

### Palliative Care Nurses' Perceptions of Needs of People with Advanced Parkinson's Disease

W George Kernohan, University of Ulster, UK

Author(s): W. George Kernohan, Northern Ireland, Mary Waldron, Northern Ireland, Felicity Hasson, Northern Ireland, Sue Foster, Northern Ireland, Barbara Cochrane, Northern Ireland.

#### Abstract

**Background:** Parkinson's Disease (is the second most common neurodegenerative disorder (Alves et al, 2008); a chronic progressive neurodegenerative disorder, causing significant disability and reduction of quality of life (Findley, 2007). Palliative care for people with Parkinson's disease, has been widely considered yet rarely applied (Bliss and While, 2007, Chen et al, 2008).

**Aims:** To explore the views of a range of palliative care nurses, in both the voluntary and NHS settings, on the palliative care needs of people with Parkinson's disease and their carers.

**Methods:** Using a qualitative exploratory research design, 35 nurses (11 hospice nurse specialists, 9 hospice at home nurses, 10 hospice In Patient Unit staff nurses, and 5 clinical palliative care nurses in a hospital setting) participated in audio recorded focus groups and 1:1 interviews guided by a semi structured interview schedule. Data were subjected to thematic content analysis.

**Results:** Few participants were ever called upon to use their palliative care aptitudes and capabilities for the benefit of chronically ill patients with Parkinson's disease. A lack of referrals from other health professionals, together with negative perceptions of palliative care among patients and their informal carers, contributed to a perceived gap in palliative care provision for these patients. Fears were expressed that resources might be insufficient to meet increased referrals of people with Parkinson's disease to palliative care services.

**Discussion:** This identification of barriers, particularly negative perceptions of palliative care, and facilitators to the delivery of palliative care to people with Parkinson's Disease and the uncertain trajectory of the disease militates against specialist palliative care and may threaten effective anticipatory care planning.

**Conclusion:** Much more information with increased awareness of the benefits of palliative care for such patients is needed amongst health professionals and the wider public.

5

### How people with Parkinson's disease experience occupation within their daily life – a Phenomenological study

Mary Waldron, University of Ulster, UK

Author(s): Carolyn Murdock, Northern Ireland, WG Kernohan, Northern Ireland and Wendy Cousins, Northern Ireland

#### Abstract

**Background:** Parkinson's disease is a progressive neurodegenerative condition often resulting in significant disability impacting on ability to participate in occupation. It is recognised that people experiencing this condition seldom access palliative care services.

**Aims:** This phenomenological study aimed to explore how people with Parkinson's disease experience occupation in their daily life to help inform the role of occupational therapy in palliative care

**Methods:** In keeping with a phenomenological approach, data was collected using in depth unstructured interviews with a convenience sample of ten people with Parkinson's disease. These interviews were audio taped, then transcribed verbatim before being analysed via thematic content analysis (Newell and Burnard, 2011).

**Results:** Four themes emerged from the data. The experience of occupation emerged as being physical, psychological, social and spiritual. Within each of these themes participants described occupations which they valued and which were important to their daily life. They also identified strategies they used to continue participating in occupations and described occupations they were no longer able to participate in and the impact of that loss.

**Discussion:** The findings indicated that a palliative care approach by all healthcare professionals would enhance this experience of occupation for people with Parkinson's disease, since their experience crossed all domains of palliative care and as a result offer a quality of life with meaning and value. Disruption to participation in occupation caused distress and frustration which would suggest that access to occupational therapy would also significantly improve quality of life for people with Parkinson's disease.

**Conclusion:** There is a strong link between the ethos of occupational therapy and palliative care which suggests that there is a valuable role for occupational therapy intervention in palliative care.

6

### Negative Pressure Wound Therapy and Moist Wound Dressings in the Treatment of the Diabetic Foot

Presenter: Lee Yarwood-Ross, Manchester Metropolitan University, UK

Author(s): Lee Yarwood-Ross, England, UK; Andree Marie Dignon, England, UK

#### Abstract

**Background:** Negative pressure wound therapy is a treatment that has been used since 1995 on acute wounds, surgical wounds and hard to heal ulcers (Argenta & Morykwas, 1997). Recently, there has been evidence that this therapy promotes faster healing rates in post operative diabetic leg amputation, but also that it can prevent the need for amputation by improving ulcer healing rates (Bom Soo et al, 2011). The use of this therapy has increased considerably in treating diabetic foot wounds and amputations with positive results.

**Aim:** To review the literature comparing NPWT and conventional wound dressings in the treatment of diabetic foot wounds.

**Methods:** A systematic literature search was carried out using CINAHL, MEDLINE and the Cochrane Library. Professional websites such as the National Institute for Clinical Excellence (NICE) and the Royal College of Nursing (RCN) were also searched for relevant literature.

**Results:** This review of three RCT's and one randomised crossover study showed that NPWT was more effective in treating diabetic foot wounds compared to conventional wound dressings. NPWT was quicker at forming granulation tissue, achieving wound closure, removing infection from foot ulcer beds, and decreasing wound dimensions. Data also found greater incidence of amputations in those patients treated with moist wound dressings.

**Discussion:** The current NICE guidelines on diabetic foot problems indicate that NPWT is not cost effective and the evidence is of a 'low quality' (NICE, 2012). The recommendations are that NPWT should be used only in the context of a clinical trial or as a rescue treatment to prevent amputation. However, three of the papers in this literature review are not included in the review.

**Conclusion:** The findings in this review support the use of NPWT in practice, but demonstrate the need for more robust trials that also examine cost-effectiveness.



Managing respiratory conditions

7

**Monitoring of asthma control in primary care**

*Dr Gaylor Hoskins, Clinical Research Fellow, University of Stirling, UK*

*Author(s): Gaylor Hoskins; Brian Williams; Peter Donnan; Scotland, UK*

**Abstract**

**Introduction:** The goal of asthma management is symptom control. The lack of a gold standard for monitoring and assessing control is a barrier to improvement. The British Thoracic Society Guidelines for the management of asthma (1) recommends the use of a symptom based monitoring tool such as the Royal College of Physicians 3 questions for asthma (2). Our aim was to compare the predictive ability of a variety of control models.

**Method:** Utilising a large primary care asthma consultation database a variety of literature-based control (Yes, No) models were constructed. For each model logistic regression (accounting for practice clustering of patients) was performed to identify the most predictive items. Models were assessed using AUROC (c-statistic), pseudo R<sup>2</sup>, and Akaike's Information Criteria (AIC).

**Results:** 1206 UK wide practices provided information on 78,335 patients (mean 65; min 1; max 576) with at least one recorded asthma review. Patient age ranged from 0 to 99 years (mean 40.3), 45% were male. At the time of the review 82% of patients reported symptoms; 19% had a BMI >30; 17% were smokers; and 29% regularly forgot their preventer medication. Compared with other control models the RCP 3 questions provided the best fit with the lowest AIC, pseudo R<sup>2</sup> (amount of explained variability) of 20%, and an AUROC of 0.81. The model using symptoms with high use of B<sub>2</sub> agonists and <80% PEFR predicted/best, had a low AIC and AUROC of 0.77 but only 14% of the variability was explained.

**Conclusion:** Health professionals need guidance on the best method to monitor asthma control. More detailed analysis of large review consultation datasets may give an insight into the most appropriate tool to utilise in everyday practice.

Education/learning

8

**Evaluating palliative care education for nursing home staff**

*W George Kernohan, University of Ulster, UK*

*Author(s): Dorry McLaughlin, Northern Ireland, WG Kernohan, Northern Ireland, Felicity Hasson Northern Ireland, Mary Waldron, Northern Ireland, Sonja McIlpatrick, Northern Ireland, Sue Foster, Northern Ireland, Noleen McCorry, Northern Ireland*

**Abstract**

**Background:** An increasing number of people will end their lives in nursing care homes (WHO, 2011). Consequently, the importance of good palliative and end-of-life care provision for nursing home staff has been emphasised. Training based around specific competencies for these staff, may promote good palliative care in this setting (Raunkjaer&Timm, 2010), and there have been calls for evaluation of such training (Hall et al, 2011). A regional nursing home education and training programme was set up to develop staff competencies.

**Aim:** To determine how participants self-rate their competence in palliative and end-of-life care before and after a competency-based training programme,

**Methods:** A short prospective cohort study design was used whereby participants completed a multi-item palliative and end-of-life care competency self-assessment tool looking at knowledge, skills and attitudes, before and after a three day training course. Demographic and work related information were recorded. Descriptive and comparative data analysis was carried out (SPSS).

**Results:** The initial cohort consisted of twelve females and one male, ten of whom were aged over 35 years. Nine were staff nurses and four were sister/managers. Improvements in their knowledge, skills and attitudes were recorded in their competencies, particularly in understanding audit research processes and their uses in improving practice; in discussing, contributing and assisting with palliative and EOL research studies and in applying research findings to improve outcomes.

**Discussion:** Evaluation of facilitated competence based training by pre and post self-assessment proved useful in illustrating the nature and extent of knowledge, skills and attitudes development to both trainers and participants.

**Conclusion:** Competence based training and self-evaluation may lead to improved palliative care practice in nursing home as more staff engage in palliative care training. Recommendations include the extension and application of this type of learning in specific projects such as breaking bad news and advanced directives.

9

**A national survey of Higher Education Institutes (HEI) curricula and student views of continence education in Adult Nursing**

*Dr Doreen McClurg, Reader, Nursing, Midwifery and Allied Health Professions Research Unit, UK*

*Author(s): Doreen McClurg, Scotland; Katharine Jamieson Scotland; Francine Cheater, Scotland; Sharon Eustice, England; J Burke, Scotland; Suzanne Hagen, Scotland*

**Abstract**

Incontinence is a globally expanding health care problem. Adopting a positive approach to continence promotion, education and training creates a very real possibility of cure(1).

**Aim:** To determine the adequacy of undergraduate continence education in preparing Adult Nurses for practice

**Methods:** A mixed methods study using simple data triangulation was undertaken and included:-

- 1) A national survey of all HEIs offering Adult Nursing (AN) focussed on how continence education was incorporated into the curriculum.
- 2) A survey of newly qualified AN asked about the adequacy of their education in continence care and if they had received any training since qualifying.
- 3) A random sample of respondents from method 2 were interviewed to further determine their views on their continence education.

**Results:** 67/70 (96%) HEIs with AN programs responded to the initial survey and reported that a mean of 7.39 (SD 4.8) hours were dedicated to continence. 50% reported no change relating to content over the last 5 years(2).

128 AN responded to the second survey. All had been working for 6-24 months. 23% reported they had had no undergraduate continence education; the mean was 7 (SD 3.5) hours. 47% said there was insufficient practical or theoretical coverage relating to continence and 72% stated that they had received no continence training since qualifying.

20 telephone interviews were undertaken, transcribed and thematically analysed. The main themes were a lack of confidence in undertaking a basic continence assessment; the desire for education to be provided by continence specialists; and containment was the most common method of care.

**Conclusion:** HEIs and newly qualified AN agree that around 7 hours of continence education is offered at undergraduate level but this is inadequate to provide competent care. Post-qualification training is also lacking.

10

### Emotional wellness of post-basic and undergraduate nursing students at a South African University

Dr Annali Fichardt, Programme director, University of the Free State, South Africa

Author(s): Cherie Roos, South Africa, Marianne Viljoen, South Africa, Anita van der Merwe, South Africa and Annali Fichardt, South Africa

#### Abstract

The complex health care environment coupled with taxing educational expectations make emotional wellness an uphill journey for most nursing students. The level of emotional wellness and academic achievement of nursing students at a South African University was investigated. The aims of the study was to determine whether work and study stress affect the emotional wellness of nursing students, whether the stressors relating to nursing studies affect the academic achievement of students, if the emotional wellness of students in the undergraduate and post-basic programmes differs and whether academic achievement of students in the programmes differs.

The study was conducted by implementing a quantitative, non-experimental, univariate and multivariate design. Whole-frame sampling was used whereby all nursing students (792) enrolled in the undergraduate and post-basic programmes were included.

Data was collected in October 2010 from 471 students by means of questionnaires measuring the four indices of emotional wellness (Ohio State University Emotional Wellness Scale, Utrecht Work Engagement Scale, Study Experience List, Maslach Burnout Inventory). Academic achievement scores were obtained from the local tertiary institution's internal database.

The descriptive statistics indicated that the emotional wellness of both the post-basic and undergraduate nursing students were slightly better than the average emotional wellness of a population. Furthermore, the post-basic nursing students had significantly more work engagement, better study experience and less burnout than the undergraduate nursing students. However the academic achievement of the undergraduate nursing students was significantly better than that of the older post-basic nursing students. The MANOVA's revealed that ethnicity affected the relationship between study experience and study programme ( $p = 0.0002 \rightarrow 0.05$ ), academic achievement and study programme and study experience and academic achievement.

The need for substantiated data is critical if nursing education and educators are to do well in facilitating growth and accompanying the nursing student on the journey of emotional wellness.

### Caring for older people

11

### Reliability and validity of the modified Chinese version of Older People's Quality of Life Questionnaire (OPQOL) in older Chinese people living alone

Professor Yu Chen, PhD Student, King's College, London, UK

Author(s): Allan Hicks, England, UK; Alison E While, England, UK.

#### Abstract

**Background:** The Older People's Quality of Life Questionnaire (OPQOL; Bowling, 2009) was developed from the views of older people and has been validated in England. However, it has not been used or tested in China.

**Aims:** To test the reliability and validity of a modified Chinese OPQOL among older people living alone in China.

**Methods:** The OPQOL was translated and modified prior to being administered to a stratified random cluster sample of 521 older people. Reliability was assessed through internal consistency and two-week test-retest reliability. Convergent, discriminant and construct validity were assessed.

**Results:** The Chinese OPQOL had a good internal consistency with scale  $\alpha$  coefficients across most domains exceeding 0.70. The different understanding of 'social activity' and the irrelevancy of one item lowered the internal consistency of two domains. The scale and most domains demonstrated excellent to good stability with the intra-class correlation coefficients above 0.60. The moderate stability of three domains may be explained by changes in recent life experiences or the nature of some traits. The correlations between scores of OPQOL and Activities of Daily Living Scale (Lawton and Brody, 1969), Social Support Rate Scale (Xiao, 1999) and UCLA Loneliness Scale (Russell, 1996) were  $-0.50$ ,  $0.49$  and  $-0.53$  which supported the convergent validity. The mean ranks of OPQOL and its domains were higher in the non-depressed group than the depressed group which confirmed the discriminant validity. Exploratory factor analysis indicated eight factors accounting for 63.77% of the variance. The factor structure was similar to the original version, however, some of the differences reflected the culture differences between China and England.

**Conclusions:** The modified Chinese OPQOL has acceptable reliability and validity and therefore has the potential to measure QoL of older people living alone in China, although further testing to inform refinement is required.

12

### The association between urinary incontinence and falls in older women: a proposed explanation.

Dr Joanne Booth, Reader in Applied Health Research, Glasgow Caledonian University, UK

Author(s): Joanne Booth, UK; Lorna Paul, UK; Danny Rafferty, UK; Carolyn MacInnes, UK

#### Abstract

**Background:** Falls in older adults are prevalent, with severe consequences for many including physical injury, loss of confidence and dependency. They are costly to health and well-being and are increasing as a result of demographic ageing. Multiple risk factors for falls have been identified including an association between urinary incontinence and increased risk of falls. However explanatory mechanisms for this link have yet to be established. One hypothesis is that an urgent desire to void alters balance and gait in older people, potentially increasing their risk of falling (1). This study investigated the effects of an urgent desire to void on gait parameters in women.

**Method:** Three groups of women were recruited ( $n = 54$ ): young women with no urinary symptoms (mean age 39.1), older women with no urinary symptoms (mean age 73.5) and older women with urinary urgency (mean age 74.). Each was provided with fluids of their choice and analysis of their walking was undertaken using a computerised gait analysis system at three time points: empty bladder, first desire to void and strong desire to void. The parameters of their gait were analysed and the variation calculated for each of the three time points.

**Findings:** For all three groups a pattern of reduced gait velocity and reduced length of stride was observed between the first desire to void and the strong desire to void, but this was more pronounced in the older women with urinary urgency symptoms. Variability in the gait pattern was also significantly increased in older women with urinary urgency compared to those without.

**Conclusions:** The slower speed of walking, shorter steps and increased variability observed in this study suggest that maintaining bladder control has an effect on gait, which may explain the increased risk of falling in older adults with urinary incontinence.

Workforce/leadership

13

**An innovation to enhance research capacity and output in clinical practice among senior nursing professionals in a hospital setting**

Margaret Codd, St James Hospital, Ireland  
 Author(s): Orla Dempsey, Ireland; Gabrielle McKee, Ireland; Catherine Comiskey, Ireland; Paul Gallagher, Ireland; Catherine Deegan, Ireland; Julie O’Grady, Ireland;

**Abstract**

The development of the Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) roles in Ireland over the last ten years has emphasised the importance of facilitating and overcoming the barriers to optimal practice led research within clinical roles.

The hospital and its affiliated university recognised the need to enhance and develop the research role, clinical profile and research skills of the CNS and ANP. To address this, a partnership research capacity building program was established. Funding for a quantitative healthcare researcher was sourced and a call was put out for project teams. Nurse researchers interested in developing new projects, analysing existing audit and research data, and publishing results of projects responded and engaged with the initiative. Project teams were comprised of the nurse researcher(s), an academic with expertise or an interest in the project area and the quantitative researcher.

The initiative is currently supporting 15 nurse led projects; eight at development stage, three at analysis stage and four papers in preparation for publication. Six additional projects were completed and are at various stages of publication. Outputs of the initiative include international peer reviewed papers; oral presentations; POSTER presentations.

An evaluation of the project one year after initiation by focus groups and questionnaires indicated increased skills acquisition particularly writing skills and handling data, though further data analysis skill development was identified. Support of the quantitative healthcare researcher and deadlines to incentivise research milestones and outputs were the main strengths of the initiative. Barriers included time, appropriate support for research and recognition and support for doing research as part of role at ward level.

The ongoing initiative plans to continue enhancing professional nursing practice and healthcare by promoting quality research projects related to clinical practice, education and management and address barriers to the optimisation of the research aspect of these roles.

14

**The traditional and modern matron: nostalgia, authority and conflict**

April Brown, Clinical quality and patient safety manager, NHS Midlands and East, UK  
 Author(s): April Brown, England

**Abstract**

**Background:** The arrival of the modern matron into NHS acute hospitals was in response to political concern regarding standards of nursing and the quality of patient care. The modern matron relationship with the traditional matron concept has been a debated issue.

**Aims:** 1. How far does the modern matron represent continuity with the traditional matrons of the mid 20th century?

2. What socio-political forces led to the development and establishment of the modern matron?

3. From the perspective of health professionals, what impact has the modern matron had on the quality of patient care?

**Methods:** A case study design underpinned by realistic evaluation involved interviewing patients, a carer, modern matrons, national policy leads and a focus group with senior sisters: all fifteen participants were purposefully sampled. Documentary analysis was conducted on traditional matron diaries (1948 – 1966) which belonged to the research site. Data was collected during 2009 – 2010.

Emergent themes

- matron visibility
- patient expectation
- impact of professionalisation on care quality
- political rationale for the modern matron
- conflict between nursing and operational demands
- traditional matron assumptions
- impact of nostalgia on policy development

**Discussion:** National policy decisions appeared diluted once locally implemented. Modern matrons impacted on some aspects of care quality.

**Conclusion:** The study raises implications for nurse leaders – nationally and locally to consider organisational infrastructure to support modern matrons and secure the delivery of good quality patient care.

This study contributes towards a greater understanding of nurse leadership and illuminates possibilities about how best to locate nurse leadership to enable the sustained provision of good quality nursing care for patients.

Themes to be presented:

- impact of nostalgia on policy development
- conflict between nursing and operational demands
- traditional matron assumptions

Cancer

15

**The Experience of Muslim Men, When Their Wives Undergo Chemotherapy**

FAHD ALBLOWI, Ulster University, UK

**Abstract**

A diagnosis of breast cancer and its subsequent treatment has a profound bio-psychosocial impact. Little is known regarding impact on spouses, particularly in Arab countries. To understand this impact an observational pilot study was performed using scales for quality-of-life, ability-to-cope, and caregiving-appraisal. Qualitative interviews supplemented these scales. Data were collected from 10 Saudi husbands in King Fahd Medical City-Riyadh; 4 at the beginning of the wife undergoing neo-adjuvant chemotherapy and 6 at the end. Descriptive and comparative analyses were used for both quantitative and qualitative data. Husbands’ quality of life was moderate (mean): no significance difference was between husbands at the beginning and at the end of chemotherapy. High quality of life was associated with acceptance and positive reframing coping strategies. Active coping, positive reframing, and planning strategies were used more among the husbands at the end of chemotherapy. The husbands at the end of chemotherapy appraised caregiving as demanding more than they did at the beginning. Qualitative themes were categorised as follows: psychological aspect; impact of illness; appraising the situation and coping strategies. The findings of this study provide new knowledge about the challenges, difficulties, and unmet needs of men in this situation within the cultural context of Saudi society.

Children and young people

16

**Children's Pain Management and Emotional Stress in Health Services**

*Fani Polyzoidou, staff nurse, Four Seasons – Nursing Home, UK*

*Author(s): Fani Poluzoidou, Greece; Dimitris Theofanidis, Greece; Stavros Mavropoulos, Greece; Halima Jamper, Greece.*

**Abstract**

**Introduction:** Children with severe cognitive impairments are believed to suffer pain frequently as various psychosocial parameters of everyday life correlate with experiencing high levels of physical pain. Although the majority of children are able to describe their pain adequately, nurses frequently deal with 'unexplained' symptoms and vague manifestations of pain that need further and detailed investigation.

**Purpose:** The main aim was to explore children's descriptions of pain and the comfort measures used by health care personnel to relieve it. Our search focused on children who suffer from pain as they use health services in a frequent manner i.e. →5 hospitalizations per annum.

**Study design:** we used the following international scientific databases and specialized journals: Cinahl, Pubmed, Journal of pediatrics, the American journal of psychiatry (from 2007 until 2012), with combinations of 4 key words, i.e.: pain management, analgesia, stress, pediatric nursing.

**Results:** 102 articles were retrieved, of which 85 were included for analysis. A synthesis of results shows that children who complain often for pain used more health services, present with more psychosocial problems, miss school, and underachieve academically. After controlling for health service use and demographics, pain was significantly associated with negative parental perceptions of child health and the presence of internalizing psychosocial problems. Higher levels of community health service use was associated with negative perceptions of child health, pain, visits for 'unexplained' symptoms, and internalizing psychiatric symptoms.

**Conclusions:** Pediatric pain challenge traditional service delivery models characterized by segregated systems of care for physical and mental disorders. Longitudinal and psychobiological studies of the relationship between pain, internalizing psychopathology, and pediatric nurses are warranted to direct future treatment efforts. Also, the role of pediatric nurse in ensuring access of the pediatric patient to a holistic pain management scheme during hospitalization is of paramount importance.

Methodological issues

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**The RAPPORT study – Patient & Public Involvement in Research. Results from a national scoping and survey.**

Dr Patricia Wilson, University of Hertfordshire, UK

*Author(s): Patricia Wilson, England, UK; Elspeth Mathie, England, UK; Julia Keenan, England, UK; Elaine McNeilly, England, UK; Marion Cowe, England, UK; Diane Munday, England, UK; Claire Goodman, England, UK; Amanda Howe, England, UK; Fiona Poland, England, UK; Sop*

**Abstract**

**Background:** Evidence of Patient and Public Involvement (PPI) in grant applications is now an essential ingredient for main UK sources of research funding (Barber et al., 2011). A moral imperative, PPI is also seen as having many benefits for research (Smith et al., 2008). However, there is little empirical evidence about impact of PPI (Staley et al., 2012).

**Aims:** The aim of the first 2 phases of the RAPPORT study was to determine the variation in types and extent of PPI in funded research.

**Methods:** An analysis of documents retrieved through a scoping of studies on the UKCRN portfolio was conducted within six research areas, followed by a survey of investigators in 4 regions of England, completed May 2012. The topics were purposively selected (cystic fibrosis, diabetes, arthritis, dementia, learning disabilities and public health) to ensure a range of research foci and history of PPI.

**Results:** There was evidence of PPI in all designs including basic science. Learning disabilities had highest levels of PPI. Steering Committee membership was the most common PPI activity, with little evidence of PPI in data collection and analysis. The survey revealed a number of challenges in PPI.

**Discussion**

It important to know what extent PPI is threaded throughout the study and the numbers of lay people involved. One person on a steering committee may be quite different to studies consulting large patient panels. There was evidence of some studies using patients as both study participants and in a PPI capacity. This paper will discuss the implications of this 'dual role' and challenges of PPI.

**Conclusions:** Although PPI in research is becoming embedded as the norm, there is still little evidence on impact and outcomes of PPI. These early findings provide a national snapshot of PPI and a foundation for the next stage of the study.

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**Self-audit as a method of meeting governance standards in healthcare research**

*Paul Brownbill, KTP Research Associate, Glyndwr University, UK*

*Author(s): Paul Brownbill, Wales; Nikki Lloyd-Jones, Wales*

**Abstract**

It is the contention of this paper that with increasing refinement of governance processes there is a risk of losing sight of the fundamental aim of healthcare research, to enhance the potential for researchers to conduct worthwhile research to improve the patient's experience/healthcare. The aim of this presentation is to discuss the potential for 'self-audit' in a project reviewing research governance in practice.

Prompted by a recent claim by Snelgrove and James (2010) that nurses, although willing to undertake research were 'often thwarted by personal, organisational, cultural and educational barriers' (p.15), an action research project was designed to explore researchers' experiences about the governance process in healthcare research. The rationale behind this study is to start with the assumption that those wanting to conduct research are motivated to produce worthwhile studies that will lead to improved health services; with this in mind, this enquiry is asking how does the research governance process support nurses undertaking good research?

Using the concept of self-audit which appeared to centralize the researcher, the Department of Epidemiology and Preventive Medicine in Melbourne argue that 'self-audit highlights to researchers issues they need to keep in the forefront of their minds 'identify any areas where they may not be meeting the expected standards', (Crammond et al, 2011, p.310).

The potential for 'self-audit' is discussed by Crammond et al, (2011) as consistent with enhancing the researcher's need to take responsibility for the coherence and integrity of their research. With this knowledge and my role as lead researcher in a study in conjunction with a Welsh Health Board I was able to conduct a self-audit as to whether there are questions to be asked of education, organisations' and cultures to enhance my potential for undertaking worthwhile healthcare research. This will inform the current study and future nurse-led research.

Women's health & midwifery

19

**Nutritional knowledge of pregnant women in relation to the source of nutritional advice**

*Dr Alina Delia Popa, University of Medicine and Pharmacy, Romania*

*Author(s): Alina D. Popa, Rom nia; Otilia Ni  f, Rom nia; Gina E. Botnariu, Rom nia; Raluca M. Popescu, Rom nia; Mariana Graur, Rom nia*

**Abstract**

**Background:** Pregnancy is a period characterized by an increased awareness of the recommendations regarding diet [1]. The aim was to evaluate the relationship between general level of nutritional knowledge of pregnant women and the sources of nutritional advice.

**Material and Methods:** We conducted a cross-sectional study in a sample of 400 pregnant women hospitalized in the 'Cuza Vod fa Maternity, Ia i during august-september 2010. Nutritional education was estimated using a questionnaire with three sections: general nutritional recommendations for pregnant women, roles and sources of nutrients. The differences of the mean scores were analysed according to the main source of advice reported by the participants. The influence of the source of advice on nutritional knowledge was investigated by ANOVA test and post-hoc Bonferoni comparison was performed.

**Results:** It was found that pregnant women who received advice on nutrition or breastfeeding, had a significantly higher level of nutritional knowledge ( $p=.003$ ). The women comparison who received advice from the obstetrician had a significantly better nutritional knowledge level than those who received advice from a nurse ( $p=.0005$ ), from the family ( $p=.0001$ ) or the general practitioner ( $p=.001$ ). Also, women who have taken advice from the media, had a significantly higher nutritional knowledge than those who received advice from a nurse ( $p=.02$ ) or family ( $p=.028$ ). The women who declared their friends as the main source of advice in pregnancy had a higher nutritional education level than those who received it from a nurse ( $p=.0017$ ), family ( $p=.01$ ) or the general practitioner ( $p=.01$ )

**Conclusion:** Receiving advice on breastfeeding and diet was associated with a significantly increased level of nutritional knowledge, especially when were obtained from the obstetrician, friends or the media rather than from a nurse or general practitioner, indicating that the last categories should be more involved in the nutritional education during pregnancy.

Heart disease

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**"I am still a wee bit iffy about how much of a heart attack it really was". Patients presenting with non ST elevation myocardial infarction lack understanding about their illness: a qualitative study.**

*Lisa Lusk, South Eastern Health & Social Care Trust, UK*

*Author(s): Lisa Dullaghan, Northern Ireland, United Kingdom; Lisa Lusk, Northern Ireland, United Kingdom; Mary Mcgeough, Northern Ireland, United Kingdom; Patrick Donnelly, Northern Ireland, United Kingdom; Niall Herity, Northern Ireland, United Kingdom; Donna Fitz*

**Abstract**

**Background:** There are considerable differences in the type of treatments offered to patients presenting with acute MI, in terms of the speed and urgency with which they are admitted to the catheter laboratory and discharged from hospital. The impact of these different treatment experiences on patients' illness perception and motivation for behavioural changes is unknown.

**Aim:** The aim of this study was to explore and compare patients' illness perception and motivation for behavioural change following MI treated by different methods.

**Methods:** Semi-structured, domiciliary interviews ( $n=15$ ), were conducted with three groups of MI patients within 4 weeks of diagnosis:

- (i) Primary Percutaneous Coronary Intervention – PPCI ( $n=5$ )
- (ii) Thrombolysis ( $n=5$ )
- (iii) Non ST Elevation MI – NSTEMI ( $n=5$ )

Themes were identified and refined using the framework method of analysis and compared between groups.

**Results:** Patients who presented with a STEMI and received either PPCI or thrombolysis had similar perceptions of their illness as a serious event and were determined to make lifestyle changes. In contrast, patients with a NSTEMI experienced uncertainty about symptoms and diagnosis, causing misconceptions about the severity of their condition and less determination for lifestyle changes.

**Conclusion:** Patients with NSTEMI in this study expressed very different perceptions of their illness than those experiencing STEMI. Patients' clinical presentation and treatment experience during an acute myocardial infarction can impact on their illness perception. Health-care practitioners should consider the potential for such differences when individualising secondary prevention strategies, as illness perception may affect patients' motivation for behavioural changes and uptake of cardiac rehabilitation.

# Posters

Thursday 21 March 2013

## Mental Health

21

### Qualitative study of the accounts of service users receiving Psychiatric Intensive care within the UK

Deborah Wildgoose, Rotherham Doncaster and South Humber NHS Foundation Trust, UK  
 Author(s): Deborah Wildgoose, UK

#### Abstract

Despite a body of evidence built up across the UK over the last 40 years through a host of studies very little is understood by services about everyday life on acute mental health wards and the quality of care (Quirk and Lelliott 2001). This includes an absence of understanding of service users' experiences being cared for within a Psychiatric Intensive Care Unit (PICU). It is documented that service users are unable to give reliable and valid feedback about services (Lovell 1995). This paper presents the preliminary findings of a study to attempt to understand experiences of being cared for within a PICU from the perspective of service users.

**Aims:** This study seeks to examine:

'By their own account, what are service user's experiences of their care during their time spent in a Psychiatric Intensive Care Unit?'

**Methodology:** This study is a qualitative project that employs participant observation and semi-structured interviews as the main source of data collection. Interpretative Phenomenological Analysis (IPA) is used to frame the project, inform the process in terms of ongoing analysis, to direct the semi-structured interviews and to guide final analytical outcomes.

Preliminary Data Collection (data collection June – November 2012):

	Observation sessions within PICU	Service users observed	Service users interviewed
Site 1	8	4	2
Site 2	8	3	2

#### Emergent Themes:

- Service users can give a valid account of their experiences
- Common emotions experienced include fear, disorientation and anxiety
- Service users experiences focus on the beginning and end of their stay in PICU

**Contribution to practice:** The primary impact of this study is to extend knowledge around the experiences of people being cared for within PICU and to enable staff to frame care delivery in a way that supports the service users 'frame of reference' of their experiences.

## Long term conditions

22

### Exploring patient, carer, health professional and experts views of oral care in hospitalized stroke patients.

Hazel Dickinson, University of Central Lancashire, UK

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#### Abstract

**Background:** Effective oral care is essential in maintaining a healthy oral cavity, particularly for stroke patients. At present there is no oral assessment tool, specific to stroke patients' needs, which can direct assessment and subsequent treatment planning.

**Aim:** To explore the views of stroke patients, carers, health professionals and experts to inform the development of an oral assessment tool for stroke patients.

**Methods:** Oral care issues were explored in three stakeholder groups: Semi structured interviews were conducted in a purposive sample of 10 patients and five carers from two stroke units. Two focus groups were conducted with 12 health professionals selected from two stroke units. Semi structured interviews were conducted with 8 experts (dental and stroke) identified using snowball sampling. Interviews/focus groups were transcribed, and analysed using Framework.

**Results:** Patients identified that oral care impacted on how they felt in themselves, and on their perceptions of how they appeared to others. Carers were concerned that poor oral health impacted on the relationship between the patient and themselves. Health professionals expressed concerns about a lack of knowledge and opportunities for education and suggesting oral care has a low priority in the hierarchy of care. Experts concentrated on the importance of oral care in hospitalised patients and process, identifying work load, time and priority as barriers to oral care.

**Conclusion:** Through exploring all stakeholders' views and experiences of oral care a more comprehensive picture was gained. The issues raised by the stakeholders: quality of life, importance, knowledge, priority in the hierarchy of care, time and workload will all be considered when developing an oral assessment tool. For example, issues such as time, workload and knowledge will con-

tribute to the design, while issues of how the mouth feels and the aspects of oral care that are important, will inform the content.

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### Safer patient care through audit and practice development: Introduction of a Renal Dialysis Arterio-Venous Fistula Care Bundle Tool

Betty McManus, Staff Nurse in Education, Belfast Health and Social Care Trust, UK

Author(s): Betty McManus, Northern Ireland, UK; Anne Hamilton, Northern Ireland, UK;

#### Abstract

**Introduction:** This presentation demonstrates how procedures such as adverse incident reporting and root cause analysis can inform audit and practice development initiatives to enhance patient safety.

**Background:** Arterio – Venous Fistula (AVF) is a surgical procedure to join an artery and a vein, usually in the arm. Over several months the vein enlarges allowing insertion of a large needle to provide vascular access for Haemodialysis.

A patient dialysed by AVF developed a MRSA bacteraemia. A root cause analysis proved inconclusive.

**Method:** A review group identified the current cleaning regime with clinell wipes as the key issue. This was not robust enough to penetrate AVF sites. We developed a new cleaning procedure using sterile single use Chloraprep Sepp 0.67mls applicators. (Properties recommended in the Epic 2 guidelines).

An ongoing care bundle exists for central venous catheters (CVC) but not for AVF in UK and Ireland. 50% of our patients have AVF. We have since developed a care bundle for AVF which uses the key elements of care:

- Hand Hygiene
- Cushion to support AVF arm
- Needle sites inspection
- Cleansing pre and post scab removal
- Needle insertion
- Butterfly taping

We incorporated additional guidance for each element to enable the auditor to successfully use the tool.

We developed and delivered a training programme of theory and practice to nurses. Auditing commenced to ensure procedure adherence.

**Conclusion:** Auditing practice using this new tool is a systematic approach of measuring and improving clinical care. We now audit the whole of the dialysis population. We have achieved 100% adherence to our AVF procedure with no infections and this has had a positive impact on staff and patients.

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### Glycemic Variability Following Exercise in Obese Adults with/ without Type 2 Diabetes

*Dr Laurie Quinn, University of Illinois at Chicago, USA*

*Author(s): Laurie Quinn USA, Donald Smith USA*

#### Abstract

**Background:** There is a global epidemic of type 2 diabetes (T2DM) related to decreased physical activity. The importance of exercise in the prevention and treatment of T2DM is clear, however, the specific interventions providing the greatest physiological benefits are unknown. Recent literature suggests that glycemic variability may contribute to the development of diabetes complications. Continuous glucose monitoring systems (CGMS) have provided a unique opportunity to describe the temporal relationship between exercise and glycemic variability. Purpose: The purpose of this study was to examine the relationship between a single bout of aerobic exercise (30 minutes at 65% Vo<sub>2</sub> Peak) compared to rest on glycemic variability in obese DM and non-DM adults.

**Methods:** The study took place from 2003-2007. Subjects were hospitalized in a Clinical Research Center and participated in an exercise protocol that was compared to a comparable period of rest. Interstitial glucose levels were measured using CGMS over a 36-hour period following exercise or rest; and analyzed using hourly Continuous Overall Net Glycemic Action. The 36 hours were divided into three time periods: T<sub>1</sub> (2100-0700 hours); T<sub>2</sub> (0700-2100 hours); and T<sub>3</sub> (2100-0700 hours).

**Results:** Subjects (n=27) were classified into 2 groups (T2DM [n = 8]; non-DM [n = 19]). All subjects were similar in age (44.7 ± 8.6 years [mean ± SD] [group mean]); BMI (35.8 ± 3.4 (kg/m<sup>2</sup>); and total body fat mass (36.8 ± 6.3 kg). Type 2 DM subjects had a lower Vo<sub>2</sub>Peak (p < 0.027) and insulin sensitivity (Si) (p = 0.007) than the non-DM subjects. Data were analyzed using repeated-measures ANOVA with Vo<sub>2</sub>Peak as covariate. There were significant differences between (p < 0.012) and within group (p < 0.002) subjects at T<sub>2</sub>. **Conclusions:** This study suggests that an acute bout of exercise may modulate glycemic variability acutely. Exercise training may further impact glycemic variability and contribute to decreased complications.

### Managing respiratory conditions

25

### Patient, practice and organizational influences on asthma control. Observational data from a national study on primary care in the United Kingdom.

*Dr Gaylor Hoskins, Clinical Research Fellow, University of Stirling, UK*

*Author(s): Gaylor Hoskins; Brian Williams; Peter Donnan; Scotland, UK*

#### Abstract

**Background:** Contemporary models of chronic disease management point to the importance of micro, meso and macro level influences on patient care and outcome. However, asthma outcomes research has almost invariably concentrated on identifying and addressing patient predictors. Little is known about higher level organisational influences.

**Objective:** To explore the contribution of organisational factors on poor asthma control at three organisational levels: the individual patient, local service deliverers, and strategic regional providers.

**Design, Setting & Participants:** Prospective cross-sectional observational cohort study of 64,929 people with asthma from 1,205 primary care practices spread throughout the United Kingdom(UK). Patient clinical data was recorded during a routine asthma review.

**Method:** Data were analysed using simple descriptive, multiple regression and complex multi-level modelling techniques, accounting for practice clustering of patients.

**Results:** Poor asthma control was associated with areas of higher deprivation [Regression Coefficient 0.026(95% Confidence Intervals 0.006:0.046)] and urban practice [-0.155(-0.275:-0.035)] but not all local and regional variation was explained by the data. In contrast, patient level predictors of poor control were: short acting bronchodilator overuse [2.129 (2.091:2.164)], days-off due to asthma [1.203(1.148:1.258)], PEF<80 [0.76(0.666:0.854)], non-use of a self-management plan [0.554(0.515:0.593)], poor inhaler technique [0.53(0.475:0.585)], poor medication compliance [0.385(-0.007:0.777)], and gender [0.314(0.281:0.347)]. Pattern of medication use, smoking history, age, body mass index, and health service resource use were also significant factors for predicting control.

**Conclusions:** Targeting of health service resource requires knowledge of the factors associated with poor control of asthma symptoms. In the UK the contribution of local and regional structures appears minimal in explaining variation in asthma outcomes. However, unexplained variation in the data suggests other unrecorded factors may play a part. Whilst patient personal characteristics appear to be the predominant influence the complex nature of the disease means that some, perhaps more subtle, influences are affecting the variability at all levels.

### Education/learning

26

### Conceptualising learning through simulation

*Liz Berragan, University of the West of England, UK*

#### Abstract

My study explores the impact of simulation upon learning for undergraduate nursing students. Conducted as a small-scale narrative case study, this study tells the unique stories of a small number of undergraduate nursing students, nurse mentors and nurse educators and explores their experiences of learning through simulation. Data analysis through progressive focusing (Parlett and Hamilton, 1972) revealed that the nurse educators viewed simulation as a means of helping students to learn to be nurses, whilst, the nurse mentors suggested that simulation helped them to determine nursing potential. The students' narratives showed that they approached simulation learning in different ways resulting in a range of outcomes: those who were successfully becoming nurses, those who were struggling or working hard to become nurses and those who were not becoming nurses.

The conceptual frameworks used for this study draw upon the work of Benner and Sutphen (2007) and Engeström (1994). Benner and Sutphen's work highlights the complex nature of situated knowledge in practice disciplines such as nursing. They suggest that knowledge must be constantly integrated within the curriculum through pedagogies of interpretation, formation, contextualisation and performance. Engeström's work on activity theory and expansive learning recognises the links between learning and the environment of work and highlights the possibilities for learning to inspire change, innovation and the creation of new ideas. Together these frameworks present an opportunity for nurse education to articulate and theorise the learning inherent in simulation activities.

A theoretical analysis of learning through simulation offers a means of conceptualizing and establishing different perspectives for understanding the learning described by the participants and offers new possibilities towards an expansive approach to learning nursing. The study examines what this interpretation of learning might mean for nurse education, nursing research and nursing practice.

Benner, P. and Sutphen, M. (2007) Learning across the professions: the clergy a case in point. *Journal of Nursing Education*. 46, 3, 103-108.

Engeström, Y. (1994) Training for change: new approach to instruction and learning in working life Geneva: International Labour Office.

Parlett, M. and Hamilton, D. (1972) Evaluation as illumination: A new approach to the study of innovatory programmes. Occasional Paper No. 9, Centre for Research in the Educational Sciences University of Edinburgh. Reprinted in G. V. Glass, (Editor) (1976) *Evaluation Studies Review Annual*, Beverly Hills, SAGE Publications. 140-157.

Caring for older people

27

### The impact of diagnosis disclosure in dementia: A systematic review

Presenter: Gary Mitchell, Queens University Belfast, UK

Author(s): Gary Mitchell, Northern Ireland; Patricia McCollum, Northern Ireland and Catherine Monaghan, Northern Ireland.

#### Abstract

**Aim of Review:** Dementia does not consistently remain patient-centered, with regards to diagnosis disclosure; a plethora of literature supports the notion physicians do not always clearly and directly disclose a diagnosis of dementia to the person with dementia. Furthermore this stance is often supported by relatives and informal carers. The purpose of this systematic review was two-fold; Theme one: to explore the attitudes of diagnosis disclosure from the person implicated. **Theme two:** to explore the person's experience of being diagnosed with dementia.

**Methodology:** There were very sparse findings on attitudes to disclosure from the person with dementia, however a wide number of primary research existed which examined the person's experience of a diagnosis of dementia. 5 studies were found in relation to theme one and 12 studies (from the past five years) were found in theme two.

**Findings:** The perceived negative impact of disclosure, i.e. depression/suicidal tendencies, was not as common as background literature suggested. Many positive outcomes existed as a result of disclosure, i.e. future planning and the 'relief' that a recognized disease was the result of symptoms as opposed to 'old age'.

**Conclusion and Implications:** The person with dementia has a right to disclosure in all instances, even if to decline a formal diagnosis. Through omission of a clear diagnosis, the person is disempowered. An interesting parallel is drawn with cancer-care which previously the same issue of non-disclosure existed. Yet this is no longer the case as cancer-care has undergone evolution, whereas dementia has not. A clear diagnostic framework is absent. Diagnosis should take place over multiple sessions to facilitate not only coping-strategies, but also for practical reasons, i.e. to allow adequate recall.

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### Dementia – The carers voice

Aine Wallace, Belfast City Hospital, UK

Author(s): Suzanne Tauro, Belfast City Hospital, UK

#### Abstract

**Introduction:** The proportion of older people in Northern Ireland living in nursing homes is 3.5 times higher than in England and Wales. It's estimated that 5% of the total population in the United Kingdom aged 65 and over will have dementia. For those over 80 years this rises to 20% of the population. Research indicates that carers of people with dementia experience greater strain and distress than carers of other older people. The aim is to shift care from institutional settings to the community. These changes may increase carer burden. We wanted to find out how carers for those with dementia are currently managing.

**Methods:** A structured questionnaire was designed with regard to the strategies proposed in the Transforming your care report. These were distributed to carers at outpatient's memory clinic wards and the community (n=14). The completion of the questionnaire was voluntary and anonymous. Information requested included age, health & wellbeing, experience of current service (statutory, private, and voluntary) and level of satisfaction.

**Results:** The mean age of the carers is 56.6 years. The mean age of those with dementia is 80.6 years. 71% of patients feel that their specific needs were not assessed in the planning, design and delivery of services. There is a lack of awareness of services available in the voluntary and community sector, 21% of carers stated that they are aware of the Alzheimer's Society. No other services were identified.

Carers are unsatisfied (50%) and very unsatisfied (21%) with the support that they receive. 50% of paid carer support is for less than 3 hours per week.

**Discussion:** The current dementia strategy promotes care of the individual at home. Unless we listen and respond to the carers' voice, they will be unable to fulfil their vital role in meeting the ever increasing demand for dementia care in community.

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### An exploration of the lives of older people with asthma

Dr Elaine Carnegie, Policy Officer, Asthma UK Scotland, UK

Author(s): Elaine Carnegie, Scotland, UK

#### Abstract

**Background:** Across the globe, researchers continue to investigate the clinical needs of older people with asthma; however there is a paucity of research conducted by, and with, older people with asthma based on participatory principles. A British asthma guideline recommends that clinicians attend to the particular needs of this patient group.

**Aims:** To explore the experiences of older people with asthma and their perceptions of asthma care.

**Methods:** An exploratory qualitative study utilising a participatory approach. Respondents from one Scottish region were accessed through a range of community groups forming a purposive convenient sample. Unstructured, face to face interviews were conducted with adults aged over 60 (n=30) between October 2011 and July 2012. From the outset, participants led and advised the study. A thematic analysis was conducted after which, participant views and recommendations were sought.

**Results:** Findings revealed limited knowledge and understanding of asthma and adult-onset asthma. Whilst some participants felt that their asthma was under control and they experienced a high quality of life, others experienced persistent symptoms and ineffective treatments. These were compounded by a lack of information about asthma, lack of explicit instructions regarding asthma emergencies and lack of discussion about levels of mobility and breathlessness.

**Discussion:** Lack of time during consultations and deference prevent participants asking questions about their condition and receiving clarity about their diagnosis. To achieve equitable services, it is necessary that all older people with asthma receive regular asthma reviews and appointments with an asthma trained nurse who takes the time to assess them correctly as well as provide adequate information.

**Conclusion:** In order to prevent older people feeling defeated by their asthma, asthma services need to be reorganised around their particular needs utilising a holistic approach.



Workforce/leadership

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**Supporting trail-blazing: A systematic review of factors that facilitate or inhibit the implementation of new nursing roles – the experiences of UK consultant nurses.**

*Georgina Hourahane, Lecturer in Adult Nursing, Cardiff University, UK*

*Author(s): Georgina Hourahane, Wales, UK. Nicola West, Wales, UK. Rhian Barnes, Wales, UK. Sally Rees, Wales, UK. Angela Bowyer, Wales, UK. Joanna Dundon, Wales, UK. Davina Allen, Wales, UK*

**Abstract**

**Background:** Nursing is often required to develop roles for which there are no blueprints. The UK consultant nurse (CN) role is a case in point. In many health systems, creating such new roles without a blueprint presents considerable challenges. If 'trail blazers' are to develop and sustain new ways of working, then factors that help or hinder new roles needed identification.

**Aim:** To systematically examine the experiences of UK CNs in implementing a new role in order to identify facilitators and inhibitors of role development.

**Methods:** Databases were searched for qualitative research published after 1999 to April 2010. Critical appraisal, data extraction and synthesis were undertaken using Joanna Briggs Institute (J.B.I.) tools specifically designed for qualitative data.

**Results:** A total of eleven qualitative studies yielded 313 findings. These were ultimately pooled into eleven syntheses. They include: the ability to influence through leadership, organisational structure with autonomy, support, role preparation and personal attributes.

**Discussion:** A supportive environment created by the organisation facilitates the consultant's leadership in role and service development. Personal attributes and preparation for the role facilitate the command of the role's functions and strategic working. The findings further support Manley's (2002) conceptual understanding of the consultant role.

**Conclusions:** Some solutions for managing the challenges of, and sustaining, a new post are offered. Evidence and recommendations are also made for organisations and policy makers to support the consultant's autonomy as they lead care delivery and service development. Further research examining how consultants work with others, negotiate resources and determine outcomes is recommended.

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**Certification, Empowerment and Engagement**

*Christine Hedges, Meridian Ann May Center for Nursing, USA*

*Author(s): Christine Hedges, RN, PhD; Barbara Williams, RN, PhD; Clare Tang, biostatistician*

**Abstract**

**Background:** The challenges to providing safe, effective and quality healthcare in the 21st century include ensuring that nurses are educated and empowered to practice according to the highest standards. Through licensure, nurses meet the legal requirements to practice at minimal standards. To demonstrate a higher level of knowledge, skills and practice, nurses voluntarily seek certification in a specialized field. The American Nurses Credentialing Center Magnet® designation, a prestigious symbol to consumers of quality nursing care, places value on certification by nurses in organizations seeking this designation. **Aims:** The purpose of this study was to explore certification, engagement and empowerment among registered nurses in a 5 – hospital system. The specific aims were to: 1) examine workplace engagement, empowerment and effectiveness and compare differences between certified and non-certified nurses, and 2) explore differences in empowerment and engagement among nurses within the various levels of a clinical advancement and recognition program (CARE). **Methods & Sample:** Cross sectional, survey research utilizing SurveyMonkey ©. A convenience sample of 598 Registered nurses completed Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) and The Utrecht Work Engagement Scale (UWES) over 6 weeks between September and October, 2012. Data were obtained about participant demographics, certification and CARE status. **Results:** 74% were staff nurses and 72% were certified. 68.5% worked in Magnet hospitals. Total CWEQ-II scores (n = 598) were highly significant between certified and non-certified nurses (Mann-Whitney p = 0.001) with certified nurses having higher empowerment scores in all subscales. Similar trends were seen in the UWES scores (n=580); other than absorption, all scores differed significantly with higher engagement seen in certified nurses (Mann-Whitney p = 0.004). **Discussion and Conclusion:** Results of this study will help contribute to knowledge and inform hospitals considering putting resources and formal structures in place to support clinical advancement programs and certification.

Children and young people

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**'My child looks like Hannibal' . What are the lived experiences of parents' during their child's admission to a paediatric intensive care unit? A phenomenological study.**

*Ruth Oxley, Southampton General Hospital, UK*

*Author(s): Ruth Oxley, UK*

**Abstract**

**Aim:** To explore the lived experience of parents whose children have been admitted to a paediatric intensive care unit (PICU).

**Background:** PICU delivers care to the most critically ill children, requiring highly trained staff. Aldridge (2005) argues that admission of a child to PICU may be one of the most stressful events for parents because the outcome is often uncertain. She finds that interventions that staff thought were helping parents, parents did not find them helpful.

**Method:** Following the principles of Heidegger's phenomenology (1962), which describes and interprets experiences, unstructured interviews were carried out with six parents whose children had previously had their first admission to PICU.

**Results:** The interviews were transcribed and analysed using Interpretative Phenomenological Analysis (IPA (Smith, 2004)). Analysis was divided into descriptive comments, linguistic comments and concepts, producing emergent themes. Each participant had different emergent themes, which included traumatised; too much responsibility; where is my child?; post-traumatic stress symptoms (PTSS) and transfer to the ward. The participant's journey started with deterioration of their child, followed by admission to PICU, transfer to the ward and then discharge home.

**Discussion:** Watching their child deteriorate, followed by transfer out of PICU to the ward were the most stressful aspects of the lived experiences of these participants. While on PICU four of the parents felt that it was not their child in that bed, none of the parents felt that there was anything that could be done to improve their PICU admission. PTSS became an issue once discharged home.

**Conclusion:** Parents cope; they survive their child's admission. Yet the experiences could be made less traumatic for them by somehow improving transfer out of PICU.

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### Identifying Indicators For Paediatric Pain Adverse Events: A Delphi Study

*Presenter: Dr Alison Twycross, Kingston University and St George's University of London, UK*

*Author(s): Alison Twycross, London, UK; Jill Chorney, Canada; Patrick J McGrath, Canada; G. Allen Finley, Canada; Darlene Boliver, Canada; Katherine Mifflin, Canada*

#### Abstract

**Background:** Healthcare literature in the past 10 years has increasingly focused on adverse events. The evidence for pain management is readily available and so children experiencing moderate to severe pain could be considered an adverse event. Indeed, Chorney et al. (2010) suggest the quality of pain management should be examined in this context. This paper will discuss the results of a two-round Delphi study carried out to identify what experts in paediatric pain management and quality improvement consider paediatric pain adverse event indicators to be.

**Aims:** To identify what experts in paediatric pain management and quality improvement considered paediatric pain adverse care indicators to be.

**Methods:** The Delphi technique relies on the judgment of an expert panel and aims to develop consensus about a given subject area (Graham et al. 2003). When undertaking a Delphi study experts in the field complete a series of questionnaires. The first round is used to generate ideas, which are reconsidered in subsequent rounds (Reid 1988).

In line with the Delphi technique the questionnaire for Round 1 asked a broad question: 'In your opinion, what indicators would signify that acute pain in a child has not been adequately controlled?' An e-questionnaire was developed for Round 2 using responses generated from Round 1 and asked respondents to indicate the importance of each potential indicator.

**Findings:** Sixty-three experts responded to Round 1. The responses were grouped together in semantically similar ideas allowing a list of possible adverse event indicators to be produced relating to post-operative and procedural pain. Forty-three experts responded to Round 2. All but one indicator achieved a level of consensus of  $\hat{a} \approx 70\%$ .

**Conclusions:** A set of retrospective and prospective adverse event indicators for post-operative and procedural pain were developed. These need testing further but may provide a useful tool for improving children's pain management.

### Children and young people methodological issues

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### The perceptions of Teenagers and Young Adults and health professionals in the participation of bone cancer clinical trials

*Susie Pearce, UCLH Hospitals NHS Trust, UK*

*Author(s): Susie Pearce, London, UK, Alexandra Brownsdon, London, UK; Verna Lavender, Oxford, UK; Lorna Fern, London, UK; Jeremy Whelan, London UK*

#### Abstract

**Background:** Under-representation of teenagers and young adults in cancer trials is internationally recognised. Compared to children and older adults this cohort of patients have gained the least improvements in survival from cancer (Bleyer et al 2005). Reasons for low trial entry for young people have so far focussed on structural and organisational barriers. There is little understanding of young peoples perceptions of trial entry and those of healthcare professionals caring for them.

**Aims:** To understand the influences and experiences of young people who are approached about participation in bone sarcoma trials and the perceptions of those health professionals involved in the recruitment process and allied care.

**Methods:** Semi-structured interviews using narrative inquiry were undertaken at a supra regional sarcoma centre between November 2011 and February 2012. Twenty-one young people between 15 to 24 years at diagnosis who were eligible for two bone cancer trials and eighteen associated healthcare professionals were recruited. The transcripts were read and reread; using memoing, coding and constant comparison, categories and themes were developed. Analytical frameworks developed for both data sets were then integrated into a combined analytical framework.

**Results:** The main themes of: perceptions of clinical trials; registering on a clinical trial; randomisation; communication, information and support; and the culture of care, will be illustrated in this paper mainly from the young person's perspective.

**Discussion:** This study provides new understandings about involvement in clinical trials, and the factors that influence participation and decision making. The professionals had a good understanding of the perspectives of young people. The intensity and longevity of treatment, and the impact of cancer during teenage and young adult years, influenced decisions about clinical trial participation.

**Conclusion:** Understanding perspectives of those involved may contribute to interventions to facilitate decision making around participation in clinical trials and will support the development of appropriate trial design.

### Acute and critical care

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### Subcutaneous insulin administration in Greek hospitals: checking for optimal techniques.

*Presenter: Dimitrios Theofanidis, Clinical*

*Professor, Alexandrio Technological Educational Institution of Thessaloniki, Greece*

*Author(s): Dimitrios Theofanidis, Greece; Fani Polizoïdou, Greece*

#### Abstract

**Background:** Insulin is the main therapeutic intervention for Diabetes Mellitus. Still, correct administration is of vital clinical importance for the regulation of glucose levels in the blood and improved patient outcomes.

**Aims:** the main aim was to explore the technique used routinely by nurses in two provisional Greek hospitals as opposed to clinical guidelines.

**Material and Methods:** This is a survey study, the population of which constituted of all nurses (n=310) that administer insulin  $\rightarrow$  2 times per week and were selected in various shifts and in random order at the duration of their duties. Data was collected during January-September 2011. Non-participant observation was adopted as means of data collection and observations of actual routine clinical practice were compared to the international protocol of insulin administration (Insulin Administration-American Diabetes Association – IAADA). Findings were processed by means of descriptive statistics.

**Results:** The systematic observation showed that roughly half the sample (48%) washed their hands before subcutaneous insulin administration. Yet, nearly all, (98%) applied (erroneously) local antiseptic before injections as opposed to IAADA guidelines that Sterillium or any other alcohol swab should not be used locally prior to subcutaneous injections. Moreover, no one applied local antiseptic to the insulin ampoule before the drug was drawn up while only 30% checked for air bubbles in the syringe. Overall, most of the nurses (69%) applied erroneous techniques when administering subcutaneous insulin injections.

**Conclusions:** The nurses when administering subcutaneous insulin during everyday clinical practice do so in outdated fashion, based on intuition and (erroneous) traditional practices without following relative clinical protocols and practice guidelines. The process of insulin administration should be a strictly standardized nursing procedure so that optimal therapeutic results are achieved. The adoption and implementation of clear clinical guidelines regarding subcutaneous insulin administration is of vital importance within the Greek NHS.

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### Triage systems in Greece: similarities and differences

*Dimitrios Theofanidis, Clinical Professor, Alexandreo Technological Educational Institution of Thessaloniki, Greece*  
 Author(s): Dimitrios Theofanidis, Greece; Xenofon Fitsioris, Greece

#### Abstract

**Background:** Although a systematic method of triage at Accident and Emergencies (A&Es) is in operation in many of the developed countries, there is currently no formal triage system in use in Greece, where due to economic cuts, hospitals run a 24hour emergency system on a rota basis where at least 2 major hospitals are selected for the evening emergency duty.

**Aims:** The main aim of this study was to compare triage systems within the northern city of Greece, Thessaloniki (pop 1.5m), and to identify good practices.

**Materials and Methods:** this was an observational study, where researchers visited the A&E departments of the city's eight hospitals. A novice checklist was used to record observations regarding triage method, staffing levels, infrastructure, hygiene and safety measures. Data were entered in SPSS v17. Descriptive statistics and the  $\chi^2$  test was used to compare categorical data, while the student's t test was used for continuous variables at the  $p < 0.05$  value of significance.

**Results:** The outcomes measured in this study were the triage mode, waiting times and facilities within A&Es. Only one hospital had a specific triage system in place (Manchester Triage System). Five hospitals used a mixed doctor and/or nurse system on admitting the patient to the A&E dept. based on a simple patient queuing system without a solid method of prioritizing patient's needs. Three of the smallest hospitals issued numerical places for patients without a health care professional's input.

**Discussion:** Ensuring sound patient allocation system in order to reduce waiting times for critically ill patients in A&Es is the most important reason for introducing a valid triage system in contemporary Greek health care system.

**Conclusions:** The implementation of standardized triage system is inadequately implemented at present in Northern Greece and this should be a top priority policy concern.

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### Recruitment of critically ill patients into a multi-centre Randomised Control Trial – a local perspective

*Theresa Weldring, Chelsea & Westminster Hospita, UK*  
 Author(s): Theresa Weldring, UK; Derek Bell, UK

#### Abstract

**Aim:** To identify and describe factors impacting on the screening and recruitment of critically ill patients to a large, multi-centre randomised control trial (RCT).

**Methods:** Medical notes of all patients admitted consecutively as an emergency with initial sepsis related diagnosis were reviewed over a 6 month period. Notes were reviewed prospectively or retrospectively as part of routine eligibility screening for the RCT and to identify limitations to recruitment.

**Outcomes/Results:** Forty-six of 441 patients screened met trial sepsis criteria. Three (0.7%) were recruited onto trial. Median age was 76 yrs (range 19-95). 43 eligible patients were excluded due to:

- Clinical decision to limit treatment – 18 (41.9%)
- Admitted out of recruitment hours – 13 (30.2%)
- 'Other' trial specific exclusion criteria – 8 (18.6%)
- Unable to consent due to pre-existing lack of capacity – 2 (4.7%)
- Refused consent – 2 (4.7%)

**Conclusion:** Recruitment to RCTs involving critically ill patients is difficult. Setting and achieving recruitment targets depends on realistic understanding of the target group, trial protocol and available resources. Over 40% of eligible patients were excluded primarily due to decisions to limit treatment, almost 5% had pre-existing lack of mental capacity, and 18.6% had another primary diagnosis or pre-morbid condition. Gaining consent from vulnerable, critically ill patients presented another challenge compounded by strict time limits to recruitment. Approximately 30% of eligible patients arrived outside of recruitment hours. Exploring existing and potential resources and alternative strategies to extend screening is necessary to meet recruitment targets. Monthly trial teleconferences were a valuable forum for exploring and sharing strategies to address recruitment issues.

Methodological issues

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### Innovation in the sustainability and spread of behavioural change: lessons from the NIHR CLAHRC South Yorkshire

*Professor Kate Gerrish, Professor of Nursing Research, University of Sheffield/Sheffield Teaching Hospitals NHS Foundation Trust, UK*  
 Author(s): Kate Gerrish, UK, Kate Bray, UK, Irene Ilott, UK, Sara Laker, UK

#### Abstract

This presentation will share learning about innovation in the sustainability and spread of behavioural change arising from knowledge translation projects undertaken within NIHR CLAHRC for South Yorkshire. The CLAHRC is a 5 year programme of applied research and implementation in the area of long-term conditions. It comprises a collaborative partnership between universities and health-care providers over a defined geographical region. Active engagement, co-production and mutual enlightenment underpin the knowledge translation activities designed to lead to change at macro, meso and micro level.

Four knowledge translation projects which have used different approaches to achieving behavioural change will form the focus of this analysis. Approaches to facilitating behavioural change have included internal and external best practice champions, microsystems coaches and education facilitators who have drawn upon a broad range of knowledge translation strategies. Achieving behavioural change at a micro level has required investment at meso and macro levels. Strategies for change have included boundary spanning and knowledge brokering at multiple levels, connecting with a broad range of stakeholders, collaboration and co-production throughout the journey and negotiating multiple agendas in prioritising actions.

Sustaining behavioural change and promoting spread within and across organisations has proved challenging because of contextual issues operating at macro and meso levels. Negotiating the 'swampy lowlands of practice' while drawing upon the 'high ground of theory' (Schon 1984) has led to tailored approaches to embedding change leading to valuable lessons to share.

The interactive POSTER will engage participants in a journey of discovery of the enablers and barriers to sustainability and spread of innovation through the game of crocodiles and kangaroos.

Please note a flat table 1 metre square plus a POSTER board is needed for this interactive POSTER presentation

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### Saturation in qualitative research: distinguishing between descriptive and theoretical forms.

Presenter: Adam Keen, University of Chester, UK

#### Abstract

The need to determine an adequate sample size can be argued to be confusing to all novice qualitative researchers regardless of geographical location. The pressure to ensure a sufficient sample size, both in the planning and implementation of qualitative research, represents an issue relating to research quality, methodology, and the use of available resources. Indeed, to novice researchers determining sample size at the outset of research can be a confusing experience – akin to a ‘dark art’ – and one that can occasionally result in a dilemma between methodological ideals and the more pragmatic demands of research review boards.

‘Saturation’ of data collected is a commonly used criterion for when sampling should cease in qualitative research studies. However, this POSTER argues that the concept of ‘saturation’ differs between varying qualitative methodologies, and that such differences can lead to a significant difference in resulting sampling size. To illustrate the point two forms of saturation are graphically illustrated: descriptive saturation and theoretical saturation. The premise of descriptive saturation is where the researcher finds that no new descriptive codes, categories or themes are emerging from the analysis data (Rebar et al, 2011). This is contrasted to theoretical saturation where the researcher must not only ensure analysis describes the data, but explains how the various codes, categories, and concepts interconnect (Charmaz, 2006). It is concluded that researchers need to be clear on the form of saturation required at the outset of the research in order to better describe the methods used and estimate the likely sample size needed.

### Women’s health & midwifery

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### Prenatal care, sociodemographical disparities and nutritional knowledge of pregnant women

Presenter: Dr Alina Delia Popa, University of Medicine and Pharmacy, Romania

Author(s): Alina D. Popa

#### Abstract

**Background:** Pregnancy is well recognised as a critical period for both women and future children from nutrition perspective [1]. Nutritional education is considered a major intervention by which healthy lifestyle may be promoted [2]. The aim was to evaluate the relationship between sociodemographical factors, prenatal care and general level of nutrition knowledge of pregnant women.

**Material and methods:** We conducted a cross-sectional study in a sample of 400 pregnant women hospitalized in the ‘Cuza Vodă’ Maternity, Iași during August-September 2010. Data collected included demographic characteristics, prenatal number of visits and years of formal schooling. Nutritional education was estimated by mean of a questionnaire organised in three sections: general nutritional recommendations for pregnant women, roles and sources of nutrients. The differences between the questionnaire mean scores were analysed according to age (under 18, 18-34 and more than 34 years old), area of residence, marital status, parity, schooling level, pregnancy planning and prenatal number of visits. The effect of these maternal variables on nutritional knowledge was investigated by ANOVA test and post-hoc Bonferroni comparison was performed.

**Results:** The pregnant women from rural areas ( $p < .0001$ ), the unmarried women ( $p < .0001$ ), those that unplanned their pregnancy ( $p = .0001$ ), with low education level ( $p < .001$ ) and adolescents (vs.  $\geq 34$  years old,  $p = .001$ ; vs. 18-34 years old,  $p < .0001$ ) proved to have a lower level of nutritional knowledge. No significant differences according to parity were noticed. A higher number than four prenatal visits was associated with a better nutritional education level ( $p < .0001$ ).

**Conclusion:** These results highlight the disparities regarding general nutritional education between different categories of women, which should be assessed during initial prenatal visits in our population.

### Heart disease

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### Patients undergoing primary percutaneous coronary intervention (PPCI) as a treatment for acute myocardial infarction (AMI) perceive their illness as an acute event over which they have little control compared to other AMI patients receiving different treatment modalities

Ahmed Al-samdi, university of ulster, UK

Author(s): Ahmed Al-Smadi, UK; Donna Fitzsimons, UK; Paul Slater, UK; Marwan AlNimri, Jordan; Niall Herity, UK; Patrick Donnelly, UK.

#### Abstract

**Background:** Treatment approaches for AMI patients differ according to presentation, and there is uncertainty in the literature as to whether this impacts on patients’ understanding of their diagnosis.

**Aim:** This study is designed to compare three groups of patients receiving different treatments for AMI; ST Elevation Myocardial Infarction (STEMI) treated by PPCI, STEMI treated by thrombolytic therapy, and Non ST Elevation Myocardial Infarction (NSTEMI) treated by medication, to determine if treatment modality impacts on IP evaluated using the Illness Perception Questionnaire (IPQ-R) covering seven subscales.

**Method:** A quantitative repetitive measures research design was used to survey a purposive sample of 206 patients in Queen Alia Heart Institute in Jordan distributed across three AMI treatment groups, at the time of admission, and six months later ( $n=186$ ), between October 2011 and August 2012.

**Results:** Using a Repetitive ANOVA test, significant differences between the IP of PPCI patients and other two groups were observed in six subscales; Timeline Acute/Chronic, Timeline Cyclical, Treatment Control, Emotional Representations, Consequences and Personal Control factor. PPCI patients had significantly lower mean scores on all IPQ dimensions at follow-up except Treatment Control which was significantly higher.

**Discussion:** This study demonstrates significant differences in IP between PPCI patients and the other two groups offered alternative treatment for AMI. Patients in PPCI group perceive their illness as an acute event over which they have little control. Previous research showed that the IP of AMI patients is a predictor of their functional status, return to work, depression, attendance of cardiac rehabilitation and the lifestyle changes necessary to prevent further disease progression.

**Conclusion:** PPCI has been shown in the literature to offer superior clinical outcomes for AMI patients. However, given the differences in illness perception demonstrated here, we may need to offer additional advice and support to this group of ‘fast tracked’ patients.

# Posters

Friday 22 March 2013

## Mental Health

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### A Descriptive Study: Weight Management Practices and Barriers of Members of A Professional Nurses Association trying to lose weight

*Dr Eva Stephens, University of Texas Medical Branch School of Nursing, USA*  
*Author(s): Stephens, Eva, USA*

#### Abstract

**Background:** Obesity has reached pandemic levels. A critical challenge today is improving the health behaviors of those providing care to the general public. Nurses as health promoters and role models of healthy lifestyles are in a unique position to combat this global problem.

**Aim:** This descriptive quantitative study sought to describe the weight management practices of members of a professional nursing association who were trying to lose weight.

**Methods:** Questions were adapted from the Behavioral Risk Factor Surveillance Survey. In addition, the HealthStyles survey was used along with one additionally inserted question. Data were analyzed with descriptive statistics, One way ANOVA and Pearson Product Moment Correlations.

**Results:** Twenty percent of the nurses' loss weight, average change in weight +2.88 pounds (SD=7.67), maximum individual weight loss – 21.50 pounds. Weight loss was greatest during consecutively held meeting and non-holiday seasons. ANOVA revealed no significant differences in weight change among normal weight, overweight and obese participants after the peer-led interventions (F (2,26)=.402, p =.673. Pearson Product Moment analysis revealed a moderate, but statistically significant correlation between the numbers of meetings attended by the participant and weight loss (r=-.370,p.044).

**Discussion:** A small percentage of the nurses moved from the obese classification into the overweight status, thereby improving their health. Over 60% attempted to lose weight by combining dietary and exercise strategies. Thirteen percent met the recommended guidelines of the American College of Sports Medicine (ACSM) 60-90 minutes of physical activity guidelines to lose weight.

**Conclusions:** Effective weight loss practices for nurses should focus on healthy eating strategies and appropriate exercise requirements for successful weight loss. Interventions should target nurses variable work schedules to enhance healthier eating and exercise. Nurses should advocate for

healthy public policies at the local, national and international levels to enhance public's awareness of obesity's health risk.

## Long term conditions

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### Exploring the decisions people make about smoking post-stroke: a critical literature review

*Susan Jones, Research Associate, Teesside University, UK*

#### Abstract

**Background:** Stroke is of international concern as it is associated with significant levels of mortality and morbidity. It is known that smoking cessation reduces recurrent stroke risk yet a significant proportion of stroke survivors continue to smoke. The English government has legislated for a number of initiatives over the last fifteen years to assist smokers to quit, including setting up and expanding Stop Smoking Services. This literature review aimed to explore the facilitators and barriers to stopping smoking after a stroke.

**Methods:** A best evidence analysis was used based on Slavin's (1995) approach to collect and analyse data from diverse study designs. Five electronic databases were searched for relevant literature. Included papers were assessed for methodological quality. Pooling of statistical results was not possible due to heterogeneity however a narrative synthesis was performed.

**Results:** The literature to directly answer why people continue to smoke was not available. Studies focused on effectiveness and were ill-suited to answering the more complex, personal issues about why people change their smoking behaviour. Papers were clear that an evidence/adherence gap had developed whereby interventions known to be effective in some smoker populations were less successful post-stroke. Two elements that were important were identified: swift cessation initiation following the index event and long-term follow-up. The findings showed that issues such as these and promotion of cessation using brief interventions could be improved. It also appeared that the individual context in which people live and think was not acknowledged sufficiently and had negatively impacted on effectiveness.

A 'teachable moment' immediately post-stroke has been identified however cessation interventions post-stroke were not delivered as successfully as for the post-myocardial infarction population.

**Conclusions:** There were some cessation models showing promise but further research was required using more realistic, evaluation-type study designs to discover the mechanisms and contexts of behavioural choices.

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### What proportion of ambulatory self-presenting Emergency Department patients could appropriately be seen in a Primary Care referral stream?

*Isabel Allwood, Nottingham University Hospitals, UK*  
*Author(s): Isabel Allwood, UK, Philip Miller, UK, Natasha Barnes, UK*

#### Abstract

**Background:** Many patients attend Emergency Departments (ED) with conditions that could be dealt with by primary care facilities. Primary care pathways have been introduced in EDs across the UK to deal with these types of presentation. A referral pathway has been created within the ED at Nottingham University Hospitals (NUH) to allow ED nurses to redirect patients to a primary care 'stream' (PCS).

There is a lack of evidence for the efficacy of these systems (Carson et al, 2010). A study of the use of the primary care stream at NUH was undertaken.

**Aims:** To estimate the proportion of additional patients who could be streamed to the PCS based on their history, symptoms and signs by reference to local PCS referral guidelines.

**Method:** A random sample of 125 ambulatory patients who attended the department with minor illness and were subsequently discharged, had their records reviewed using the local PCS guidelines to assess suitability for referral.

**Results:** It was estimated that 64.2% could have been sent to the primary care service based on initial presentation. However after applying secondary exclusion criteria (31.2 % of patients presented when the primary care stream was unavailable (10pm to 10am) and 17.8% were found to be ineligible when the medical clerking was reviewed) 10.4% (13) of patients were accessed as appropriate for PCS who had not been referred.

**Conclusion:** The results suggest that a greater number of patients could be referred to PCS. Restriction of the study to ambulatory patients with minor illness means a larger study is required to test the efficacy of the PCS guidelines when

applied to other ED patient groups. Further work is also needed to understand how the nurses are interpreting the PCS guidelines to identify any barriers to increasing referral rates.

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### Knee pain, obesity and weight management: a systematic review of lifestyle interventions

Michelle Deighton, Sheffield Teaching Hospitals, UK

Author(s): Michelle Deighton, England, UK; Ian Brown, England, UK.

#### Abstract

**Background:** The prevalence of obesity has increased rapidly. Obesity increases risks for osteoarthritis of the knee and knee pain. Understanding the evidence supporting interventions for weight and pain management is essential for nurses caring for patients with these common conditions.

**Aims and Methods:** A systematic review of randomised control trials of lifestyle based weight management interventions for knee pain. Studies identified by key word searches of electronic databases from 2002 coupled with lateral and key journal search methods. Data extracted to review participants, interventions and outcomes.

**Results:** Seven trials reviewed involving 3416 adults (women 67.8%) with ages ranging 35-90 years; all participants were overweight or obese at baseline. A very strict low energy diet supervised by a dietician can lead to weight loss and improvements in joint pain at 3-4 months. Exercise on its own is less effective in the short term. In the longer term only multicomponent interventions with diet, exercise and behavioural change components provide evidence of both weight loss and improvements in knee pain.

**Discussion:** Weight management is important for improving knee pain. Specialist low-energy diets may be appropriate but long term outcomes are unknown. Maintaining weight loss is difficult following short term interventions. Multicomponent interventions aiming for longer term weight maintenance by patients are recommended in obesity management guidelines and are within, after further training, the roles of nurses. Further research is needed. For example, obesity is projected to affect men more than women. Men may be less responsive to the type of interventions tested for knee pain.

**Conclusions:** Nurses should develop roles in longer term multicomponent interventions integrating weight and knee pain management.

### Managing respiratory conditions

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### An exploration of how non-medical prescribing is being used for patients with respiratory conditions across the East of England

Dr Nicola Carey, Lecturer, University of Surrey, UK

Author(s): Nicola Carey, UK; Karen Stenner UK, Molly Courtenay UK

#### Abstract

**Background:** A recent survey found 35.6% of nurse independent supplementary prescribers prescribe for patients with respiratory conditions (Courtenay et al. 2012). Evidence suggests that non-medical prescribing enables healthcare professionals to contribute to improved services in a number of ways including greater choice and access for patients, better use of time and skills within the healthcare team and improved patient care (Bradley & Nolan 2007). The views and experiences of non-medical prescribers who care for patients with respiratory conditions have yet to be explored.

**Aim:** To explore how non-medical prescribing is being used for patients with respiratory conditions across the East of England

**Methods:** A qualitative study involving semi-structured interviews with a purposive sample of 40 nurses who prescribed for respiratory patients across the East of England. Data was collected in 2011 and subject to thematic analysis.

**Findings:** Rapid detection and treatment of acute episodes and exacerbations of respiratory conditions were regarded as a care priority. Across all settings, prescribing improved service efficiency and was vital to ensuring speedy access to treatment for exacerbations, particularly for vulnerable patients with complex needs. Nurses' expertise and prescribing knowledge helped to optimise treatment and improve self-management. Challenges were described in relation to: managing over-use of preventative medications, prescribing routine medication in emergency situations, and organisational barriers in community settings. Greater job satisfaction and confidence, which grew over time, outweighed anxiety associated with the prescribing role.

**Conclusion:** The findings indicate that nurse prescribing plays a vital role in providing timely treatment for managing acute exacerbations of respiratory conditions and optimising routine care across all practice settings. The implications for improved treatment, improved self-management, reducing hospital admissions and length of stay are clear, however, these self-report findings require validation. This is important during the current economic climate and uncertainty regarding the reorganisation of the NHS.

### Education/learning

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### The complex choreography of enabling critical reflection within an accredited work-based learning context

Christine Boomer, University of Ulster /South Eastern Trus, UK

Author(s): Christine Boomer, UK

#### Abstract

**Aim:** To illustrate the complex choreography that is required to enable the reflective dance working within an accredited work-based learning context.

While reflective practice is not new the attainment of critical reflective skills remains challenging for many nurses and midwives. Modern healthcare requires practitioners who have the knowledge, skills and expertise to challenge and continually develop practice; critically reflective practitioners are one means of enabling this reality.

This action research study, set within the critical creativity worldview, involved working with practice-based facilitators and their students to answer three questions: what facilitation strategies are most effective in enabling critical reflection; how does reflection enable the use of evidence; what are the outcomes from engagement between facilitator and student on a work-based programme? Data collected (06/10 – 09/11) included: analysis of reflective writing (using a reflective evaluation tool developed from the literature specifically for the study); 1 to 1 interviews with facilitators and their students; observation of facilitator/student meetings; researcher field notes. Critical creative hermeneutic analysis of the data, conducted collaboratively with participants throughout the study, informed understanding and action in the research partnerships (parts). While at the time of abstract submission analysis of the 'whole' remains on-going, the emerging overall findings are illuminating the 'complex choreography' that the facilitator and student engage with to enable the reflective dance set within an accredited work-based learning context.

Caring for older people

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**Transitions for frail, older people, from acute hospital wards to sub-acute and community healthcare services within an integrated NHS Trust: barriers and facilitators**

*Dr Andrew Gallini, Director of Clinical Services, Hospital of St John & St Elizabeth, UK*

*Author(s): Andrew Gallini, England; Lesley Baillie, England; Rachael Corser, England; Gina Elworthy, England; Ann Scotcher, England; Annabelle Barrand, England*

**Abstract**

**Background:** In England, the Department of Health (2009) has recommended greater integration of health and social care services to enable more effective care coordination. There is evidence of the benefits of integration internationally and within the UK, particularly for older people (Curry & Ham, 2010).

**Aims:** To explore the facilitators and barriers to transitions of frail older people from acute hospital wards to sub-acute or community healthcare services, as the basis for improving integrated services.

**Methods:** A qualitative case study design (Yin 2009) was used in one integrated NHS Trust. Data were collected in acute and community settings from: interviews with seventeen key Trust staff, ten focus groups with healthcare professionals and four interviews with patients. Data were collected between July and October 2012 and analysed using framework analysis.

**Results:** Facilitators included: Effective communication between professionals, and with patients and carers; in-reach of community healthcare professionals; effective out-of-hospital pathways; initiatives focussed on discharge of frail, older people. Barriers included: inappropriate use of out-of-hospital pathways; capacity within social and healthcare community services, and ineffective communication between professionals, and with patients and carers.

**Discussion:** Well developed out-of-hospital pathways were an organisational strength but were affected by pressure to discharge patients, resulting in inappropriate use of pathways and pressure on capacity within community care. There were differences in the understanding and expectations of patients about transitions from acute care, from those of healthcare professionals, and between healthcare professionals. An appreciation of inter-dependencies between facilitators and barriers has led to recommendations for improvement.

**Conclusions:** The importance of effective systems and communication pathways to promote safe and timely transitions of frail older people across services is central to improving integrated care. The study's qualitative design revealed the complexity of the facilitators and barriers to transitions of frail, older people within an integrated health-care organisation.

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**The development and evaluation of a narrative based approach to practice development in an older adult residential care setting, utilizing resident's stories to inform practice change.**

*Catherine Buckley, Practiice Development Facilitator, St. Finbarrs Hospita, Ireland*

*Author(s): Catherine Buckley, Ireland, . Brendan McCormack Northern Ireland RGN. Assumpta Ryan Northern Ireland.*

**Abstract**

**Aims:** This paper reports on the development of a Framework of Narrative Practice to assist nurses in gaining an in-depth understanding of the life-world of older adults in residential care and in doing so, to develop a more person-centred approach to care. .

**Background:** Long-term care for older people provides personal and social care for people who are no longer able to live in their own home. To date the impact and structure of nursing practice on care provision in these settings has proved difficult to conceptualise within a specific nursing theory framework.

**Design:** A qualitative hermeneutic approach was utilised where secondary data analysis was undertaken by the researcher, focus groups and 2 independent experts between April and August 2011.

**Findings:** This led to the development of a Framework of Narrative Practice. The framework is influenced by narrative inquiry, person-centred care and practice development. It has four pillars, prerequisites, care processes, care environment and narrative aspects of care. In order to operationalise the framework three narrative elements, narrative knowing, narrative being and narrative doing, need to be considered. Working with the foundational pillars and the narrative elements will enable staff to work in a storied way and provide person-centred outcomes and a narrative informed philosophy of care for older adults in long-term care.

**Conclusion:** This framework will assist nurses with the operationalisation of person-centred narrative practice. This study Proposes a framework and theoretical underpinnings that can inform further research in this field. The use of the framework will lead to ways of working that value biography and the development of a co-constructed plan of care.

This paper will present an overview of the original research and data collected from which the narrative framework was developed. It will outline the key components of the framework and discuss issues for implementation.

Workforce/leadership

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**Work Satisfaction and Happiness Index of Personnel Working in Boromarajonani College of Nursing, Yala, Thailand**

*Dr Preeyanuch Chaikongkiat, Nurse Instructor, Boromarajonani College of Nursing, Thailand*  
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**Abstract**

Knowing the work satisfaction and happiness of personnel working in the college which has gone through several changes in structure could be practical for Human Resource Management to construct guidelines that preserve staff and encourage them to achieve their goals. This analytical research aimed to investigate the work satisfaction and happiness of personnel employed in a Boromarajonani College of Nursing, Yala. A scale created from the Thai Mental Health Indicator (2007) was completed by 55 staff who were working during 2011 academic year. Results showed overall work satisfaction was high. The relationship between supervisors and colleagues sub-scale had the highest score, but the career development sub-scale had the lowest score. Also, significant differences were found for work satisfaction among personnel who were different in age groups, work duration, and education levels (p. <math>\leq 0.05</math>). Staff who had worked for 14 years or more were more satisfied in their work than those who had worked less than five years. The mental health indicators showed the percentage of personnel with happiness at a higher than normal level equalled that with normal levels of happiness (43.6%) and only 12.8% reported a lower than a normal level. However, a statistically significant difference in happiness (p. <math>\leq 0.05</math>) was obtained for staff with different education levels. The staff with master or higher degrees were happier than those with lower degrees. The correlation between work satisfaction and happiness of the personnel was statistically significant (p. <math>\leq 0.01</math>). This study provides useful information for the college as it suggests work satisfaction and happiness could be enhanced by offering staff development opportunities, especially those who had worked for many years, to increase their competence and further the goals of the organisation. Such an approach is likely to strengthen retention and satisfaction.

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### Exploring wellbeing in nurses providing older adult care: The role of occupational culture

Jenny Watts, PhD Student, University of Leicester, UK

Author(s): Miss Jenny Watts, UK; Dr Noelle Robertson, UK; Dr Rachel Winter, UK; Professor Richard Baker, UK.

#### Abstract

**Background:** Older adults are the biggest consumers of hospital resources yet little research has explored the impact of caring for this cohort. Consequently it is important to establish if nurses' wellbeing is affected by their caring role and how associated variables moderate the impact.

**Aims:** This study assessed the role of occupational culture and perceived social support upon burnout, compassion satisfaction, compassion fatigue, anxiety and depression.

**Methods:** A convenience sample of 131 nursing staff recruited from three NHS Trusts completed an online survey between January and June 2012. The survey was designed with input from three senior nurses and reviewed by local Research Ethics Committees and participating Trusts. Wellbeing was assessed using the Maslach Burnout Inventory and Professional Quality of Life Scale and Hospital Anxiety and Depression Scale. Survey responses were subjected to multiple regression to determine predictive relationships between variables.

**Results:** Nurses perceived their organisations to be more bureaucratic than innovative or supportive. 79 participants exceeded the normal range for anxiety and 43 for depression. Yet mean values did not reach clinical levels and could not be predicted by occupational culture or perceived social support. Nurse burnout could be explained by Perceived Organisational Support (Emotional Exhaustion,  $R^2 = .076$ ,  $F(1)=8.518$ ,  $p=.004$ ) Innovative Occupational Culture (Personal Accomplishment,  $R^2 = .049$ ,  $F(1)=4.971$ ,  $p=.028$ ) and Compassion Satisfaction (Depersonalisation,  $R^2 = .18$ ,  $F(1)=4.867$ ,  $p\hat{E} .001$ ).

**Discussion:** Perceptions of the organisation are important for staff wellbeing, with perceived support and an innovative culture predicting reduced burnout.

**Conclusions:** The NHS is undergoing a period of re-structure which may be interpreted as disruptive, leading to distress for staff, yet these results suggest nurses can benefit from belonging to a creative, enterprising organisation. Therefore nurses are not necessarily change averse and policy makers need to emphasise how proposed changes are both vital and innovative.

Cancer

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### The General Practitioners (GP's) role in end of life care-a GP's perspective

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#### Abstract

**Background:** Little is known about the GPs capacity to provide palliative care but their role is pivotal and can involve discussions around diagnosis and treatments, symptom control, psychological support for the patient and carers and bereavement support for the family (Phillips et al 2009, Toonen 2007). Aim

The aim of this study was to explore the input General Practitioners (GP's) have in the delivery of end of life care from their perspective.

**Methods:** The methodology used was Interpretative Phenomenological Analysis (IPA) which is concerned with the examination of how people make sense of life experiences. Semi-structured interviews were conducted with four GP participants, one female and three male at their surgeries and were recorded and transcribed verbatim. The data was analysed using a six step approach to IPA Smith et al (2009). By reading and re-reading the transcripts, initial noting took place which led to the development of emergent themes. Further exploration was carried out which revealed connections across the emergent themes and patterns across cases. Three main themes developed Communication, The role of the GP and Team working.

**Results-Discussion:** Results from the study suggest that there is some ambiguity in the participants' perceptions of their role in end of life care. Some viewed themselves as the 'key worker', but others described themselves as a coordinator of care. Communication between secondary, primary and specialist care providers was highlighted by all participants as a challenge which needs to improve to ensure continuity of patient care especially out of hours.

**Conclusion:** In conclusion the findings suggest that the GP plays a key role in end of life care. Their role needs to be clearly defined. Communication across all sectors and professionals in the patient's pathway needs improving. These results will enhance the knowledge of any HCP involved in end of life care.

Children and young people

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### Needs of children affected by HIV and AIDS: Mangaung in the Free State

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#### Abstract

**INTRODUCTION AND Aim:** Death or illness of a parent due to HIV/AIDS has a significant effect on the surviving children. Though there is a lot of information about the needs of children affected by HIV/AIDS, most of it is based on quantitative studies; hence, there can be a credibility gap between what other people see and what the affected children feel. The study aimed at identifying the needs of children between the ages of 11 and 18 years affected by HIV/AIDS. Needs of children at this age may easily be overlooked or underestimated and thus not served or underserved because the risks to their survival are less apparent as compared to younger children .

**Methodology:** A qualitative study was undertaken to explore and describe the needs of children affected by HIV/AIDS, either as pre-orphans or orphans. The in-depth/unstructured interviews were conducted with ten children between the ages of 11 and 18 years. Their transcribed perspectives were explored, and the data was analyzed using Tesch's method of qualitative data analysis.

**Results:** Four main themes were identified: 1) physical needs 2) economic needs 3) psychosocial needs 4) control needs. Under each theme categories were identified. The subcategories to support the categories were direct quotes from the verbatim transcripts.

**Conclusion:** in the main, participants understandably reported immediate physical and economic needs to be their first priority, but psychological and control needs were often mentioned during the interviews, and it is those that were indeed identified as being of primary importance.



Children and young people  
methodological issues

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**Overcoming the ethical challenges of conducting inter agency case study research**

*Presenter: Suzanne Watts, PhD Research Student, Oxford Brookes University, UK*

**Abstract**

This POSTER presentation will explore the key challenges of designing and conducting a qualitative multiple case study in the real world of every day practice of health and social care practitioners. The POSTER will identify both ethical and practical challenges at key stages of the research process and describe how the study design overcame these issues.

The primary aim of this multiple case study is to construct an in depth understanding of the inter-professional communication which occurs between professionals working in primary health care and child social care when making and assessing child protection referrals.

There are two stages to the study design. The first, which has already been undertaken, has identified the sources and frequency of referrals from primary health care to child social care in one local authority. The second stage, which is currently in progress, is a qualitative multiple case study exploring the complex nature of the communication which occurs between health and social care agencies when making and responding to child protection referrals. This study is unique in that cases will be tracked through the professional network, linking anonymised referrals to the referrer (health visitor, general practitioner, community nurse) and the responder to the referral (assessment team social worker).

With reference to the position of the researcher as an outsider to both the health and social care organisations where the data is collected a number of ethical and service issues have been identified and addressed in the study design. This POSTER presentation will discuss these issues under the following themes:

- Confidentiality
- Access to information
- Recruitment of participants
- Identifying unsafe practice
- Impact of participation on service delivery
- Research governance of inter-agency research

The design of this study demonstrates that it is possible to undertake sensitive and complex interagency research and overcome what maybe perceived as obstacles to the conduct of safe and ethical research.

Acute and critical care

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**Hospital accreditation and patient safety: a systematic review of effects**

*Helen Wharam, PhD student, University of Southampton, UK*

*Author(s): Helen Wharam, England, UK; Peter Griffiths, England, UK; Michael Simon, England, UK*

**Abstract**

**Background:** Participation in accreditation schemes, often requiring considerable engagement by nursing teams, is seen by healthcare providers as a means to enhance patient safety and outcomes. However, whilst the role of accreditation in recognising existing quality of care seems clear, it is less clear whether the accreditation process leads to quality improvements.

**Aim:** To critically appraise research reporting associations between healthcare accreditation and hospital patient safety.

**Methods:** English language publications indexed in the Cochrane Library, Medline and CINAHL to July 2012. Studies comparing accredited with non-accredited hospitals or describing characteristics of accredited hospitals and reporting measures related to patient safety were included. Initial selection and data extraction was undertaken by a single reviewer. Studies were assessed for risk of bias. The results were extracted and reported as narrative.

**Results:** Ten papers (nine studies) comprising one randomised controlled trial, one retrospective secondary data analysis and seven cross-sectional observational studies were identified. Studies explored a diverse range of accreditation schemes. Details of scheme approaches and purposes were generally sparse. Six studies examined safety systems/practices with five showing improvements, one study examined safety culture but failed to show an improvement whilst two studies examined safety outcomes with one showing improvements.

**Discussion:** Whilst a number of studies suggest that accreditation is associated with improved hospital safety outcomes or precursor conditions for safety, the extent of the evidence base is limited in quantity and quality. The cross-sectional and retrospective designs employed in most of the studies prevent attribution of cause. Due to the high risk of bias exhibited by a majority of studies results should be interpreted with caution.

**Conclusions:** With increasing international expenditure on hospital accreditation there is a need for further research to enable clearer conclusions to be reached about effectiveness.

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**The effect of a transforming care initiative on nurse sensitive indicators in acute surgical units: a time series study**

*Sarah Burston, Griffith University, Australia*

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**Abstract**

**Background:** Hospital acquired pressure injuries (HAPI) and inpatient falls are a significant concern for healthcare leaders. HAPI occur in 6.1% – 17.4% of hospitalised patients and a rate of one to eight falls per 1000 bed days has been reported. Such patient safety concerns have provided the impetus for nurse leaders to seek innovative ways to deliver safe, quality care.

**Aim:** To examine the relationship between the implementation of a transforming care initiative and two nurse sensitive indicators, HAPI and patient falls.

**Method:** A quasi-experimental time series study was undertaken in two acute surgical units that implemented a transforming care initiative including interventions such as bedside handover and protected mealtimes. 3,558 patients were discharged in the pre intervention period and 3,569 post. ICD-10 coded data identified the patients that sustained a HAPI or who fell at least once prior to the intervention July 2008 to August 2009 and post, December 2009 to December 2010. Statistical process control was used to analyse the data.

**Results:** A significant reduction in the post intervention proportion of patients acquiring HAPI in one unit and falling at least once in the second unit was reported.

**Discussion:** The strategies adopted and the implementation process varied among the units, which may account for the different findings. However, adopting a transformation initiative appears to have some benefits. Future research is required to direct the selection and number of interventions to introduce and gain an understanding of the transformation process from the perspective of nurse stakeholders. Such inquiry will enable a better understanding of contextual factors that influence the uptake and success of transforming care initiatives, assisting development of contextually responsive initiatives.

**Conclusion:** Following the introduction of a transforming care initiative, statistically significant changes in nurse sensitive indicators were shown. This has major implications for the spread and sustainment of transforming care initiatives.

Methodological issues

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**How are the constructs of Person Centred Nursing expressed in a participatory design led service improvement project: a secondary directed content analysis**

*Daniel Wolstenholme, The Royal Hallamshire Hospital, UK*

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**Abstract**

The NHS is facing an unprecedented drive for increased efficiency alongside improved patient experience and choice (Darzi 2008). This paper describes the evaluation of an innovative service improvement project undertaken in 2010-11 that, using methods derived from participatory design practice and the NHS Institute for Innovation and Improvement (NHSII), sought to improve medical outpatient services for older people in a large acute teaching hospital. A central theme of the project was to bring hospital staff, patients and carers together to 'co-design' improvement.

The background and methods of the service improvement project are discussed in (Wolstenholme et al. 2010) and a complete analysis of the participants experience is available (Bowen et al 2012). For this paper I am going to concentrate on how through a piece of service improvement nurses and patients gained insight into each others roles, and how the key constructs of Person Centred Nursing (PCN) might be expressed in their experience of being involved.

This paper presents a secondary directed content analysis of the qualitative data gathered during the project. The data was from three nursing staff of different grades and patients and patient representatives all of whom participated in the study. The themes of PCN were used as a framework to analyse the transcripts using an online data management package called dedoose. This allowed the lead author to blind the initial coding from collaborators to triangulate the process and add rigor. The data showed that this participatory approach supported certain aspects of the PCN Framework.

In light of the ongoing research into how to facilitate transformational cultural change in health-care this paper shows that there is some benefit of these participatory design led approaches in developing some of the pre requisites and care processes described in the PCN Framework.

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**Strengths and limitations of creative writing in research dissemination: an evaluation of short stories**

*Dr Ian Brown, Sheffield Hallam University, UK*

*Author(s): Ian Brown, England, UK; Alex McClimens, England, UK; Michelle Deighton, England, UK*

**Abstract**

**Background:** Whilst the number of research studies continues to proliferate, how to communicate their findings effectively remains a challenge. Research is of little value if it is unable to engage potential audiences and thereby inform. The use of creative writing outputs such as stories to engage audiences has been advocated in the literature but there are few evaluations (Keen et al. 2006; Boydell et al 2012). Our qualitative study of experiences of weight management employed short stories as part of dissemination with lay and professional audiences.

**Aims:** An evaluation completed in 2012 aimed to illuminate the creative process in producing stories and the responses to their use in dissemination.

**Methods:** Feedback on the stories was obtained by questionnaires from patients (n= 10), general practitioners (n=12) and district nurses (n=9). Process data were collated from emails, meeting notes, questionnaires and reflective logs.

**Results:** The stories were highly rated by a large majority (85%) of all groups. They were liked: for being easy to read, memorable, realistic, believable, engaging, educational and enjoyable. However, a few (10%) felt the stories were disjointed or potentially misleading with respect to objective findings. Process themes included: development stages and cycles; creative writing challenges and pleasures; ownership, representation and ambiguity; academic rigor and purpose.

**Discussion:** The literature reporting creative writing in dissemination is almost entirely positive but largely anecdotal and vague about the production process. Our study is more transparent about the creative writing process and adds to the evidence that stories are engaging, memorable and therefore useful in research dissemination.

**Conclusions:** Short stories are a valuable element within a dissemination strategy. Creative writing should be coupled with clear information about the process of its production and its representation of study data and findings.

Women's health & midwifery

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**Abused Women, Awareness, Recognition and Empowerment (AWARE): Development of an explanatory framework for domestic abuse disclosure**

*Dr Caroline Bradbury-Jones, University of Dundee, UK*

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**Abstract**

**Background:** Domestic abuse has serious, long-term, negative health and social consequences for women and their children. Empirical evidence suggests that health professionals are reluctant to broach the issue of domestic abuse with women (Lazenbatt & Thompson-Cree 2009). Moreover, research has shown that women are reluctant to disclose abuse. This dual relationship of non-enquiry and non-disclosure means that many women remain at risk of the consequences of abuse.

**Aims:** The aim of the study was to investigate health professionals' beliefs about domestic abuse and the issue of disclosure.

**Methods:** A qualitative, two-phase study was undertaken in Scotland during 2011. Twenty-nine health professionals (midwives, health visitors and general practitioners) were interviewed individually and fourteen women with domestic abuse experiences took part in three focus group discussions. Data were analysed using framework analysis (Ritchie & Spencer 1994).

**Findings:** Findings illuminated the complex disclosure-enquiry dynamic and reasons why some women do not disclose abuse. A key finding related to the issue of domestic abuse awareness and recognition. Differing levels of awareness of the nature and existence of abuse are held by abused women and health professionals.

**Discussion:** A conceptual representation of domestic abuse awareness arising from the study captures the complexity of the disclosure process. The 'Abused Women, Awareness, Recognition and Empowerment' (AWARE) framework has potential use for training and education of health professionals. It could also be used by health professionals with women to facilitate open discussion about abuse.

**Conclusions:** The AWARE framework requires further development and testing. This presentation will serve as a forum to discuss and critique it at an early developmental stage. Because domestic abuse is a global phenomenon, the presentation should appeal to the international conference delegate.

Heart disease

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## What Do Women Really Know About Heart Disease?

*Gillian McCorkell, Lead Nurse R&D, Western Health and Social Care Trust, UK*

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### Abstract

**Background:** Coronary Heart Disease (CHD) is the leading cause of death and disability in women in the United Kingdom ( BHF,2010). Research indicates that women are unaware of the main risk factors, consider cancer a greater risk, that men are more prone to myocardial infarction (M.I.) and that chest pain is the primary symptom of M.I.( Albarren, Clarke & Crawford,2007). In fact, women experience more atypical symptoms than men and often present later, when the disease is well-established (Quyyumi,2006). This lack of knowledge of CHD may result in a lack of motivation for altering known risk factors.

**Aim and Objectives:** To explore what women know about CHD and its risk factors in order to inform future health promotion events, education and further research.

### Methodology

**Design:** A cross sectional survey, using a questionnaire that measures women's knowledge of CHD, with previously demonstrated satisfactory validity and reliability, was utilized.

**Sample:** 200 women → 18 years and no previous history of CHD were recruited through local women's groups.

Ethical approval was obtained from the ORECNI.

**Analysis:** Descriptive statistics were used to summarize the data and seek relationships between demographic variables.

**Results:** No participant correctly answered all questions. The lowest number of questions to be answered correctly was 4 out of 23 questions (n=5). The mean score was 14 (60.9%). Questions related to symptoms of MI were answered incorrectly by 41% of the women.

**Discussion and Conclusion:** There is an overall lack of knowledge regarding symptoms and associated risk factors of CHD in women. Current health promotion seems to be inadequate, it is important that healthcare concerns are raised at local and regional levels. More strategic interventions, such as the development of educational programmes and advertising campaigns to raise women's awareness and highlight their risk of CHD, are required.



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