#research2015

Royal College of Nursing

RCN international nursing research conference 2015

27 STUDY HOURS

Book of Abstracts

Monday 20 – Wednesday 22 April 2015

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Contents

Keynotes/plenary

Monday 20 April 2015 10.20 – 11.00

Invisible care in 'soulless factories'? The challenges of humanising healthcare for patients and nurses

Presenter(s): *Professor Jill Maben OBE, RN BA(Hons), MSc, PhD, PGCE, Chair in Nursing Research, Kings College London, United Kingdom*

Abstract

Porter (2002) described hospitals as 'soulless, anonymous, wasteful and inefficient medical factories'…this paper explores the soulless factories of modern healthcare and argues the effects on staff and patients are similar. The way care and nursing work is organized and resourced creates disconnect for nurses and as well as patients which can be dehumanising. Moving the focus of health care away from 'delivery' and 'production' towards care as an ongoing everyday accomplishment; the 'extraordinary ordinary', may allow care to be seen less as a commodity and more as a relation that is deeply embedded within institutional and local care contexts. Drawing on empirical evidence from older people's settings in a number of recent NIHR funded studies and examples from other countries this paper argues that if the work environment is humanised and nursing work is organised differently both nurses and patients benefit with patients feeling less like 'parcels' and feeling more cared for.

Intended learning outcomes

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

- Reflect on nursing care quality and what influences this
- Describe environments that enhance care for older people
- Identify the importance of the extraordinary ordinary and the power that resides in apparently 'little things'.

Recommended reading

Porter, R. (2002) Blood and guts: short history of medicine. London: Allen Lane.

Maben, J., Adams, M., Robert, G., Peccei, R., Murrells, T. (2012) Poppets and Parcels: the links between staff experience of work and acutely ill older peoples' experience of hospital care International Journal of Older People Nursing: Special Issue: Acute Care. 7(2):83-94.

Goodrich J, Cornwell J. Seeing the Person in the Patient Review Paper.: The Kings Fund 2008. http://www.kingsfund.org.uk/sites/files/kf/Seeing-the-person-in-the-patient-The-Point-of-Care-review-paper-Goodrich-Cornwell-Kings-Fund-December-2008.pdf

Biography

Professor Jill Maben, a nurse and social scientist, is Director of the National Nursing Research Unit, King's College London. Jill's research focuses on the healthcare workforce, particularly the quality of the work environment and the effects of these on patient care quality and experience. Jill recently completed a national research study in the UK examining the links between staff wellbeing and patient experience. In 2013 Jill was in the Health Services Journal 'Top 100 leaders' and their inaugural list of Most Inspirational Women in Healthcare. Jill was awarded an OBE in June 2014 for services to nursing and healthcare.

Tuesday 21 April 2015

09.10 – 09.50

Hoist on our own petard: the false dichotomy between technical and holistic care in nursing.

Presenter(s): *Professor Sioban Nelson RN, PhD, Vice-Provost, Academic Programs, University of Toronto, Canada*

The idea of nurses as engaged in moral work has a long history. From its nineteenth century origins to the work of the nursing theorists of the twentieth century, nursing has struggled to understand itself as both skilled technical work and relational or holistic work. This paper explores the challenges that this tension has created for nursing as a profession, particularly in the context of practice and service reorganization in contemporary health care, and changing expectations for health professionals.

Intended learning outcomes

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

1. Participants will be able to understand the historical basis of current controversies in nursing education and practice.

Recommended reading

S Gordon and S Nelson An End to Hearts and Angels, From Virtue to knowledge, American Journal of Nursing, 105(5):62-69, 2005.

Biography

Professor Sioban Nelson is the Vice Provost Academic and former Dean of Nursing at the University of Toronto. Sioban is the author of three books and six edited volumes, including the acclaimed 'Say little do much': Nursing, Nuns and Hospitals in the Nineteenth Century (University of Pennsylvania Press, 2001) and the prize-winning Complexities of Care: Nursing Reconsidered (co-edited, with Suzanne Gordon, Cornell University Press, 2006). Her most recent work is a coauthored book (Nelson, Tassone and Hodges, Cornell 2014) on Interprofessional education and practice, Creating the healthcare team of the future.

Wednesday 22 April 2015

09.10 – 09.50

Reform of Care or Care of Reform? Revitalising, Being Alongside and Nursing Practices

Presenter(s): *Professor Joanna Latimer BA (Hons.) RGN, PhD, Cardiff University School of Social Sciences, Cardiff, United Kingdom*

Abstract

In this paper I address how the endless reform of health services creates both disarray and dispute over the meanings of care to feed and fuel struggles and conflict in the 'organisational politics' of the NHS, as well as intensify a sense of precariousness, for patients and practitioners alike. I examine how the businessfication of health services has further positioned nurses in competing and multiple agendas, including the call to care more and more for the organizations that they work in, and escalate responsibility for the delivery of financial and efficiency targets. I argue that any demoralisation arising from this jointing of morality and efficiency relates, first, to a fundamental downgrading of the status of nurses through changes to the organisational structure and the institutions within which they work and, second, to a devaluation of their work as a consequence of witting and unwitting manipulations in the meanings of care. I go on to explore ways to revitalize the reform of health care that gives permission to care about the incredible subtlety and complexity of medicine, health and illness, as well as of nursing knowledge and nurses' work. Here I refocus nursing practice as interactive, entangled, emergent, discretionary, material practice, rather than merely as the delivery of packages or 'interventions' whose efficacy has been decided in centres of calculation far from the bedside. Drawing on a number of research-based examples I show how moments of care can be understood as corporeal and symbolic, world-forming occasions, for both patients and practitioners alike. Thus I offer a perspective that makes visible how health and illness are messy and chaotic, while nursing practices are relational and heterogeneous, not only exercising body-persons in often implicit and silent moral forms, but as instituting worlds of inclusion and exclusion, and connection and disconnection. I suggest a way to reenvision care both what animates practice, and as an affect, of, for example how, when, and where things are done (or not done), of partial and intermittent connection and disconnection, and of what I call 'being alongside'. Within this view compassion and care cannnot simply be added back in by government agendas, but needs to be built into the very fabric of how health services are done.

Intended learning Outcomes:

1. Reflect on the complexity and politics of practice
2. Offer different theoretical perspectives on the relationship between nursing and the organization of health services
3. Identify posible research aproaches that create alternative perspectives on the meanings of care

Biography

Joanna Latimer is Professor of Sociology at Cardiff University. Joanna studied English at London University and then worked as a cleaner and auxiliary nurse in a hospital for older people, going on to train as a nurse at UCH, London. Joanna worked as a nurse for ten years, including helping found the first nurse-led Community Hospital, and ending as a ward sister of an acute medical ward. She won a Scottish Home and Health Department Fellowship to train in Social Science research at Edinburgh University and then went on to complete her doctorate on the assessment and care of older people in acute hospitals. Joanna has published widely on medicine, nursing, science, technology, the body, genetics, ageing, care and culture and contributed to publications at the cutting edge of debates in sociology of nursing and medicine. Her early work on the politics of health care organization and practice explored mundane processes of social in/exclusion including 'The Conduct of Care' (Blackwell). Her more recent research offers a new theory of medical dominance, including the prize-winning book 'The Gene, The Clinic and The Family' (Routledge). Joanna edits the Sociology of Health and Illness, and is on the board of The Sociological Review. She is currently writing her most recent ethnography of ageing, medicine and biology.

15.35 – 14.15

Research Assessments: how can nursing continue to improve their performance.

Presenter(s): *Professor Hugh McKenna, CBE, PhD, B.Sc(Hons), RMN, RGN, RNT, DipN(Lond), AdvDipEd, FFN RCSI, FEANS, FRCN, FAAN, Pro Vice Chancellor, Research and Innovation, Ulster University, United Kingdom*

Abstract

For almost thirty years publically funded research in the UK has been assessed for quality in a series of research assessment exercises. The most recent one is called the Research Excellence Framework (HEFCE, 2014). Such exercises are carried out in many countries across the world. These include Finland, Norway, Sweden, Denmark, Holland, Italy, New Zealand, Australia, Romania, Hong Kong, Germany and most recently the Czech Republic. The results are mainly used to inform the allocation of research funding and provide accountability for tax payers' money. Every four or five years universities in these countries make submissions to their government research funding bodies. Such submissions are mainly composed of publications and other outputs of the research process. In addition, some include information pertaining to the research environment including research strategy, infrastructure, funding, PhD completions, staffing, esteem, and collaborations. For the first time the UK's Research Excellence Framework (REF) has assessed the impact of research. This is not surprising since politicians and others are asking universities to outline what has been achieved from publicly funded research. It is also not surprising that other countries are watching the results of this with great interest and many are already planning to assess impact as part of their future research assessment exercises (e.g. Sweden and Hong Kong). Increasingly, these governments believe it is not unreasonable to ask those whose research work is undertaken at public expense to account for and provide some evidence of their activities and outcomes. This presentation will outline how nursing has consistently improved its performance with regards to research quality and how a better performance can be made in the next exercise.

Intended learning outcomes:

- Gain and insight into how research assessments exercises are undertaken globally
- Be aware of how research impact is evidenced and assessed
- Plan how to do better in the next exercise in 2020

Biography

Dr Hugh McKenna CBE is a mental health and general nurse and currently deputy Vice Chancellor for Research at Ulster University. He has over 250 publications and over £7 million in grants. He holds a number of international fellowships, editorial and non-executive positions. He chaired the UK Research Excellence Framework for nursing, ahps, pharmacy and dentistry. He chaired the Hong Kong Accreditation Panel for Health Sciences and the Swedish Health Sciences Research Council. He is Visiting Professor at the Universities of Texas, Moribor, Sydney, and Trinity College Dublin and Head of the Visiting Committee at the Chinese University of Hong Kong.

Recommended reading

McKenna, H.P., Daly, J., Davidson, P., Duffield, C., Jackson, D., 2012. RAE and ERA – spot the difference. Int J Nurs Stud 49 (4), 375–377.

McKenna, HP. 2015. Research assessment: The Impact of impact. Irs Stud 52, (1), 1-3.

HEFCE (2014). Research Excellence Framework. Higher Education Funding Council. London. http://www.ref.ac.uk/

Fringe/networking sessions

Monday 20 April 16.50-17.50

Maximizing the impact of your publications in an open access environment

Presenter(s): *Professor Peter Griffiths, University of Southampton, Executive Editor, International Journal of Nursing Studies*

Professor Ian Norman, King's College London, Editor-in-Chief, International Journal of Nursing Studies

The pressure on nursing scholars to publish their research findings has never been greater. However, publishing practices and the publishing environment are changing. Whereas frequency of publication was once the main criterion for academic success the emphasis today is on producing fewer papers, but ones that are highly used and cited and published in high impact journals. Added to this the long and sometimes heated debate about the merits or otherwise of open access publishing of research findings seems to have been superseded by a commitment of major funding bodies internationally to open access publication as a requirement of research funding.

So what can implications do all these changes in publication practices have for nursing scholars and the evidence based of nursing practice? And how can scholars maximises the impact of their research outputs? These questions will be addressed in a presentation by two senior editors of the International Journal of Nursing Studies (currently ranked 3rd in Thomson Reuters' 2013 Impact Factor list of 106 academic nursing journals) followed by discussion with the audience to which a number of other journal editors will also contribute.

Fellowship Opportunities for Nurses from the National Institute for Health Research: what are they and how do you get one?

Presenter(s): *David Richards, University of Exeter Medical School*

The UK National Institute for Health Research (NIHR) has a comprehensive programme of generously funded research training fellowships for nurses wishing to develop clinical academic careers. These include masters, doctoral, post doc and more senior awards. This networking event will be an opportunity for interested participants to meet Professor David Richards – the NIHR clinical academic training advocate for nursing – to receive information on these fellowship programmes and get tips for successful applications.

Best evidence for best practice: using social media to share research and engage nurses

Presenter(s): *Sarah Chapman, Knowledge Broker, United Kingdom Cochrane Centre*

Holly Millward, Communications & Engagement Officer, United Kingdom Cochrane Centre

Cochrane produces reliable evidence for better health. There are over 6000 published Cochrane reviews and many are relevant to nursing. Cochrane UK uses social media, in particular Twitter and a weekly blog, to disseminate evidence and encourage engagement with it.

In 2014, a Cochrane review found no reliable evidence to support an established nursing practice and used social media to share this with nurses, promote reflective practice and establish relationships within the nursing community.

This event is intended to share Cochrane UK's experience and provide an opportunity for participants to consider the benefits and challenges of using social media in this way and to optimize their social media use.

After a presentation, attendees will be invited to participate in a workshop to identify barriers and potential solutions for sharing or engaging with research on Twitter and to share best social media practice tips.

Target audience

Those wishing to improve their use of social media, and Twitter in particular, to share and/or engage with research to promote evidence-based nursing practice. Participants should be familiar with Twitter basics.

Expected outcomes

We hope participants will leave feeling inspired to use social media to share/engage with research and better equipped to do so.

Leading, collaborating and influencing research funding

Presenter(s): *Professor Andree leMay, University of Southampton and Dr Ann McMahon, Royal College of Nursing*

How do we collectively influence to 'build a dynamic knowledge base of sufficient coverage and depth' for nursing?

To put this questions in context, last year the RCN refreshed its research strategy and published a five year plan of action: RCN Knowledge and Innovation Action Plan 2014 - 2018

Professor Andree leMay was commissioned to undertake a scoping study to inform the RCN how it could have greater influence in research funding. How could the RCN maximise its impact in leading collaborating and influencing research funding?

The study mapped the landscape of UK research-priority setting and identified approaches to influencing the research arena and research-priorities. Based on the principles of co-production, alliance and influence two recommendations were made.

In the session we will discuss the report, its recommendations, strategy and actions to achieve them and next steps. Come along and influence!

Tuesday 21 April 16.30-17.30

Developing nurses' professional practice and knowledge: an exploration of funding and scholarship opportunities

Presenter(s): *Dr Sharon Hamilton, Reader in Nursing, Teesside University*

Dr Theresa Shaw, Chief Executive, Foundation of Nursing Studies

Purpose: Nurses as direct care-givers or researchers are in an excellent position to develop and lead innovations in practice to improve the quality of patient care. Although nurses are well-placed for this role, it can be a challenging, complex process which is further compounded by the prevailing economic constraints across healthcare. However, a range of funding opportunities are available to support nurses to develop the skills and knowledge needed to lead innovation including scholarships to travel and learn from international centres of excellence.

This fringe event aims to raise awareness of:

- Funding and scholarship opportunities that are available to nurses in the UK
- Application and selection processes
- Factors influencing successful applications

The experiences of a nurse who was awarded a Winston Churchill Memorial Trust Travel Fellowship will also be presented with the aim of inspiring nurses to develop their ideas into a successful application.

Target audience

This session is targeted towards UK delegates but it will also be of interest to international delegates as many underlying principles will be transferable to funders outside the UK.

Expected outcomes

- An increased awareness of the funding opportunities available to nurses to support innovation, professional development, study and travel
- An understanding of eligibility criteria, application processes and factors to increase the likelihood of a successful application
- Nurses to be inspired to seek out funding opportunities

Developing partnerships to share experience and expertise

Presenter(s): *Nicola McHugh, Global Research Nurses' Network*

Violet Nour, Lecturer, Al-Ahliyya University, Amman, Jordan

Patience Ngina Ndonye, Research Nurse, Kilifi, Kenya

Gillian Ray-Barruel, OMG PIVC Study Coordinator, AVATAR group, Senior Research Assistant, NHMRC Centre for Research Excellence in Nursing (NCREN), Griffith University, Australia

The aim of the Global Research Nurses' network is to provide resources and support to nurses working in research in low and middle income countries. Our resources are online. They are free and open access and include tools and templates, e-learning from The Global Health Training Centre and a Professional Membership Scheme. We offer support through online networking and face to face at regional workshops.

Purpose of networking event

- to recognise the global identity of nursing and celebrate shared skills and experiences of nurses working in research
- to recognise the values that nurses bring to their research role and the benefits nurses offer both to study participants and to the study team
- to provide a forum for nurses from across the globe to meet and network
- to discuss the purpose of networking – its benefits and its challenges
- to create links and identify strategies to move from networking to action

Target audience

Nurses working in research who have an interest in collaboration and partnership with colleagues across the globe

Outcomes

- to identify the value of collaboration and partnership
- to form links between individuals and organisations, to facilitate the development of partnerships
- to outline the purpose and aims of the partnerships

I am a member of the RCN, why should I promote membership to the Research Society?

Presenter(s): *The RCN Research Society - Michael Traynor, Ruth Northway, Ruth Harris, Bridie Kent, Julie McGarry, Danny Kelly and Rachel Taylor*

The RCN Research Society is open to any RCN member and its membership currently stands at 4,897. The purpose of the RCN Research Society is to:

- Provide research leadership and expertise to support the RCN's strategic intent to influence the development of practice and policy from an evidence base
- Provide support to and meet the needs of members of the Research Society providing a network for sharing experiences and learning and development opportunities

The objectives of this fringe are to:

1. Update members on the activities of the Research Society over the past 12 months.
2. Determine RCN member's perceptions of the Research Society and whether they see the activities they undertake as important for advancing the nursing research agenda.
3. Identify what RCN members believe the Research Society should be doing
4. Identify what RCN student members believe the Research Society should be doing
5. Review the way in which the Research Society conveys information to RCN members to enable them to keep up to date with the Society's activity.

Target Audience

All delegates (including student members) are welcome. The Society is keen to hear the opinions of not just established researchers but also the next generation so pre-registration nurses and those embarking on a research career pathway are particularly welcomed.

What we do

During a working lunch RCN members will take part in a number of activities designed to encourage lively discussion.

Intended outcomes:

- Raise awareness of the Research Society
- Identify potential areas for future activity
- Identify where the Society can improve dissemination of the work they undertake

Becoming an effective reviewer

Presenter(s): *Carol Haigh, Manchester Metropolitan University*
Debra Jackson, Manchester Metropolitan University
Graeme Smith, Manchester Metropolitan University
Leslie Gelling, Manchester Metropolitan University
Susan Barnason, Manchester Metropolitan University

Whilst publication of a paper in a peer reviewed journal is an important milestone for many doctoral students and new researchers, the importance and utility of becoming a reviewer (whether conference, journal or research council) is one that is often overlooked. This can be argued to be the next important step in developing a professional profile. The purpose of this professional development event is to

- Discuss the value of becoming a reviewer
- Explore the areas in which reviewing opportunities can be identified
- Discuss the key attributes of an effective reviewer
- Discuss the top tips of effective reviewing activity

The presenters of this work shop have significant experience of reviewing for journals, conferences and research councils.

Concurrent session 1

Monday 20 April 2015 11.30 – 12.55

Theme: Phenomenology

1.1.1 Abstract number 23

11:30am

Pieces of the jigsaw: what support do multi-skilled emergency nurses need to deliver alcohol brief intervention education in a small rural Emergency Department?

Author(s): *Elizabeth Ann McCall, Australia*

Presenter(s): *Elizabeth Ann McCall, RN., RM., BHSc(Nursing), MHSc, Nurse Manager, Byron District Hospital, NSW, Australia, Australia*

Abstract

Background: The majority of studies on alcohol brief interventions in the Emergency Department have focused on effectiveness of the intervention and little has been written regarding the knowledge and systems support required in providing brief interventions. Emergency nurses are well placed to be at the forefront of implementation as they spend so much time with patients. However, workplace challenges of knowledge deficits and confidence, dedicated time, adequate staff and dedicated space in electronic medical records are all barriers to successful implementation.

Aim: This exploratory study sought to explore the knowledge and support emergency nurses require in providing alcohol brief intervention education at a single rural Emergency Department.

Methods: This interpretive research project was informed by hermeneutic phenomenology and sought to explore the education and support required for emergency nurses to deliver alcohol education brief interventions in the ED. Data was collected from participants of three focus groups and two in-depth interviews. Data analysis sought thematic interpretations, with a view to transforming personal experience into disciplinary understanding.

Results: Three major themes were identified from the data with a number of sub-themes. Theme one reflected participants' knowledge regarding alcohol-related public health issues. The second theme examined how that knowledge translated into the provision of alcohol brief interventions in the Emergency Department. The last theme explored the barriers to implementation perceived by emergency nurses.

Conclusion: For alcohol brief intervention education to be delivered by emergency nurses managerial, educational and systems support is required.

Key words: Emergency nurses, alcohol consumption, education

1.1.2 Abstract number 25

12:00pm

Registered nurses' experiences of respect towards service users: an interpretative phenomenological analysis

Author(s): *Hazel M Chapman, United Kingdom; Dr Claudine Clucas, United Kingdom*

Presenter(s): *Hazel Margaret Chapman, RGN, RN(LD)/DipHE Nursing, BSc(Hons) Psychology, MA Education, University of Chester, Faculty of Health and Social Care, CHESTER, United Kingdom*

Abstract

Registered nurses' experiences of respect towards service users: an interpretative phenomenological analysis

Background: Respect for service users is a key component of effective (Beach, Roter, Wang et al, 2006) and ethical nursing care internationally (ICN, 2012). However, nurses' experiences of respect and factors affecting their respect for service users are poorly understood.

Aims: The findings of this study will be presented and discussed, in order to inform health care delivery. This study aims to understand the nurses' experiences of respect, and the factors influencing them.

Methods: A qualitative Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009) approach was used to carry out and analyse semi-structured interviews (August 2014) with twelve Registered Nurses at an acute hospital Trust in the UK. Each interview was analysed in depth using a systematic approach to make sense of participants' lifeworlds.

Results: Themes identified include:

- Stressors of the role and workplace
- The disrespectful / discredited person
- Benign compassion versus respect for autonomy

Discussion: A combination of barriers to respect for service users is identified. These include: workplace demands; fear of legal and emotional challenges; 'difficult' service users and relatives; and differences in the Nurses' understanding of respect, with implications for the service user / nurse relationship, the service user experience and health-related outcomes.

Conclusions: This study furthers our understanding of experiences in respect in healthcare consultations and has implications for nurse education, healthcare management and policy. Although this study was undertaken with Registered Nurses in the UK, these issues and human interactions within the social world of healthcare, are likely to be applicable to all health professional / service user interactions in culturally and economically similar countries.

1.1.3 Abstract number 265

12:30pm

Experiences of disengagement from mental health services: An interpretative study

Author(s): *Chris Wagstaff, United Kingdom*

Presenter(s): *Chris Wagstaff, BA/RMN (DIP)/MsC/PG Cert Ed, Senior lecturer in Mental Health Nursing, College of Medical & Dental Sciences, Department of Nursing, Birmingham, United Kingdom*

Abstract

Aim: To examine the themes arising from an interpretive phenomenological analysis (IPA) study investigating the experiences of people with severe mental health problems (SMHP) and a history of disengagement from mental health services.

Background: There is limited research into the experiences of disengagement from mental health services. This paper discusses the findings of an innovative IPA study about the experiences of people who have SMHP and a history of disengagement from mental health services.

Method: After ethical approval, in-depth, semi-structured interviews were used to explore and analyse the experiences of people with SMHP and who also have a history of disengagement from mental health services (Study 1). Through interpretative phenomenological analysis of the data, themes were developed first for individual participants and then across the participants. Study 1 was followed by focus group interviews of staff from Assertive Outreach teams, specialising in providing care for people who with SMHP and have a history of disengagement (Study 2). The research questions for study 2 were informed by both the research questions and the themes derived from study 1. Data collection was done between 2011-2013.

Findings: Overall, interpretative analysis of the two studies revealed that disengagement from mental health services appears to be a complex phenomenon that needs to be understood within the context of a broader experience of having a limited connection with social structures. In study 1 there was a sense of sadness that was evident in all the aspects of the limited connection to social structures. However, the participants in study 1, and supported by study 2, had developed strategies which appeared to reinforce their personal resilience and reassert their personal identity.

Discussion: The emergent themes from the study are discussed with reference to the current literature.

Theme: Measurements

1.2.1 Abstract number 234

11:30am

Clinical signs of water-loss dehydration are ineffective in older people living in residential care

Author(s): *Diane Bunn, United Kingdom; Joyce Groves, United Kingdom; Lee Hooper, United Kingdom*

Presenter(s): *Diane Bunn, MSc, BSc(Hons), RGN, RM, PhD Student, Norwich Medical School, University of East Anglia, United Kingdom*

Abstract

Background: Water-loss dehydration (due to insufficient fluid intake) is prevalent amongst older people in residential care. Clinical tests screening for dehydration would aid care-staff to identify 'at-risk' residents and encourage drinking.

Aim: To determine the diagnostic accuracy of clinical examinations commonly used to identify water-loss dehydration in care-home residents, using serum osmolality as the reference standard.

Method: The Dehydration Recognition in our Elders study recruited residents (â‰¥65 years) without cardiac or renal failure, from 56 UK care-homes April 2012-August 2013. Functional and cognitive status were assessed using the Barthel Index and Mini-Mental State Examination (MMSE) respectively. Venous blood samples measuring serum osmolality (dehydration defined as ⇢300mOsm/kg) were collected. Participants underwent clinical examinations to determine dryness/moistness of the lips and mouth (ten tests), coating and furrowing of the tongue (four tests), amount and consistency of saliva, skin turgor (eight sites), urine colour, range 1-8 (Wakefield et al, 2002) and urine specific gravity (USG). Sensitivity and specificity were calculated for each dichotomous test and Receiver Operating Curves (ROC) for continuous variables. To have reasonable diagnostic utility, dichotomous tests required cut-offs at â‰¥70% sensitivity and â‰¥70% specificity. Continuous variables required an area under the curve (AUCROC) ⇢0.7.

Results: 188 residents participated (66% female; mean age 85.7 years, range 65-105; mean MMSE 21.8, range 0-30; mean Barthel Index 67.4, range 0-100). Thirty-eight (20.2%) residents were dehydrated. No single test demonstrated adequate diagnostic utility for detecting water-loss dehydration. AUCROC for urine colour was 0.51 (95%CI: 0.39, 0.62); USG: 0.58 (95%CI: 0.47, 0.70) and skin turgor on back-of-the hands: 0.51 (95%CI: 0.40, 0.61). AUCROC for remaining skin turgor sites (forearms, sternum x2, feet) ranged between 0.31-0.45.

Conclusions: Common clinical tests for water-loss dehydration have inadequate diagnostic utility in older care-home residents, so their use should be discontinued. We are currently investigating the diagnostic utility of a combination of tests.

1.2.2 Abstract number 277

12:00pm

Measuring the quality of end-of-life care amongst hospice patients, close persons and healthcare professionals

Author(s): *Cara Bailey, United Kingdom; Rosanna Orlando, R., United Kingdom, Philip Kinghorn, P.,United Kingdom; Kathy Armour, United Kingdom; Rachel Perry, United Kingdom; Joanna Coast, United Kingdom*

Presenter(s): *Dr, Cara Bailey, PhD, RGN, MN, PGCert(LTHE), Nursing, School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham, United Kingdom*

Abstract

Background: Current frameworks used to assess the cost-effectiveness of end of life care and measure the quality of end of life have received criticism amongst palliative care researchers due to the focus on health and wellbeing. The ICECAP Supportive Care Measure (ICECAP-SCM) is a self-complete questionnaire developed to evaluate palliative and supportive care. The measure aims to capture capability at the end of life rather than functioning, and can measure the opportunity for a good death, the capability for a good life and health-related quality of life.

Aim: This study explored the use of ICECAP-SCM to measure the quality of end of life care amongst patients within a hospice setting, close persons and healthcare professionals.

Methods: 72 semi-structured interviews were conducted with patients (n=33), close persons (n=22) and healthcare professionals (n=17). Using the 'think-aloud' technique, participants were asked to verbalise their thoughts whilst completing the ICECAP-SCM. All interviews were transcribed verbatim. Qualitative data was analysed by constant comparative methods.

Scales were scored for feasibility and errors or problems in completion were identified.

Results: Findings suggest that the ICECAP-SCM is a feasible measure for use with patients at the end of life, that it captures the experience of patients (particularly those very near to the end of life) and that completion is largely error free. The qualitative data analysis identified that the ICECAP-SCM accounts for the adaptation that takes place amongst patients as their illness progresses and is sensitive to their changing capabilities. Completion by close persons identified a slower rate of adaptation resulting in a different perception of the quality of end of life.

Conclusion: ICECAP-SCM is feasible for use at end of life and acceptable to patients and proxies however, proxy completion requires careful consideration.

1.2.3 Abstract number 147

12:30pm

Reducing malnutrition in nursing homes using foods with an appropriate texture for dysphagic older people: First results of the NUTRICARE project

Author(s): *Milko Zanini, Italy; Stefania Ripamonti, Italy; Annamaria Bagnasco, Italy; Loredana Sasso, Italy*

Presenter(s): *Dr, Milko Zanini, Departement of Health Sciences, University of Genoa, Italy*

Abstract

Background: Malnutrition is a widespread problem in nursing homes (1). Inadequate nutrition is associated with negative outcomes, such as pressure ulcers, infections, and functional decline (2; 3). Dysphagia can affect eating habits by reducing appetite and causing anxiety; 15% of the older population are affected by dysphagia. Few studies propose interventions to ensure that dysphagic patients are adequately fed.

Aims: To evaluate if appropriate food texture can improve individual anthropometric measures in dysphagic patients.

Methods: A multicentre crossover study including 400 patients started in April 2014. All patients were fed according to the NUTRICARE program, offering personalized food texture for 6 months. Serologic and anthropometric measures were compared with the clinical data of the previous six months. Data were analyzed with SPSS vers.21.

Results: In the first 3 months, 200 patients have been enrolled from 20 nursing homes in Northern Italy. BMI in malnourished people on average had passed from 51% to 46%; 73% of our sample gained weight, with average increase of 2.21kg; lymphocytes became normal in 93% of patients and, according to the Mini Nutritional Assessment Short Form, people with a high risk of malnutrition decreased from 86% to 67%. Many 'dysphagic' patients even regained confidence with food and resumed to eat on their own.

Discussion: Malnutrition in institutionalized older patients has revealed to be much more widespread than expected, and would deserve more priority considering the impact of malnutrition has on patient outcomes.

By the end of the study, we will identify the required intervention and characteristics of monitoring systems on elderly 'dysphagic' patients

Conclusions: In nursing homes, little priority is given to the nutrition of patients, who are often hastily classified as dysphagic, resorting to artificial feeding methods. Nurses can play an important role in ensuring that feeding difficulties are appropriately met.

Theme: Documentary research

1.3.1 Abstract number 26

11:30am

Nursing history: new approaches to dissemination

Author(s): *Jill Clendon, New Zealand, Linda Bryder, New Zealand, Debbie Dunsford, New Zealand, Margaret Horsborough, New Zealand, Kate Prebble, New Zealand*

Presenter(s): *Dr, Jill Clendon, RN, BA, MPhil, PhD, 1. Nursing policy adviser/researcher 2. Adjunct professor, New Zealand Nurses Organisation, New Zealand*

Abstract

Background to the Method: In 2012, the Nursing Education and Research Foundation called for tenders to continue the New Zealand Nursing Oral History Project. This project has been collecting oral histories of nurses in New Zealand since 1992. The tender was won by a project team from Auckland University who collected 60 oral histories of nurses who trained during the 1950s and 1960s.

Debate: Traditionally, oral histories are stored in an oral history archive at a museum or specialist storage location. Researchers and others typically access these through visiting the location or having the oral histories mailed to them. With new technology increasing the viability of online access to oral histories, new approaches are warranted, enabling improved access for researchers, family members, and participants.

Aim of the Paper: To present a new online approach to dissemination of oral and other nursing histories.

Methodological Discussion: Development of a website designed to improve access to the oral histories collected as part of the NERF tender was chosen as a means of dissemination rather than traditional print. The intention was to increase access to the material and make it more visible. Issues such as confidentiality, consent, ethics and access are primary concerns in any nursing research and are compounded in light of online presentation of data. Combining traditional approaches to consent along with the website development process enabled these issues to be addressed. The IT platform used for the website enables nurses, researchers and family members to load their own historical data as well.

Conclusion: Dissemination of research findings is an ethical requirement of any research process. Utilising new online platforms to dissemination raises questions surrounding consent, confidentiality and access. This presentation will discuss these issues as well as the advantages and disadvantages of this approach to research dissemination.

1.3.2 Abstract number 152

12:00pm

Through the looking glass: Transforming children's nursing research culture within a healthcare organisation through an innovative leadership approach

Author(s): *Joseph Manning, United Kingdom; Jane Coad, United Kingdom*

Presenter(s): *Joseph Manning, RN Child, MNursSci(Hons), PGCert Paed Critical Care, Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, School of Health Sciences, The University of Nottingham, United Kingdom*

Abstract

Background: Nationally, high quality, translational research that has a tangible impact on lives and outcomes is demanded by service users, commissioners and research funders (NIHR, 2013). However, without strong research leadership within healthcare organisations, the practice of children's nursing research will remain the domain of higher education.

Aim: This presentation will critically review the experiences of employing an innovative leadership approach to progress children's nursing research and evidence-based practice (EBP) culture, capacity and capability within a children's hospital, situated within a large NHS Trust.

Discussion and evaluation of approach: Despite demonstrable commitment from the senior nursing management, local implementation of the nursing research vision remained under-developed. Consequently, a local strategy that engaged key stakeholders and PPI was devised during 2013/4 to operationalise the vision within the children's hospital.

An innovative approach was employed to fulfill this multifaceted and diverse remit. Activities included: identifying research areas that aligned to local and national service priorities; the appointment of a clinical-academic children's nurse; the implementation of a training programme in knowledge translation and scholarly activities; and a funded partnership between a senior children's nursing research leader/professor and the healthcare organisation. Subsequently, small studies and larger grants have been sought with potential for national multi-centre studies with other specialist children's health settings. PhD students have been identified and supported.

Conclusion: The strategy employed contributes to transforming the children's nursing research and EBP culture within a healthcare organisation in the UK through an innovative leadership approach. This visionary strategy will be shared with delegates with the rationale for appointments and support, and there impact on organisational culture, outlined. Challenges and successes will be discussed including early exemplars and high level impact results. The results and presentation will be useful for all delegates in supporting and developing the culture of nursing research within healthcare organisations.

1.3.3 Abstract number 35

12:30pm

The art of maintaining creativity in a risk averse culture.

Author(s): *Austyn Snowden, Scotland*

Presenter(s): *Professor, Austyn Snowden, PhD RMN, University of the West of Scotland, United Kingdom*

Abstract

Introduction: Creative nursing research is grounded in the ethics of current care. In light of current concerns about the state of care and compassion in UK National Health Services such activity is absolutely essential. However the process of obtaining ethics permissions to do research can be so daunting as to prevent difficult problems being investigated (Wilson, 2011). Students and experienced researchers alike are much more likely to choose research questions they know they can safely get through ethics committees. A serious consequence is that more difficult questions grounded in the real life experience of nurses may not be being asked (Snowden, 2014). This presentation challenges this view and offers strategies to support and encourage colleagues to keep asking difficult questions.

Method: Reflective case study approach. The ethics permission processes of four current studies led by the presentation author are compared and contrasted.

Results: In one of the studies permissions took over two years, three protocol iterations, eight different research committees and over 500 document drafts. The other three studies were unproblematic to the committees.

Discussion: The study that took the longest entailed the least potential for risk. The complexity of the protocol was therefore not related to successful ethics permissions. The difference between the experiences seemed rather to be one of trustworthiness. Once this is lost it is difficult to recover.

Conclusion: Researchers can help themselves by developing a solid understanding of the ethics governance process. They need to build authentic relationships with relevant ethics committees. They need to know what to expect and to know how to act. They need to be able to predict when and why ethics committees may adopt risk-averse positions and what they can do to assuage these anxieties. This presentation concludes by exploring positive experiences supporting these claims.

Theme: Thematic analysis

1.4.1 Abstract number 250

11:30am

Brainstem Death: A Family Affair

Author(s): *Doran M, N. Ireland, United Kingdom; Black P, N. Ireland, United Kingdom*

Presenter(s): *Majella Doran, MSc in Nursing, PGCE for Nursing, Midwives and SPHNs, ENB 100, Registered General Nurse (RGN), Senior Education Manager, HSC Clinical Education Centre, Londonderry, N. Ireland, United Kingdom*

Abstract

Background: Brainstem death (BSD) is a difficult concept to grasp presenting families with a paradoxical death. Since 1994, international research has suggested that families should be given the choice to be present at BSD testing, as it may improve their understanding that death has occurred and assist the grieving process (Cooligan 1994; Pugh et al., 2000; Remijn, 2000; Doran, 2004a; Ormrod et al., 2005; Komanje et al. 2012; Twali et al. 2014). In 2009, Dean and Booth reported that only 6 of 48 UK general ICUs routinely 'invited' relatives to be present.

Aim: To explore the views and perceptions of healthcare professionals regarding family members being given a choice to be/not be present at BSD testing.

Methods: This qualitative study used purposive sampling, semi-structured interviews and a content analysis approach to collect and report on data from 10 nurses and 10 Consultants working within two tertiary ICUs in N. Ireland between August-September 2013.

Results: When reflecting on BSD healthcare professionals indicated different perceptions of death. The majority of participants were in favour of offering families the choice to be present. A number of perceived benefits and concerns were expressed.

Discussion: These emerging issues require consideration and management if this choice for families is to become common practice in ICUs, particularly in an international and multi-cultural context. Key educational needs for healthcare professionals were identified to ensure that effective care and support was provided to families who choose to be present at BSD testing. Family support measures are outlined to reduce the risk of emotional or psychological harm.

Conclusion: Despite the fact that the choice to be/not to be present at BSD testing is not routinely offered to families, the majority of participants felt this is something that should be considered in practice.

1.4.2 Abstract number 105

12:00pm

Balancing hope and despair at the end of life: The contribution of organ and tissue donation

Author(s): *Dr Wendy Walker, England, United Kingdom; Professor Magi Sque, England, United Kingdom*

Presenter(s): *Dr, Wendy Walker, PhD, MSc, PGDAE, BSc (Hons), DIPSIN, RN, Senior Research Fellow, University of Wolverhampton, United Kingdom*

Abstract

Background: Policy drivers for improved end of life care, together with a growing body of consumer evidence, underline the importance of personalised interventions for the dying person and their family. Although most deaths are associated with progressive disease and a long-term illness, a life-threatening illness or event may give rise to a sudden and unexpected death. In such cases, the option of organ and tissue donation is a feature of emergency and critical care, and should be a normal part of end of life care for appropriate patients (Department of Health 2008). In previous research, bereaved families identified positive outcomes through the act of donation (Walker et al. 2013).

Aims: This presentation provides insight into bereaved families' accounts of end of life care in the context of brain stem – and circulatory death, and reports on the perceived benefits of organ and tissue donation for grieving families.

Methods: The presentation draws on the findings from a national study (Sque et al. 2013) which investigated bereaved families' experiences of organ and tissue donation, and perceived influences on their decision making. The study sample comprised 43 participants from 31 donor families. Data were collected via semi-structured, face-to-face or telephone, audio-recorded interviews. Audio-recordings were transcribed verbatim and subjected to qualitative content analysis.

Results: Families shared numerous examples of good quality care and communication that contained the hallmarks of compassion, respect and dignity. Donation appeared to give meaning to the life and death of the deceased person and was comforting to some families in their bereavement.

Discussion and conclusions: The study findings affirm the importance of person-centred end of life care. Organ and tissue donation provides opportunity for hopes and expectations to be realised in the final days and hours of life.

1.4.3 Abstract number 173

12:30pm

Patients' worries about money, work and relationships during recovery from a serious physical illness or injury

Author(s): *Sarah Earthy, United Kingdom; Judith Sleney, United Kingdom; Hilary Thomas, United Kingdom*

Presenter(s): *Dr, Sarah Earthy, PhD, Lecturer, University of Surrey, United Kingdom*

Abstract

Background: It has long been recognised that patients have many concerns during illness (Tuckett et al 1985). Macmillan Cancer Support (2013) has drawn attention to the financial impact of cancer whilst research on injury (Kendrick et al 2012) has shown that self-employed patients may return to work sooner and less successfully than the employed. Notwithstanding these examples, there is comparatively little research examining financial, occupational or relational aspects of recovery.

Aims: This paper explores patients' concerns about money, work and personal relationships during recovery from serious physical illness or injury. The analysis is drawn from an ESRC funded project (http://www.gettingbacktonormal.org.uk/).

Methods: Secondary analysis was carried out on 165 qualitative interviews collected by the Health Experiences Research Group, University of Oxford, and the UK Burden of Injury Study between 2003 and 2012. The maximum variation samples comprised 44 heart attack patients, 39 leukaemia patients, 37 patients admitted to intensive care and 45 patients hospitalised following unintended injury. Participants were interviewed between one and 23 years after the event.

Results: The financial impact of serious illness and injury was significant for most interviewees. Whilst some reported excellent support from employers, many found this to be short-lived and a third changed job, reduced working hours or took early retirement as a consequence of illness. Some younger patients received financial support from parents but older patients were reluctant to ask others for money and awareness of entitlement to benefits varied by health event. Serious illness or injury placed a strain on relationships and patients proactively managed reliance on others.

Discussion: The financial, occupational and relational impacts of serious illness and injury are significant and continue throughout recovery. Effects vary by socio-economic background, occupation and life stage.

Conclusions: Patients' concerns during recovery are rooted in the roles, responsibilities and resources that frame their everyday lives.

Theme: Focus groups

1.5.1 Abstract number 191

11:30pm

Development and feasibility of a mouth hygiene education and training programme in stroke unit care

Author(s): *Maria Horne, United Kingdom; Giles I McCracken, United Kingdom; David Young, United Kingdom; Claire Ardron, United Kingdom and Craig J Smith, United Kingdom*

Presenter(s): *Dr, Maria Horne, PhD, MA (Health Research); BSc (Hons); Dip Community Health Studies, SCPHN (HV), SCM, RGN, Senior Lecturer in Public Health, University of Bradford, United Kingdom*

Abstract

Background: Improved mouth hygiene may form the basis for improving outcome after stroke; however specific training for staff is lacking (Horne et al., 2014; Brady et al., 2011a; Brady et al., 2011b). Therefore, in order to deliver a complex mouth hygiene intervention, this study aimed to: (i) develop a transferable educational resource to deliver a complex mouth hygiene intervention for stroke nursing staff at a single centre in the North West of England; (ii) evaluate the acceptability, adequacy and feasibility of the education and training programme.

Methods: First, a qualitative approach utilizing two focus groups (n=10), was undertaken to identify the education and training needs of stroke nurses to deliver a mouth hygiene intervention, with a purposive sample of staff (March-July 2012). Second, based on the findings of these focus groups, and following a multidisciplinary consultation exercise, a web-based educational resource and practical skills component was developed. Subsequently, all staff underwent 'hands-on' instruction using a simulation dental phantom head. Third, evaluation of the education/training programme was undertaken through three focus group interviews (n=13), with a purposeful sample of stroke staff (March-August 2013). Data were analysed using framework approach.

Results: Training was completed over a two-month period. The web-based education materials were reported to be informative, widening staff knowledge of the anatomy of the mouth, which assisted them to undertake the mouth hygiene intervention using a simulation dental phantom head. The simulation exercise was particularly useful in building self-confidence so that staff were able to deliver the intervention in the ward environment confidently.

Conclusion: The web-based education and training programme assisted staff to deliver a complex mouth hygiene intervention; is feasible within NHS stroke unit settings and is readily transferable to other sites nationally and internationally. The practical skills component could easily be instigated at different sites with minimal specialist input.

1.5.2 Abstract number 162

12:00pm

An exploratory study to investigate the role of 'Volunteer Dementia Champions' in providing encouragements with eating and drinking as well a companionship for patients with dementia in acute hospital wards

Author(s): *Ruth Davies*

Presenter(s): *Dr, Ruth Davies, RN MA PhD, Associate Professor, /CHSS, Swansea University, Swansea, United Kingdom*

Abstract

A report by the Alzheimer's Society (2009) estimated that 25% of all patients over the age of 65 years, in UK hospitals, suffer from dementia and a survey by them revealed that 97% of nurse respondents had cared for someone with dementia. Many patients will have difficulties with eating and drinking (Manthorpe and Watson, 2003) and this area of clinical practice is now a priority for nursing research (Liu et al., 2012). In Wales 'Volunteer Dementia Champions' aged 16 – 75 years, who have undergone a rigorous interview process and training programme, visit wards to specifically encourage patients with dementia to eat and drink as well as provide companionship. To research this novel programme an exploratory study took place across three hospitals in rural and urban areas during 2014. Through focus groups the contribution of volunteers was explored from the perspectives of volunteers themselves (n=12) and health workers (n=25) and investigated not only patient outcomes but the working practices of hospital wards. Findings showed that registered nurses, and particularly ward sisters, were positive about the contribution volunteers made but health care assistants were more likely to be negative. Volunteers themselves found intrinsic and extrinsic rewards in their role and this may be framed within the context of 'Dementia Supportive Communities' which owes much to increasing public awareness of the growing population of people with dementia worldwide and the need to respond compassionately to their needs in hospital. It has to be acknowledged that hospitals are busy places where health care workers do not always have the time to sit with patients and encourage them with eating and drinking or provide companionship. Researching the role of volunteers is vital given they are likely to become an increasingly invaluable resource to an overstretched health services at a time of economic austerity.

1.5.3 Abstract number 141

12:30pm

Silent voices: exploring women's experience of health care professionals responses to domestic violence and abuse

Author(s): *Julie McGarry, United Kingdom and Kathryn Hinsliff-Smith, United Kingdom*

Presenter(s): *Dr, Julie McGarry, DHSci, MMedSci, BA (Hons), PGDip (Med Ethics), RN (Adult and Mental Health), PGCHE, Associate Professor, School of Health Sciences, University of Nottingham, United Kingdom*

Abstract

Background: Domestic violence and abuse (DVA) exerts a devastating impact on the lives and health of those who experience abuse. Many survivors of abuse will access health services, either as a direct result of their injuries or through associated health related issues for example, self-harm or substance misuse. There has been growing recognition globally of the role of health services in identification and support for survivors of DVA. In the UK, the recent publication of National Institution for Health and Care Excellence (NICE) guidelines has also emphasised the role of all health professionals in effective DVA support and management. Evidence suggests that survivors do not always receive appropriate or sensitive responses from health care professionals (Trevillion, et al. 2012). However, to date there is a relative absence of survivor voices with regard to their own experiences.

Aim: The aim of the research was to explore survivors' experiences of encounters with health care professionals in order to examine barriers and opportunities for effective support and management of DVA within health care.

Methods Focus group with survivors (n=6) during June 2014. This approach was taken as valuable in supporting those who may not feel comfortable in a one-to-one interview, where participants who may not feel they have anything of value to contribute and a social forum of interaction whereby the perspectives of the participants are dominant over the agenda of the researcher (Kitzinger, 1994). Data were analysed using content analysis (Ziebland et al, 2013)

Findings and discussion: The findings have been organised into the four main themes that were identified from the focus group discussions:

- The pathology of abuse
- Time wasting
- Normalising and blame
- Professionals and disclosure

An examination of these themes and discussion of the wider implications for nursing and health care practice development will form the basis of the presentation.

Theme: Issues in research

1.6.1 Abstract number 194

11:30am

Seeds For The Future: Developing Arts-Based, Creative Approaches for Researchers engaging with Children

Author(s): *Prof Jane Coad; Collette Clay; Erica Brown; Jasveer Kaur; Sean Graham; Andrew Brooks; Nicky Ashley; Charlotte Clowes; Jessica Farmer; Dr. Steve Ball*

Presenter(s): *Professor, Jane Coad, BA; BSc; PGDip; PhD, Professor in Children and family Nursing, Children and Family Research, Coventry University, United Kingdom*

Abstract

Introduction: Recent international initiatives place increased emphasis on the active involvement and participation of children of all ages to enable their voices to be heard wherever the setting (Christensen & James 2008) However, young children under five years have often been overlooked in terms of research approaches seeking to capture their views with health professionals citing a multiplicity of reasons for this (Coad, 2007; Roulstone and McLeod, 2011). In response, new creative resources were developed to enhance engagement skills and confidence when undertaking research projects with young children under five years.

Aims: To explore health professionals creativity skills in engaging with young children using high quality interactive participatory arts-based resources.

Method: A UK-based commissioned programme was delivered centred around the Healthy Child Programme (Department of Health). The project included development of high quality interactive participatory arts-based tools and storytelling for improving listening, participation and research/evaluation skills. A robust evaluation of use and impact on health professionals was undertaken. Sixteen workshops were performed to explore using the arts-based tools, which included 24 families with young children and 160 health professionals (Nurses, Midwives, Early Years Professionals). Questionnaires and observation were used before and after each workshop.

Results: Findings highlighted improved engagement with young children through use of high quality interactive participatory arts-based resources and approaches. A myriad of factors influenced whether or not engagement was enhanced, using different arts-based approaches and impact on the quality of data. Issues emerged included individual and inter-disciplinary skills, time, ethics, environment and contextual.

Conclusion: Understanding impact of using arts based approaches in research with young children is important if researchers are to capture their views. Interactive participatory arts-based resources used will be shared. Our findings will be useful to all delegates at this conference in wishing to use creative arts-based approaches in research.

1.6.2 Abstract number 264

12:00pm

Originality in doctoral research: what is it and how can it be demonstrated?

Author(s): *Paul Gill, United Kingdom, Gina Dolan, United Kingdom*

Presenter(s): *Dr, Paul Gill, RN, PhD, Senior Lecturer, School of Healthcare Sciences, Cardiff University, United Kingdom*

Abstract

Background: The hallmarks of most doctorates are generally acknowledged to be an autonomous body of work that makes an original contribution to knowledge (Gill and Burnard 2012). However, considerable confusion exists in relation to what can (and cannot) constitute originality in doctoral research and how an original contribution to knowledge can be clearly demonstrated. Despite these issues, relatively little guidance is provided to candidates, supervisors or examiners, on how originality can be clearly defined, demonstrated and/or objectively assessed, which often causes considerable uncertainty and anxiety, particularly amongst doctoral candidates.

Aim: To explore critically the concept of originality in doctoral research and outline ways in which doctoral candidates can begin to identify, formulate and articulate their individual contribution to knowledge.

Methodological discussion: This discussion paper will explore what can and cannot legitimately constitute originality in doctoral research and identify some common problems associated with claims of originality in this particular context. The paper will also outline some essential considerations for doctoral candidates, so that they are better able to demonstrate, in a scholarly manner, how their research adds to the existing body of knowledge and what the potential wider implications of this new knowledge are for the subject area, discipline and related research.

Conclusion: The paper will highlight that the concept of originality is complex and multi-faceted and, consequently, identifying and conveying originality in doctoral research therefore takes considerable time, contemplation and effort. However, following some relatively straightforward recommendations can help to ensure that doctoral candidates can begin to consider framing their work appropriately to ensure that their contribution to knowledge can be clearly demonstrated and recognised. The presentation will therefore be of interest to doctoral students, supervisors and examiners.

1.6.3 Abstract number 85

12:30pm

The State of European Nursing Research: Dead, Alive, or Chronically Diseased? A Systematic Literature Review

Author(s): *David A. Richards, United Kingdom, Vania Coulthard, United Kingdom, Gunilla Borglin, Sweden*

Presenter(s): *Professor, David Richards, PhD, BSc(Hons), RN, Professor of Mental Health Services Research, University of Exeter Medical School, United Kingdom*

Abstract

Background: Reviews of nursing research suggest that most is descriptive; with no more than 15% providing strong evidence for practice. No studies have examined this from the perspective of nursing research conducted in Europe.

Objective: The aim of this study was to review reports of European clinical nursing research in the top 20 nursing journals in 2010 to establish a baseline of nursing research activity in the year immediately prior to the launch of a European Science Foundation network to increase the proportion of intervention research in Europe.

Methods: We identified eligible reports that were then data-extracted by two independent reviewers. Disagreements were resolved through pair discussion and independent arbitration. We appraised and synthesized topics, methods, and the extent to which studies were programmatic. We synthesized data as proportions of study reports meeting our a priori categorization criteria.

Results: We identified 1995 published reports and included 223 from 21 European countries, of which 193 (86.6%) reported studies of primary research only, 30 (13.5%) secondary research, and three (1.4%) a mix of primary and secondary. Methodological description was often poor, misleading, or even absent. One hundred (44.8%) articles reported observational studies, 87 (39.0%) qualitative studies. We found 26 (11.7%) articles reporting experimental studies, 10 (4.5%) of which were randomized controlled trials. We found 29 (13.0%) reports located within a larger program of research. Seventy-six (34.1%) articles reported studies of nursing interventions.

Conclusion: European research in nursing reported in the leading nursing journals remains descriptive and poorly described. Only a third of research reports concerned nursing interventions, and a tiny proportion were part of a programmatic endeavor. Researchers in nursing must become better educated and skilled in developing, testing, evaluating, and reporting complex nursing interventions. Editors of nursing journals should insist on systematic reporting of research designs and methods in published articles.

Theme: Statistical analysis

1.7.1 Abstract number 70

11.30am

Nurses' Attitudes Towards Intellectual Disability

Author(s): *Martin McMahon, States of Jersey*

Presenter(s): *Martin Joseph McMahon, RNLD, RCN, Nurse Independent and Supplementary Prescriber, Higher Education Department and Vocational Training Centre, Harvey Besterman Education Centre, Health and Social Services, Jersey*

Abstract

There is consistent evidence that the health needs of individuals with intellectual disability are unmet by mainstream healthcare services. Mencap's recent report 'Death by Indifference (2012)' highlights the failure of staff in understanding the needs of individuals with an intellectual disability, while the Confidential Inquiry (Heslop et al. 2013) attributed 1,238 children and adults dying each year to inadequate healthcare. To date, research assessing nurses' attitudes towards people with an intellectual disability has reported predominantly negative findings. Despite this, the attitudes of nurses have not been thoroughly researched from a multidimensional attitudinal perspective.

The Attitudes Toward Intellectual Disability Questionnaire (ATTID Questionnaire Morin, et al. 2012) was used to measure nurse attitudes in an island population. The ATTID questionnaire is a five-factor structure that represents a tri-partite model of the attitude concept.

Principal component analysis was used to assess the ATTID's validity, with two principal revisions applied. This included the collapsing of the sensitivity/tenderness component into a single discomfort component allowing for the affective dimension of attitudes to be assessed as one. The second revision was the creation of the knowledge of capacity component. A total sample of 213 nurses (n-150 generic nurses, n-50 mental health nurses and n-13 learning disability nurses) was included for analysis.

Mental health nurses have more positive attitudes than generic nurses across the knowledge of rights, interaction and discomfort components. Learning disability nurses have significantly more positive attitudes towards the discomfort component. There is no difference between any nurses' attitudes towards the knowledge of capacity and knowledge of causes of intellectual disability components. More recent contact with individuals with an intellectual disability is correlated with more positive attitudes on the cognitive and affective model of attitudes. This is potentially a very valuable indicator for informing future interventions.

Keywords: Attitudes, ATTID Questionnaire, Principal Component Analysis, Nurses, Contact Hypothesis.

1.7.2 Abstract number 166

12:00pm

Measuring the association of shift length and nurse outcomes: findings from a cross-sectional study of 12 European countries

Author(s): *Chiara Dall'Ora, United Kingdom; Peter Griffiths, United Kingdom; Michael Simon, Switzerland; Alejandra Recio-Saucedo, United Kingdom; Jane Ball, United Kingdom*

Presenter(s): *Chiara Dall'Ora, BsC in Nursing, Msc in Nursing and Midwifery Sciences, University of Southampton, United Kingdom*

Abstract

Background: Shifts of 12-13 hours are becoming increasingly common and popular with hospital nurses in some countries. Nevertheless, there is concern that these extended shifts may adversely affect nurses' wellbeing.

Objectives: To examine the association between working long shifts and burnout, job dissatisfaction and satisfaction with work schedule flexibility among European nurses.

Methods: Cross-sectional survey of 31, 627 registered nurses in 2, 170 general medical/surgical units within 487 hospitals across 12 European countries.

Results: After controlling for shift type (day/night), overtime working, nurse staffing levels (ratio of patients per nurse on the last shift they worked) hospital size (⇠ 250, 250 to 500 beds, ⇢500 beds), high technology hospitals (those that performed major organ transplant surgery, open heart surgery, or both), teaching status (hospitals that provide training to undergraduate medical students) and whether the nurses had worked full time or part time, our results show that nurses working shifts of â‰¥12 hours were more likely to report higher levels of burnout (OR = 1.83; 95% CI = 1.30-2.58) and to report being dissatisfied with work schedule flexibility (OR =1.20; 95% CI = 1.29-1.48). The odds of nurses reporting job dissatisfaction were greater among nurses working all shifts of longer than 8 hours.

Conclusion: European registered nurses working 12 hours or longer and those working overtime were less satisfied with their jobs and had higher levels of burnout. Despite their apparent popularity with nurses, policies aimed at increasing the length of shifts may have negative consequences for nurses.

1.7.3 Abstract number 132

12:30pm

Facilitators and Barriers to the Integration of Internationally Educated Nurses into Healthcare Workplaces

Author(s): *Linda McGillis Hall, Canada*

Presenter(s): *Dr, Linda McGillis Hall, Bloomberg Faculty of Nursing, University of Toronto, Canada*

Abstract

Background: Considerable literature exists on the immigration of internationally educated nurses (IENs) in other countries, but little information exists to guide the development and implementation of policies that promote the safe integration of IENs in Canada. The purpose of this study was to gain a better understanding of the employment practices for IENs in Canada.

Methods: A comparative cross-sectional research study comprised of a random sample of IENs and Canadian-educated nurses (CENs) was conducted (2011 2012). The sample was drawn from the provincial database of registered nurses. The survey gathered information on professional /demographic characteristics, employment, job experiences, perceptions of work, job satisfaction and the quality of care for both groups of nurses. The sample was comprised of 2, 107 IENs (RR= 42%) and 1, 172 CENs (RR =40%).

Results: Findings demonstrated that considerable differences were noted between the groups on work experiences and perceptions of work. IENs had statistically significantly higher perceptions of satisfaction with nursing as a career and their current job, quality of care provided, amount of orientation and ongoing opportunities provided for updating their skills. CENs identified challenges with supporting the integration of IENs in the workplace including the time needed to provide adequate training and support.

Discussion: This study provides the first information on experiences in hiring and employing IENs; strategies used to integrate IENs into the work environment; and perceptions of IEN competencies, contributions to the work environment, and quality of care in the Canadian context. The study uncovered new information on IENs integration into work settings.

Conclusions: The findings highlight the experiences of IENs in Canada, and suggest that both recruitment and retention opportunities can be expanded. There is some evidence that IENs are satisfied with their jobs and work in Canada, although their commitment to staying in Canada to work varies.

Concurrent session 2

Monday 20 April 2015 13.55 – 15.20

Theme: Systematic reviews

2.1.1 Abstract number 290

1:55pm

What factors influence the attitudes of Health Care providers in the pain management of Sickle Cell Disease?

Author(s): *Sittana Abdelmagid, United Kingdom*
Presenter(s): *Sittana Abdelmagid, BSc. Physiology & Pharmacology, BSc. Adult Nursing (Pending), City University London, London, United Kingdom*

Abstract

Background: Pain is recognised as the leading feature of Sickle Cell **Background:** Pain is recognised as the leading feature of Sickle Cell Disease (SCD) and severe acute painful episodes, known as an Acute Sickle Cell Crisis (ASCC), account for 90% of admissions to the emergency department for adult patients with the disease. Yet pain management often falls short of established treatment guidelines, with both patients and healthcare providers (HCP) expressing dissatisfaction with this aspect of care.

Aims: This paper will present a systematic literature review exploring the attitudes of healthcare providers regarding pain management of Sickle Cell Disease.

Methods: Electronic database searches were conducted for English, peer-reviewed, quantitative, primary research, published between 1994 and 2014. The CASP tool was used to assess rigour of papers. It included research that identifies Health care provider attitudes, directly linked to ASCC in hospital, and links it to implications for practice.

Results: A total of 7 papers were included in the literature review. Findings that showed factors that influenced attitudes towards patients with SCD were categorised into 3 topics: provider characteristics; patient characteristics and perception of addiction to opioid analgesia. Provider characteristics included: race, age, frequency of contact with SCD, profession (nurse or physician) and gender. Patient Characteristics included: Sociocultural factors and pain coping behaviours. HCP often misinterpreted pain coping behaviours of patients as drug seeking.

Discussion: This review highlighted the largely negative attitudes of HCP towards patients with SCD and how it impacts on their pain management practice. This included being less likely to re-dose opioids within 30 minutes, which is the recommended practice; and less likely to discharge patients with analgesic prescriptions.

Conclusion: Provider education is critical to allow HCP to examine internal barriers to their attitudes towards pain management in SCD. Rigorous implementation of clinical practice guidelines has been found to improve the treatment of an ASCC.

2.1.2 Abstract number 38

2:25pm

Health Dialogue: a concept analysis

Author(s): *Marianne Reid, South Africa*
Presenter(s): *Dr, Marianne Reid, PhD Nursing, Lecturer, University of the Free State, Bloemfontein, South Africa*

Abstract

Background: Health dialogue, a component of health communication, encompasses strategies to inform and influence individual and community decisions in ways that improve health. In order to improve health it is necessary to develop a definition for health dialogue with a sound theoretical base, simultaneously promoting consistency in using the concept and understanding the underlying defining characteristics of the concept.

Aim: To present a concept analysis of health dialogue

Methods: Using Walker and Avant (2011) steps' in concept analysis, a multi-stage search strategy of literature from 2000-2013 was conducted. Dictionaries (N=792 identified; n=143 used) from the Credo Reference data basis assisted to complete a search string, with abstracts (N=1570 identified; n=1154 used) and resultant articles (N=324 identified; n=147 used) from EBSCOhost interface. Search words included the concepts stated as 'health' and 'dialogue' independently and in relation to one another.

Results: The defining characteristics of health dialogue include: 1) an equal, symbiotic health relationship between the patient and health provider and 2) reciprocal health communication towards reaching an identified health goal via a health message. Antecedents of health dialogue are that patient and health provider should 1) present with a positive attitude towards health dialogue; 2) be sensitive for cultural, contextual and societal factors; and 3) receive training on health matters and communication skills. The consequence of health dialogue is an improved health outcome. Empirical referents of the concept consist of 1) sharing an understanding of responsibility/ decision making, 2) establishing a health plan, 3) applying context sensitive health communication strategies, and 4) declaring mutual beneficence received from the health relationship.

Conclusion: Concept analysis of health dialogue serves to clarify the concept within theory development and research. The defined characteristics of health dialogue further assist health providers with ways to measure the concept in their work environment and so encourage health communication.

2.1.3 Abstract number 284

2:55pm

Variables associated with alcohol relapse and psychosocial interventions to prevent alcohol relapse in liver transplant patients for alcoholic liver disease: a systematic review

Author(s): *Iyoni Ranasinghe, United Kingdom; Professor Ian Norman, United Kingdom; Dr Margaret Lau-Walker, United Kingdom*
Presenter(s): *Iyoni Ranasinghe, NiHR/BRC Masters in Clinical Research (MRes), South London and Maudsley NHS Foundation Trust, Maudsley Hospital, London, United Kingdom*

Abstract

Objective: To identify alcohol relapse variables, and establish the effectiveness and explore the active ingredients of psychosocial interventions in preventing alcohol relapse, in alcohol liver disease patients pre or post-liver transplant.

Design: Mixed method systematic review involving three parallel syntheses: 1) alcohol relapse variables; 2) psychosocial intervention effectiveness; 3) active ingredients of these psychosocial interventions (i.e. a component analysis).

Data Sources: Medline, CINAHL, EMBASE, and PsychInfo in November 2013 for published literature. Web of Science, Clinical Trials Register, and Electronic Theses Online Service for grey literature.

Methods: Synthesis 1: Systematic search for and appraisal of prospective studies, retrospective studies, and cross-sectional surveys;

Syntheses 2/3: Systematic search for and appraisal of 'randomised controlled trials', 'controlled before and after studies', and 'before and after studies in a single group'.

Results: 23 papers included: 10 cohort, 11 case-control, 1 qualitative, and 1 randomised controlled trial.

Five variables out of nineteen were alcohol relapse predictors (i.e. Synthesis 1): 1) ⇠12 months pre-transplant abstinence; 2) children; 3) poor pre-transplant psychosomatic evaluation; 4) non-compliant with post-transplant treatment plan; 5) active insurance policies at transplant.

One psychosocial intervention paper did not report treatment effectiveness (i.e. Synthesis 2). The remaining three papers reported relapse rate reduction: Alcohol Addiction Unit (odds ratio 0.23), Structured Management (odds ratio 0.32), pre and post-transplant Substance Abuse Treatment (odds ratio 0.27 compared to no substance abuse treatment; odds ratio 0.23 compared to pre-transplant substance abuse treatment only). With confidence intervals not reported, the uncertainty level around the odds ratio is unclear. Furthermore, a theoretical basis was not discussed; thus, the active ingredients could not be identified (i.e. Synthesis 3).

Conclusions: Randomised controlled trials to further investigate the predictive validity of the five main variables and ascertain the long-term benefits of the tentative yet promising results of the most effective intervention i.e. structured management.

Theme: Grounded theory

2.2.1 Abstract number 202

1:55pm

The experiences of ST-elevation myocardial infarction (STEMI) patients who are readmitted within 6 months of primary percutaneous coronary intervention (PPCI) treatment

Author(s): *Dr Heather Iles-Smith*
Presenter(s): *Dr, Heather Iles-Smith, PhD, RGN, Leeds Teaching Hospitals NHS Trust, United Kingdom*

Abstract

Background: Following STEMI and treatment with Percutaneous Coronary Intervention (PPCI), some patients are readmitted with potential ischaemic heart disease (p-IHD) symptoms. Symptoms may be related to cardiac ischaemia, comorbidity or psychological distress, which share similar symptoms. To date little is known about the trajectory of these patients, or the potential underlying factors which may lead to readmission.

Aim: The aim of the study was to explore, in detail, the experiences of PPCI patients readmitted due to potential Ischaemic Heart Disease (p-IHD) symptoms within 6 months of STEMI.

Methods: Participants were purposefully selected in a qualitative study between 2009 and 2011 (Corbin & Strauss, 2008). Semi-structured in-depth interviews were conducted once 6 to 12 months following PPCI, with concurrent sampling, data collection and data analysis. Data was organised using Framework analysis (Ritchi et al. 2003). Additionally, constant comparative analysis (deductive and inductive) was used to identify cogent themes and sub-themes.

Results: 25 participants (14 men, 27-79 years) were interviewed. Participants experienced between one and four readmissions during the 6 month time period. Final discharge diagnoses included, cardiac, psychological problem, indeterminate, pulmonary and gastric. Four main themes (and subthemes) emerged from the data 1) Fear of experiencing a further STEMI, 2) Uncertainty and inability to determine cause of symptoms, 3) Insufficient opportunity to validate self-construction of illness, 4) Difficulty adapting to life after an STEMI.

Conclusion: Shock at experiencing a STEMI, hypervigilance of symptoms and difficulty with symptom attribution all appear to play a role in that patients decision to seek help when they experienced p-IHD symptoms. Participants also reported adopting self diagnosis and self treatment prior to calling for medical assistance. Findings suggest that changes are needed to cardiac rehabilitation, additional education and post STEMI follow-up to address gaps in information needs and to identify and manage psychological distress.

2.2.2 Abstract number 200

2:25pm

A humanistic trajectory of critical illness – patient perspectives

Author(s): *Pamela Page*
Presenter(s): *Pamela Page, BSc(Hons), Higher Degree Qualifying Course (Phys), Cert Ed, RN, FHEA, Anglia Ruskin University, Chelmsford, United Kingdom*

Abstract

Initial findings from doctoral study 'Patient & Families in adult critical care; a Grounded Theory approach'

Introduction: Patients admitted to Adult General Critical Care Units (AGCCUs) are critically ill requiring both respiratory and organ supportive interventions. Whilst physiological safety is paramount there is an increasing awareness of the psychological harm that can occur over the patient's (and family members) critical illness journey.

Method: Within this qualitative study, Glaser & Strauss Grounded Theory method adapted by Charmaz (2014) was applied. A spiral of constant comparative data collected from September 2013 to November 2014 was undertaken. Face to face interviews were recorded and transcribed verbatim utilising prompts and probes. Analysis and theory construction with coding and memo writing commenced with the first interview. Patients were interviewed 3-6 months post discharge from AGCCU as an adjunct to follow up. Theoretical sampling involving searching for patterns and variations until theoretical saturation was achieved and no further data were required. Ultimately a substantive or formal theory will develop that accounts for data and context variations. IRAS and NHS Trust R&D approval granted.

Findings: Thematic analysis of thirteen patient interviews is ongoing but emerging themes include: (1) Loss (2) Disruption of relationships (3) Fatigue (4) Abandonment (5) 'Survival is not enough'. Higher order themes will be presented.

Practical relevance: Critical Care survivorship is arguably the greatest global challenge to critical care practitioners in the 21st century (Hart 2014). This study will contribute towards a framework for preventative, supportive and therapeutic intervention for patients and their families who have to experience life threatening illness.

2.2.3 Abstract number 177

2:55pm

Psychosocial impact of newborn screening for sickle cell disease: parental perspectives.

Author(s): *Jane Chudleigh, United Kingdom; Sandra O'Driscoll, United Kingdom, Kemi Johnson, United Kingdom; Alison Metcalfe, United Kingdom*
Presenter(s): *Dr, Jane Chudleigh, PhD, MSc, PGDip, BSc, RN, SFHEA, Lecturer, Department of Post Graduate Research, Florence Nightingale Faculty of Nursing & Midwifery, King's College London James Clerk Maxwell Building, London, United Kingdom*

Abstract

Background: Antenatal and newborn screening (NBS) for sickle cell (SCD) assists prospective parents in making informed choices before conception, during pregnancy and improves infant health through prompt identification of affected babies. Where a child is affected by SCD there is evidence of some stigmatisation within families (Jenerette et al., 2012). However, the psychosocial impact of NBS for affected children and their families, despite the rollout of mass screening programmes, has been largely overlooked.

Aim: To explore the experiences and perceptions of parents regarding the impact of positive NBS for SCD.

Methods: Constructivist grounded theory underpinned data collection and analysis (Charmaz, 2006). In-depth, semi-structured interviews were conducted using purposeful and theoretical sampling (January-August 2014) with seven mothers and five fathers of infants diagnosed with SCD via the NBS programme. Interviews were recorded and then transcribed before coding to identify the emerging categories, which could be used to develop the grounded theory.

Results: Generally parents felt informed about the screening process and were pleased with the method employed to deliver the results. Nevertheless, positive NBS for SCD led to parental feelings of shock, guilt, regret, reluctance to share the result and fears for their child's future. The latter was related to the perceived stigma associated with SCD and resulted in secrecy and feelings of isolation.

Discussion: The theory to emerge is that parents found sharing their child's diagnosis difficult to cope with and adapt to and this was particularly related to cultural issues and perceived stigma associated with SCD. This suggests parents' on-going psychosocial support needs may not be being met in all instances.

Conclusions: Further research is needed to determine how best to support families of children with SCD through the NBS process so that guidelines related to on-going psychosocial support may be developed.

Theme: Mixed methods

2.3.1 Abstract number 164

1:55pm

Living Well With Dementia: Enhancing Dignity And Quality Of Life, Using A Novel Intervention, Dignity Therapy

Author(s): *Bridget Johnston, England United Kingdom, Sally Lawton Scotland United Kingdom, Emma Law, Scotland United Kingdom, Joyce Murray Scotland United Kingdom, John Gibb Scotland United Kingdom Catriona McCaw Scotland United Kingdom, Jan Pringle Scotland United Kingdom, Gillian Munro Scotland United Kingdom, Cesar Rodriguez Scotland United Kingdom*

Presenter(s): *Professor, Bridget Johnston, RGN, BN (HONS) PGCE(FE) PhD, The University of Nottingham, United Kingdom*

Abstract

Background Maintenance of dignity and enhancement of quality of life are key, integral elements of care for people with dementia. Meaningful communication with people who have dementia becomes more difficult as the condition progresses. Improvements to communication may have a positive effect on the person's quality of life, with individualised approaches being strengthened by the use of existing strategies such as memory/life story approaches. Dignity Therapy is a short psychotherapeutic intervention that uses a trained therapist to take the person through a recorded, guided interview process, to produce a generativity document that creates a lasting, written legacy.

Aims: The aim of this feasibility study was to assess the feasibility, acceptability and potential effectiveness of (modified) Dignity Therapy to improve the quality of life and reduce psychological and spiritual distress in older individuals with early stage dementia.

Methods design: Mixed methods feasibility study. Data were collected via standard outcome measures, standard demographic measures and a qualitative interview pre and post the intervention (Dignity Therapy) over a twelve month period August 2013 – August 2014 from a total of 7 people with early stage dementia, 9 who completed dignity therapy) 7 family members, 6 key stakeholders and focus group with 8 people with dementia.

Results: This study has shown that Dignity Therapy is feasible, acceptable and potentially effective for older individuals with dementia; the outcome measures have the potential to indicate changes in quality of life and psychological and spiritual distress as a result of Dignity Therapy, and are therefore relevant for use in further larger scale study that will evaluate effectiveness.

Discussion/Conclusions: Dignity Therapy can provide detail to inform care for the person with dementia. The provision of care that is informed by Dignity Therapy has the potential to be more person-centred, and therefore enhance dignity for people with dementia.

2.3.2 Abstract number 192

2:25pm

Support matters: a mixed methods scoping study on the use of assistant staff in the delivery of community nursing services in England

Author(s): *Karen Spilsbury and Sue Pender, United Kingdom*

Presenter(s): *Professor, Karen Spilsbury, PhD, PGCert, BSc, RN, Professor of Nursing, Department of Health Sciences, University of York, United Kingdom*

Abstract

Internationally, health care services are caring for increasingly dependent patients with chronic conditions and complex needs. This is alongside an increasing policy focus for services to be provided closer to patients' homes. In the UK, a significant proportion of care is provided for patients by community nurses. There have been significant changes in the composition of this workforce with increasing numbers of assistants. This study explores the roles, contribution and impacts of community nursing assistants to the delivery of care and services in England.

The study (May 2010 – July 2012) used mixed methods. We interviewed a representative sample of 37 (48%) senior managers of community nursing provider organisations and analysed National Health Service secondary staff record data to scope the national use assistants. Further, a purposive sample of 20 service level managers were interviewed to gain an in-depth understanding of assistant roles. Data were analysed using parallel mixed data analysis. This involved separate processes for analysing qualitative data generated by the interviews (thematic content analysis with comparisons between participants and organisations) and quantitative data provided by the NHS (summary statistics to describe the assistant workforce and to determine differences between regions and providers). These data were then integrated to provide a description located within real-world contexts.

Assistants promote flexibility in the community nursing workforce to respond to changing demands on services. However, lack of consensus in defining the role has created variations in national deployment and development assistants. There is enthusiasm among managers about the contribution of assistants. However, tensions are recognised between promoting innovation and managing risks associated with an unregulated role. Our study addresses an important gap in international literature, highlighting opportunities and challenges associated with the community nursing assistant role. The paper considers the wider relevance of the findings for practice, policy and future research.

2.3.3 Abstract number 215

2:55pm

The Cassandra Project – Building A Sustainable Workload Activity Model for Future Community and District Nursing Workforce Capacity Planning

Author(s): *Carolyn Jackson, Tricia Leadbetter, Alison Leary, Kim Manley, Anne Martin Toni Wright England, United Kingdom*

Presenter(s): *Carolyn Jackson, MSc, PGDEd, RNT, BA, RGN, Director England Centre for Practice Development, England Centre for Practice Development, Canterbury Christ Church University, United Kingdom*

Abstract

Background: Internationally, the shift of care into the community poses significant challenges for the district and community nursing workforce, yet there is a lack of research evidence about which workload tools will provide accurate projections for safer staffing levels in the future. The majority of tools capture linear workload activity data based on the number of interventions that nurses undertake, but they fail to capture the multidimensional complexity of the care context and the multiple users involved in the care episode.

Methodology and Methods: This paper presents findings from a two year funded mixed methods research study which:

(i) piloted the Cassandra Matrix tool TM, a web based workload activity tool for district and community nurses in the South of England between 2013-2014 with six community based organisations.

(ii) Surveyed practitioners pre and post workload activity to capture what difference it made to their self awareness of their role and contribution to care delivery.

(iii) developed a shared purpose framework and job descriptors competence framework with community and district nurses mapping a vision for the delivery of a first class holistic service providing care close to or in the home.

Results and Conclusions: The outcomes of the project include (i) a conceptual model of community workload activity reflecting the complexity of care across professional bands in different contexts (ii) modelling negative space and identifying activities that nurses do not have time to do, (iii) a career and competence framework. There is widespread support from QNI, RCN and NHS England for a full scale implementation of Cassandra for community care organisations.

Key Words: Building community capacity, workforce modelling, workload activity, practice development

Theme: Thematic analysis

2.4.1 Abstract number 48

1:55pm

Sources of stress in healthy Chinese siblings of children with cancer: preliminary results of a prospective longitudinal study

Author(s): *Ru-Hwa Wang, Taiwan (ROC)*

Presenter(s): *Dr, Ru-Hwa Wang, Cardinal Tien Hospital, No.362, Zhongzheng Rd., Xindian Dist., New Taipei City 231, Taiwan (R.O.C.), Taiwan*

Abstract

Background. Research has shown that diagnosis of childhood cancer has been identified as being significantly stressful and disruptive to the family group. The healthy siblings often exist in an environment of long-term stress and constitute a psychologically vulnerable population. However, in Taiwan, the healthy siblings in a childhood cancer family represent an under-studied group of children. Aims. This study aimed to investigate the common sources of stress in the healthy Chinese siblings of children with cancer. Methods. Forty-five Chinese childhood cancer families in Taiwan were selected through referrals. Subjects were the healthy siblings aged 7 to 16 years in these families. Data collection involved Family Demographics from parents and a semi-structured interview with healthy siblings. The interviewed siblings answered open-ended questions regarding the changing character of the stress caused by the development of cancer in a child. Results. Content analysis of interviews indicated that the majority of siblings (n=27, 60%) mentioned the reduction in parent-child communication and the lacked vital information of the illness as sources of stress in their living experiences with childhood cancer in a family. These primary stressors explained how the cancer was viewed as contagious by healthy siblings, and led them to perceive a threat to themselves and to their families. Conclusions and Implications. An educational program and a support group for Chinese families to avoid secondary stressors of childhood cancer were suggested to provide immediately. Most importantly, after this study such a preventive clinical intervention, according to the suggestion, is currently offered by the author in pediatric units on each Saturday at 2:30pm for six weeks in Taiwan. Further, the format for this family group educational program which consists of a two-hour class and small group discussion does assist the pediatric oncology nurse to facilitate Chinese family adaptation to the cancer experience.

2.4.2 Abstract number 66

2:25pm

The tight rope of caring for refugees: perspectives of refugee health nurses.

Author(s): *Dr. Olayide Ogunsiji, Australia; Prof. Lesley Wilkes, Australia; Mr Harrison Ng Chok, Australia*

Presenter(s): *Professor, Lesley Wilkes, PhD UNSW, MHPEd, UNSW, GDipEd(Nurs) Sydney College of Advanced Education, BSc University of Sydney, Director of Centre for Nursing Research and Practice Development, Centre for Nursing Research and Practice Development, Australia*

Abstract

Introduction: Refugee health nurses caring for refugee families and individuals from various ethnicities, face numerous systematic challenges when providing supportive care. Nurses who work in refugee health are often the first point of contact for many refugee families and are tasked with conducting initial health assessments, referrals to specific services, providing access and advocating for refugee needs. However there is a paucity of evidence regarding the experiences of nurses and impacts of working with refugee families and individuals.

Aim: To explore the experiences of refugee health nurses caring for refugees in Australia

Method: Participants were recruited using a convenience sampling technique and data consisted of digitally recorded conversations conducted with six nurses working in refugee health across New South Wales.

Results: On completion of verbatim transcription of the conversations and through thematic analysis, the nurses' stories revealed three major themes: refugee health issues; nurses' roles and challenges; and the support needs of nurses. The nurses' stories include the effect of vicarious trauma on them following listening to the refugees' stories. The nurses faced a number of challenges which ranged from systematic policies that hinder effective care, to the negative perspective of the general public towards them and the work they do.

Summary and conclusion: This research adds to the scant literature on the topic particularly in Australia. The findings reflect the need to examine the involvement of nurses in addressing the social issues of the refugees during resettlement and necessity of formal professional support for refugee health nurses. While often forgotten in the broader context of the health system refugee nurses are essential to the health and settlement of refugees in a new country.

2.4.3 Abstract number 220

2:55pm

Foreign paediatric patients with a stem cell transplant: what is the nurses' perception?

Author(s): *Simona Calza, Italy; Silvia Rossi, Italy; Annamaria Bagnasco, Italy; Loredana Sasso, Italy*

Presenter(s): *Dr, Milko Zanini, Departement of Health Sciences, University of Genoa, Italy*

Abstract

Background: It is widely recognized that a Family-Centred approach is basic also for the foreign patients in order to give a culturally competent care. There are only few studies concerning the perception of Pediatric Nurses regarding the factors that can influence care provided to foreign paediatric patients undergoing a Stem Cell Transplant (SCT) (1, 2, 3). Furthermore, there is an increasing number of paediatric patients who comes in European Hospitals to be cured (3).

Aims: To investigate the Paediatric Nurses' perception of the factors that influence nursing care provided to foreign paediatric patients following Stem cell transplant and their families.

Methods: The study has a qualitative design. Semi-structured interviews were recorded, ' transcribed verbatim', and analysed using qualitative techniques for recurrent themes. Two trained researchers, independently and separately, analysed the transcriptions 'line by line'. At the end of their analysis they met to agree on the categories.

Results: Twenty-seven Italian SCT Paediatric Nurses were interviewed (until data saturation was achieved). Four themes emerged from the analysis: Respect of Cultural tradition, Different roles, Communication, Identical treatment but different opportunities

Discussion: Communication is seen as a barrier in caring for foreign patient. Paediatric Nurses perceive a lack in their training and knowledge in caring for foreign patients. A better organization could support nurses.

Conclusion: Our results suggested that Paediatric Nurses felts that foreign patients could not be cared for all in the same way, but they usually have to adopt specific strategies to improve their relationship with the patients and the families. Semi structured – interviews have proved useful in highlighting Paediatric Nurses' Perceptions.

Theme: Case study

2.5.1 Abstract number 245

1:55pm

Talent Management in Nursing

Author(s): *Sue Haines, England, United Kingdom; Stephen Timmons, England, United Kingdom; Hannah Noke, England, United Kingdom*

Presenter(s): *Sue Haines, RGN, Bsc (Hons), MA, Assistant Director of Nursing, Nottingham University Hospitals NHS Trust, Trust Headquarters, Nottingham, United Kingdom*

Abstract

Background: Talent management (TM) has been defined as the process of attracting, developing and retaining high-potential, high-performing people (Blass, 2007). The NHS Leadership Academy advocates an inclusive approach to TM (NHS Leadership Academy, 2014). Within healthcare there is evidence of inconsistency in definitions and little evaluating outcomes (Haines, 2013). In a contemporary context of global nursing shortages, an aging population and increasing complexity in care needs, nursing must attract and retain a diversity of talent.

Aim: To gain new insights and knowledge in to TM as an emerging concept within nursing.

Methods: An qualitative case study of one acute Trust, including focus group interviews with Bands 5-7 nurses (n=57) to gather clinical nurses' perspectives and one to one interviews with three Executive Directors. Wider consultation on findings was undertaken with Band 5 Staff Nurses (n=229), utilising an interactive world cafÃ© style approach. Data was collected October 2012-July 2013.

Results: Three themes:

1. Nursing as Talent: a multiplicity of talents emerged which were contextual in nature.

2. Ward leadership and culture: Participants' experience of support and development was variable and influenced by the skills and style of leadership on the ward.

3. Career Development: there was a lack of awareness of career pathways in nursing. This created a limited and confusing picture for participants and a need for careers guidance.

Discussion: Nursing talent is contextual in nature. However, four overarching domains have been identified; leadership qualities, a person-centred approach, professional knowledge and skills, and personal values. Developing effective TM requires organisational strategy and further consideration of;

- An individual's motivation, strengths and careers aspirations
- Managers' skills as talent spotters and developers
- Organisational context, a culture of staff engagement and learning, with clear career pathways.

Conclusion: Further study of TM in nursing as a process to attract, develop and retain the full potential of the nursing workforce is recommended

2.5.2 Abstract number 190

2:25pm

United Kingdom National Health Service (NHS) workforce transformation: A case study of the critically ill patient's journey on a care pathway in an integrated care organisation.

Author(s): *Abdelhakim Altabaibeh, England, United Kingdom, Prof. Kay Caldwell, England, United Kingdom, Dr. Margaret Volante,England, United Kingdom*

Presenter(s): *Abdelhakim Altabaibeh, BSc nursing, MSc nursing, MPhill/PhD student, Intensive Care Unit, The Whittington Hospital, London, United Kingdom*

Abstract

Background: Since its inception the National Health Service has gone through many reforms. The most recent proposed by the current coalition government aims to shift the emphasis from hospital based secondary care to community based primary care. While not a new concept, the current reform places great importance on integration and partnerships working between the NHS, social care, public health and other local services (DoH, 2010).

Objective: The study uses network analysis to investigate the lived experience of services integration policy as it is perceived and interpreted by those who care for the critically ill patient irrelevant of their working geographical areas or working titles.

Methodology: As the boundaries between the phenomenon and its context are not clearly evident a case study approach was chosen to delineate the boundaries of what is to be studied. The aim of this study is to gain an insight into and to understand the impact of the reform on critical care delivery through a case rather than the case itself (Luck et al. 2006). An instrumental case study (Stake, 1995) was used to collect the data. Case study design provides a wide range of resources to generate data. For the purpose of this study two methods of data collection were utilised; informant semi structured interviews and review of relevant local and national published documents. Informants were recruited based on their frontline role in caring for the critically ill patient during the treatment trajectory across acute /community services of an integrated organisation.

Primary results and discussion: For frontline professionals health care delivery restructuring poses significant challenges to professional boundaries and to professional identity. The findings will be explored in relation to frontline professional participation in any future health care reform policy process.

2.5.3 Abstract number 160

2:55pm

Understanding the End of life clinical problems of younger adults and its impact on their parents, siblings and health professionals within the context of life transitions to enhance their wellbeing

Author(s): *Bridget Johnston, England, United Kingdom, Divya Jindal-Snape Scotland United Kingdom, Jan Pringle, Scotland United Kingdom,Libby Gold Scotland United Kingdom, Jayne Grant Scotland United Kingdom, Ros Scott Scotland United Kingdom, Pat Carragher Scotland United Kingdom*

Presenter(s): *Professor, Bridget Johnston, RGN, BN (HONS) PGCE(FE) PhD, The University of Nottingham, United Kingdom*

Abstract

Background: There has been very little research examining the issues of young adults with life limiting illnesses, existing research often fails to acknowledge that young adults may have needs and issues that are distinct and different from other younger children.

Aims: This study aimed to examine the life issues of young adults with life limiting conditions known to a children's hospice association in Scotland.

Methods: Longitudinal case study approach, clinical case note reviews and semi-structured interviews, conducted at 2 monthly intervals across a 6 month period between April and Oct 2014.

Results: 33 participants took part: 12 young adults (17 and 23 years). Professionals (n=11) and family members (n=10) were nominated by the young adults. A total of 58 interviews were conducted.

Findings: themes: Dependence dichotomy physical and health restrictions created an often unwanted dependence, but equally independence created its own tensions in terms of preparedness, confidence and socialisation skills to engage with the wider community, generating challenges for professionals. In it together 'centripetal' forces brought families/carers together to cope with the situation; 'centrifugal' forces were not always able to be re-established within the family, resulting in family/individual sacrifices, even with support from professionals. Biographical uncertainty young adults and families had been living with uncertainty, often for many years, with professionals not always able to supply answers; impacting on lack of focus and direction for the young adults as well as loss and grief reactions for family members. Conserving integrity young adults, families and professionals acted to preserve the integrity of the young adults by supporting social, personal and structural elements in their lives. Discussion The study illustrates the multiple shifting dynamics for young adults with life limiting conditions as they transition to adulthood

Conclusions: The findings will help inform local and national policy in Children's hospices in Scotland.

Theme: Phenomenology

2.6.1 Abstract number 236

1:55pm

Emotion work: The invisible labour of health visiting

Author(s): *Jillian Taylor, Scotland; Professor Pam Smith, Scotland; Professor Julie Taylor, Scotland*

Presenter(s): *Jillian Taylor, University of the West of Scotland, United Kingdom*

Abstract

Background: Promoting and improving the health, development and wellbeing of children, young people and their families is of global importance for the survival of countries and communities (United Nations 2010). In many countries, health and social care children services are essential in leading the way with this promotion. In the United Kingdom, the work of the specialist nursing profession of health visiting is deemed pivotal. However for many in this role the challenges they face when working with children, families and communities are not always recognised, respected or valued in professional and societal settings (Appleton 2011, Peckover 2013).

Aim: The purpose of this qualitative pilot study was to explore the emotions work undertaken by health visitors in the United Kingdom. The aim of the study was threefold: first to establish whether there was a relationship between emotion work and the lack of role visibility reported, second to identify what impact this has on the professional wellbeing reported by this professional group and thirdly to understand the influence this has on the support they receive.

Research Design: Methodology: Hermeneutic phenomenology was used as the methodological framework for the study

Method: Semi-structured interview methods were employed to collate data over the time period of August October 2013

Sample: Ten participants were recruited. All participants were registered health visitors and were actively working with pre-five children and families in two Scottish Health board areas.

Discussion: The study suggests that the emotional and communicative work that is deemed crucial to effectively work with families and communities to safeguard children may influence the visibility of the role. Poor visibility of role influences the morale of professionals and the support they receive.

Conclusion: If the work of a professional group is not fully understood then organisational, supportive infrastructures will be inadequate.

2.6.2 Abstract number 47

2:25pm

Health visitors' views of compassion

Author(s): *Margaret Clarke, England, United Kingdom; Dr Una Adderley, England, United Kingdom ; Dr Philip Esterhuizen, England, United Kingdom*

Presenter(s): *Margaret Clarke, Adult RN, Health Visitor, MSc, PhD student, School of Healthcare, University of Leeds., United Kingdom*

Abstract

Background: Health visitors often work in challenging situations; with individuals, families and communities. Current NHS policy drivers aim to increase the delivery of compassionate care (DH, 2012, NHS England 2012). Although theories of compassion exist in the literature, little has been published specifically relating to the role of the health visitor.

Aims: The study aimed to elicit health visitors' views of compassion and consider these findings in relation to current evidence and theories of compassion.

Methods: A qualitative hermeneutic phenomenological approach was used. Between April and June 2014, audio-recorded, individual interviews were used to collect data from 6 health visitors practising in a town in northern England.

Inductive thematic analysis was used to analyse the data.

Results: A common theme across all participants when defining compassion was that it incorporated many facets. A number of skills were seen as enablers to compassion delivery, including reflection and listening skills. Conversely, a number of personal, professional and organisational factors were suggested as influencing their ability to be compassionate. These were prior experiences, spirituality, professional judgement, team work and targets.

Discussion: The results fitted with a number of nursing theories but most strikingly a framework produced by Chambers and Ryder (2012) which identified 5 key attributes of leaders of compassionate practice; namely: personal, quality, education, leadership and team leading attributes. It was evident that the diversity of the health visitor's role from routine public health work to complex safeguarding visits, alongside local and national agendas added to the challenges which they face to delivering compassionate care.

Conclusion: The themes identified within the study were not consistently congruent with one particular theory of compassion in caring. They incorporated the work of multiple theories which appeared to be influenced by participant's personal and professional motivators for compassionate practice.

2.6.3 Abstract number 237

2:55pm

In Their Shoes: an ontological perspective on empathy in nursing practice.

Author(s): *John McKinnon, United Kingdom*

Presenter(s): *John McKinnon, MSc PG Dip BA (Hons) RNT RHV RGN RMN, School of Health and Social Care, University of Lincoln, Lincoln, United Kingdom*

Abstract

Background: Empathy is the ability to grasp the frame of reference of another. It is the goal of the caring listener (Kirk, 2007). As such empathy is a key feature of nursing practice involving self awareness (Eckroth – Bucher, 2010) and the use of emotion in representational thinking (Scott, 2000).

Aims: This paper presents the findings of an enquiry into the dynamics of empathy as part of nursing ontology. The study aims to improve understanding of how empathy is developed and used in practice.

Method: Thirty – four nurses across community, public health, paediatrics, mental health and acute adult surgery talked exhaustively about their experiences with empathy in the context of their relationships with patients and families. A phenomenological approach was used. The data was collected in a London teaching hospital trust and in three community NHS trusts in the East Midlands of England between November 2011 and August 2012. The interviews were audio – taped and transcribed verbatim. The transcripts were analysed using Grounded Theory Method.

Results: Empathy was experienced as a libidinal entity dependent on a number of allied skills: listening and echoing, knowing another's circumstances, imagining and representing the imagined perception within the self. Empathy was viewed as a precision tool for person centred care and with two distinct levels: phenomena related empathy and biographical related empathy. The case sensitive use of nurses' life experience also enabled empathy. Person centred care and empowerment were inhibited where empathy could not be achieved.

Discussion: The findings inform on the place of empathy in the hierarchy of embodied nursing skills most notably in relation to compassion.

Conclusion: Insight into the dynamics of empathy provides a basis for the construction of teaching tools and learning objects for skill development in nursing practice.

Theme: Measurements

2.7.1 Abstract number 334

1:55pm

Lactate – Arterial and Venous Agreement in Sepsis (LAVAS)

Author(s): *Deepankar Datta, Julia Grahamslaw, Catriona Graham, Craig Walker, Alasdair Gray; Scotland, United Kingdom*

Presenter(s): *Julia Grahamslaw, RGN BSc, Research Nurse, Emergency Medicine Research Group, Emergency Department, Royal Infirmary of Edinburgh, United Kingdom*

Abstract

Background: Sepsis is a common condition with around 30% hospital mortality. Measurement of lactate levels by arterial lactate (A-LACT) is an important part of the sepsis bundle. An alternative measurement tool is peripheral venous lactate (PV-LACT) which has the potential to reduce patient discomfort and the risks of arterial sampling for a large group of acutely unwell patients. However the interchangeability between the measurements is debatable, with no research supporting the widespread use of PV-LACT instead of A-LACT

Aim: The aim of this study is to determine if PV-LACT measurement gives the same results as A-LACT measurement in septic patients attending the Emergency Department (ED).

Methods: We performed a prospective observational cohort study of 304 consented patients presenting with sepsis to a single UK NHS ED (110, 000 adult attendances annually). Bland-Altman analysis was used to determine the level of agreement between PV-LACT and A-LACT. The study was conducted between October 2013 and June 2014.

Results: Bland-Altman analysis noted a mean difference (PV-LACT – A-LACT) of 0.4118 mmol/L, with 95% limits of agreement from – 0.3819 to 1.206. The majority of PV-LACT samples were higher than A-LACT samples, with a trend to a greater difference as lactate concentration increased. Only 7 A-LACT samples had a concentration ⇢= 4mmol/L.

Discussion: This study shows that the clinical agreement between peripheral venous and arterial lactate is good enough to recommend the use of PV-LACT in septic patients presenting to the ED. This will allow faster screening and better care of this important group of patients in the ED, wards or healthcare facilities where arterial lactate analysis or appropriately trained staff are not available.

Conclusion: Peripheral venous lactate has good clinical agreement with arterial lactate to recommend its routine use in the management of septic patients.

2.7.2 Abstract number 301

2:25pm

Mentor's behaviour in clinical nursing education – a scale development and validation

Author(s): *Yanhua Chen,China; Roger Watson, United Kingdom; Andrea Hilton*

Presenter(s): *Yanhua Chen, University of Hull, United Kingdom*

Abstract

Background: In clinical nursing education, mentoring quality and mentors' behaviour are considered key variables influencing nursing student's learning quality and experience. However, no scale in nursing and allied areas is suitable to measure mentors' behaviour related to nursing student's mentoring.

Aims: This study developed and validated a scale related to mentor's behaviour which can be used as a communication tool to assess students' expectation and an evaluation instrument to measure mentor's actual performance.

Methods: Eleven steps were taken during development and validation between February 2013 and December 2014. In the development stage, concepts were defined and a theoretical framework for mentoring in nursing was explored based on which an item pool was generated through literature review and online focus groups (29 Chinese nursing students and 19 mentors). At validation, content validity was established through nine mentor experts in the UK and other psychometrics were tested among Chinese nursing students in three hospitals in China using both online and hard copy survey. Exploratory and confirmatory factor analysis, Mokken Scale analysis, and binary logistic analysis were used in the analysis.

Results: Mentorship can be perceived as a general factor with four sub-dimensions i.e. professional development, facilitating learning, personal respect and achieving excellence, which is supported by exploratory factor analysis(n=669) and confirmatory factor analysis(n=634). A wide range of psychometric evidence has been established, including content validity, factorial validity, test-retest reliability, discriminative and predictive validity, and scalability.

Discussion: This study explored the construct of mentorship which has four factors and the scale shows stability over time, homogeneity in content, hierarchy of student's expectation and reliability of ordering mentoring quality.

Conclusion: The function of this new scale related to mentor's behaviour as a communication tool and an assessment instrument is supported by this study.

2.7.3 Abstract number 336

2:55pm

Capillary and Venous Lactate Agreement – a pilot observational study

Author(s): *Deepankar Datta, Julia Grahamslaw, Craig Walker, Alasdair Gray, Scotland, United Kingdom*

Presenter(s): *Julia Grahamslaw, RGN BSc, Research Nurse, Emergency Medicine Research Group, Emergency Department, Royal Infirmary of Edinburgh, United Kingdom*

Abstract

Background: Blood lactate measurement is used as a marker of the severity of illness in patients presenting to the Emergency Department (ED): higher lactate levels are associated with increased mortality (1). Arterial lactate is the gold standard of measurement, however is increasingly being substituted by peripheral venous lactate (PV-LACT) measurement.

Capillary lactate (CAP-LACT) measurement has been used in sports science; however it has not been tested in the adult ED as until recently there has not been a medically certified point-of-care (POC) meter to use in clinical settings.

Aim: We aim to collect pilot data investigating the agreement between CAP-LACT and PV-LACT in the Emergency Department. This will allow us to determine feasibility and statistical power for the design of a definitive study.

Methods: We performed a prospective observational cohort study of 99 consented patients requiring PV-LACT measurement as part of their routine clinical care to a single UK NHS ED (110, 000 adult attendances annually). Paired CAP-LACT and PV-LACT was recorded, and level of agreement determined by Bland-Altman analysis. Data was collected between October and December 2014.

Results: Bland-Altman analysis noted a mean difference (CAP-LACT – PV-LACT) of 0.2328 mmol/L, with 95% limits of agreement from – 1.864 to 2.330. Only 4 samples had a concentration greater than 4 mmol/L.

Discussion: The results show that there is potential for CAP-LACT to replace other methods of lactate measurement, however the lack of high lactate values means further studies are required. The data will allow the design of a definitive study. CAP-LACT has the potential to allow quick lactate recording by all triage staff with minimal equipment whilst being more acceptable to the patient as an investigation.

Conclusion: There is potential for CAP-LACT to be used for lactate measurement in the healthcare system however further definitive studies need to be conducted.

Concurrent session 3

Monday 20 April 2015 15.50 – 16.45

Theme: Delphi method

3.1.1 Abstract number 34

3:50pm

Inclusive leadership and the nursing profession

Author(s): *Philip Esterhuizen, England, United Kingdom; Dawn Freshwater, Australia*

Presenter(s): *Dr, Philip Esterhuizen, RN, DNed, MScN, PhD, Lecturer, University of Leeds, United Kingdom*

Abstract

Background: Research into leadership and management often focuses on effectiveness, behaviour and leadership styles.

Aims: This paper discusses the findings of an international, multi-disciplinary Delphi Study, aimed at exploring the concept and nature of 'inclusive leadership', in relation to the nursing profession.

Methods: Experts, identified as having extensive knowledge, expertise and experience in the field of leadership from different disciplines, participated in a four round Delphi Study. They prioritised 50 statements, collated from the literature and in the public domain, relating to inclusive leadership. A Q-Sort format was used and statements were prioritised in a grid by each individual.

In the first three rounds, the prioritised statements were analysed and the number reduced per round according to the input from the experts. In the fourth round, panel members were requested to answer questions about the final four statements and provide exemplars from their practice.

Results: Four main statements resulted from the study:

- Senior teams under-represent the communities they serve.
- Inclusive leadership is doing things with people, not to people.
- Inclusive leadership appreciates and respects transcultural or intercultural differences.
- Inclusive leadership results in better and safer decisions.

Discussion: Discussion highlighted that by including direct and indirect input, the organisation is able to minimise risk in decision making with regard to strategy and in relation to staff well-being, retention and satisfaction. Although generally accepted and espoused that diversity within leadership roles can provide creativity, flexibility and agility to cope with change and changing needs, diversity in nursing leadership does not mirror the spectrum of society nor the nursing workforce.

Conclusion: Inclusivity needs to use diverse talents and creativity which, in turn, leads to richness and empowerment and is appropriate to the changing environment and needs.

3.1.2 Abstract number 117

4:20pm

The role and competencies of Advanced Nurse Practitioners working with frail older people: A Delphi study.

Author(s): *Sarah Goldberg, United Kingdom, Jo Cooper, United Kingdom, Adam Gordon, United Kingdom, Tash Masud, United Kingdom, Adrian Blundell, United Kingdom, Ravi Moorchilot, United Kingdom*

Presenter(s): *Dr, Sarah Goldberg, BSc, RN PhD, Associate Professor, University of Nottingham School of Health Sciences, Nottingham, United Kingdom*

Abstract

Background: Advanced Nurse Practitioners (ANPs) are experienced nurses who undertake activities traditionally performed by medical staff. There are four pillars of advanced practice: advanced clinical skills, leadership/management, education and service development/research. ANPs are starting to specialise in disciplines involved in working with frail older people. However, the role and competencies required for this have not been well defined.

Aims: This study aimed to get national consensus on the role description and essential competencies required for ANPs working with frail older people.

Methods: Initially a literature review was completed and workshops arranged with multi-professional and lay individuals to identify possible competencies and a role description.

A Delphi process was then conducted with three rounds involving a panel of 30 national experts including representation from the British Geriatric Society (BGS) Education and Training Committee, the BGS Senior Nurses and Practitioners Group, the RCN, Allied Health Professionals and lay representatives. Consensus was deemed reached when 70% of the panel agreed.

Results: Data was collected between July and November 2014.

The initial role description was considered both too senior and broad. Through two rounds of rewording, a role description was developed which reached 100% agreement.

31 essential competencies were agreed after round one, 40 after round two and 51 after round three. Modifications were suggested by the panel for rewording, combining and adding additional competencies. Seven competencies reached consensus as 'not essential' and consensus could not be reached on nine competencies.

Discussion: This Delphi study has allowed clinical experts and lay representatives to refine and agree on a set of competencies for ANPs working with frail older patients and is the first step towards ensuring consistency in the training of ANPs in geriatric medicine.

Conclusion: This is the first nationally agreed role description and set of competencies for ANPs working with frail older people.

Theme: Mixed methods

3.2.1 Abstract number 286

3:50pm

Congenital Heart Disease: A survey of young adults' knowledge and understanding of their heart condition

Author(s): *Elaine Muirhead, United Kingdom; Margaret Sneddon, United Kingdom, Eileen Cowey, United Kingdom*

Presenter(s): *Elaine Muirhead, BSc(Hons) Nursing, MSc Advanced Practice in Health Care, Registered General Nurse, Nurse Practitioner, Golden Jubilee National Hospital, NHS Scotland, United Kingdom*

Abstract

Background: Adolescents and young adults with Congenital Heart Disease (CHD) are frequently lost to follow-up, resulting in adverse health outcomes(Yeung, et al., 2007; Kovacs and Verstappen, 2011). Formal transition clinics that focus on improving patient knowledge and understanding are advocated to ensure a more streamlined pathway between paediatric and adult care (Kovacs and Verstappen, 2011; Sable, et al., 2011).

The aim of this study was to examine what level of knowledge young adults (16-25 years of age), who are living in Scotland, have about their individual congenital heart defect and its treatment. Results from the study will inform the topics on which patients need to be given more information, to ensure they and their families feel prepared and supported when they move to adult services.

Methods: A descriptive correlational study design was implemented. A proportionate stratified random sampling technique was used to identify 400 young adults who were registered on a clinical database for CHD, held at a tertiary care centre in the West of Scotland. The Leuven Knowledge Questionnaire for Congenital Heart Disease (LKQCHD) was sent by mail to participants to assess knowledge and understanding.

Results: Response rate was poor at 37%. Despite this, gaps in knowledge and understanding are evident. A significant difference (p ⇠0.01) in overall knowledge score was found between each of the three knowledge domains. The overall percentage of correct answers was much lower for preventative measures (mean = 45.5%) than heart condition and treatment (mean = 63.9%) and lifestyle issues (mean = 55.4%). Complexity of disease was only found to have a significant effect on three of the 27 questions of the LKQCHD.

Conclusion: Significant gaps in patient knowledge exist that are consistent with previous research. These gaps focus on understanding of endocarditis and issues surrounding pregnancy and contraception. Co-ordinated transition programmes are recommended to deliver education that is patient centred and appropriate to individual need.

3.2.2 Abstract number 41

4:20pm

Effect of Renal Rehabilitation on Quality of Life Among Dialysis Patients

Author(s): *Eilean V. Lazarus, Oman*

Presenter(s): *Dr, Eilean Victoria Lazarus Rathinasamy, Ph.D, Assistant Professor, College of Nursing, Sultan Qaboos University, Alkhoud, Muscat, Oman 123, Oman*

Abstract

Purpose: To optimize health, improve quality of life among dialysis patients and to develop an information booklet on ‘Coping With ESRD’.

Methods: A randomized controlled trial was used. Approval for this study was obtained from the institutional ethics committee. The convenience sample was 150 patients (75 intervention and 75 control participants) with end-stage renal disease receiving dialysis. The intervention group received renal rehabilitation which consisted of computer-based education on adherence to treatment options, dialysis, diet, drug, exercise, employment counseling and encouragement. Knowledge and quality of life were measured using a knowledge questionnaire and the RAND health-related kidney disease quality of life questionnaire at baseline, one month and two months post intervention with reinforcement on the same topics at each visit. The control group received usual care. SPSS was used for the statistical analysis.

Results: There was a statistically significant improvement in the mean scores for knowledge about end-stage renal disease (ESRD) among the intervention group compared to the control group (p⇠0.001). The mean scores of the QoL sub-scales were statistically significant (p ⇠0.001). The sub-scale scores of Energy Fatigue among the intervention group and control group were not statistically different. The mean scores for the Kidney Disease QoL sub-scales (Symptom/Problem list, Effects of Kidney Disease, Burden of Kidney Disease, Cognitive Function, Sexual Function, Sleep, Social Support, Dialysis Staff Encouragement, Overall Health, and Patient Satisfaction) among the intervention group compared to the control group were statistically significant (p⇠0.01). Implications Early education about renal disease, its treatments, and the potential to live long and productively can aid in overall adjustment and decision making for people on dialysis.

Conclusion: Education was shown to be a positive predictor of physical and mental health for people on hemodialysis. Patients who are encouraged to learn about their treatment have better outcomes and improved quality of life.

Theme: Narrative approaches

3.3.1 Abstract number 37

3:50pm

The social consequences of living over time with progressive breast cancer: a narrative enquiry

Author(s): *Elizabeth Reed, United Kingdom Jessica Corner*

Presenter(s): *Dr, Elizabeth Reed, RGN BSc PhD, Princess Alice Hospice, United Kingdom*

Abstract

Background: Women with advanced breast cancer can live for years with progressive disease. What sets them apart from many others with advanced cancers is they rarely showed any external signs of illness. This means they can project an image of health and maintain their social roles despite living with uncontrolled symptoms and a sense of isolation. This presentation will discuss the role of narrative in exploring the everyday lives of women with advanced cancer and will describe how the narratives of 30 women describe living over time with progressive breast cancer.

Aim: 1) To explore in detail the social consequences of metastatic breast disease as illuminated through individual stories of illness and to examine how these may change over time.

Method: Using a longitudinal approach women were interviewed three times over one year (baseline, 6 and 12 months) using narrative enquiry. Metanarratives were developed from the three interviews to build a chronologically ordered story. Categorical analysis then determined the overarching themes and sub-categories generated within these (Creswell, 2003).

Findings: Overarching themes: situating the self; the self as dominant, the body as dominant and social order as dominant. Sub-categories were: maintaining everyday life; transitory self-representations; navigating social identities; threat of progressive disease; minimising illness to maintain social identity; dissonance between the internal and external reality; the well-meaning friend; living with uncertainty over time; relinquishing social roles and projecting into the future.

Conclusion: By situating the self in narrative as a cohesive whole person, women drew on their past, healthy self-image to reinforce the present self-image they wished to project. Women face threats to their identity and sought ways to maintain social inclusion by mediating any discontinuity between the self, the body and social order. To maintain this in the face of progressive disease and declining health meant constant ‘work’.

3.3.2 Abstract number 233

4:20pm

Exploring the impact of the environment for those on an alcohol recovery journey through Photovoice

Author(s): *Aisha Holloway, Scotland; Sarah Rhynas, Scotland; Eva Silveirinha de Oliveira, Scotland; Niamh Shortt, Scotland, Angela Gullone, Scotland; Laura Tully, Scotland*

Presenter(s): *Dr Sarah Rynas, The University of Edinburgh, United Kingdom*

Abstract

Background: Photovoice is an innovative qualitative methodology of engaging with marginalised groups whereby participants use cameras to document their lives and use the images with accompanying stories to inform others in relation to public health issues (Wang & Burris, 1997; Wiersma 2011).

Many people recover from alcohol problems, however how the environment impacts on their recovery journey from their perspective remains unknown. The high number of premises selling alcohol within the environment has been linked to higher levels of alcohol consumption, frequent alcohol consumption and increased alcohol-problems (Campbell 2009). Innovative methods are needed to begin to explore what role the environment plays in the recovery journey.

Aim: To explore how the environment and location of alcohol outlets impacts and influences those on an alcohol recovery journey through the use of Photovoice

Methods: Utilising Photovoice, photographs were taken by participants who accessed a local 3rd sector voluntary organisation for those recovering from alcohol-related harm. Twelve participants took part in the study, attending 3 Workshops. Workshop 1: Introduction of the project and digital cameras. Workshop 2: Viewing photographs with artist (Selecting); Exploring meaning through interviews (Contextualising). Workshop 3: Photographs and narratives (Codifying). Data were collected during October-November 2014.

Results: The images taken by the participants representing their thoughts, perceptions and feelings about particular issues in their community and environment in relation to their alcohol recovery journey will be presented.

Discussion: Photovoice is an emerging, innovative methodology providing community members with training on photography, ethics, critical discussion and policy advocacy. This paper therefore contributes to our current knowledge base and understanding of those on a alcohol recovery journey and offers a unique way for us to hear their voice.

Conclusion: The pictures and accompanying narratives from the study will be shared with key stakeholders and policy makers to advocate for community change in a round table event to be held in March 2015.

Theme: Questionnaires/surveys

3.4.1 Abstract number 100

3:50pm

Care closer to people's homes: profiling the community nursing workforce.

Author(s): *Julia Philippou, United Kingdom and Jane Ball, United Kingdom*

Presenter(s): *Dr, Julia Philippou, King's College London, Florence Nightingale Faculty of Nursing and Midwifery, United Kingdom*

Abstract

Background: A longstanding ambition for health and social care policy internationally is the transition of care away from hospitals to community settings and closer to people's homes. Whilst the policy messages have been strong and clear, we know little about whether we have the infrastructure and workforce needed to make integrated community based care a reality.

Aim: This study explores the work profile of nurses employed in community settings and identifies workforce priorities that are required to create the transformation of services advocated by current healthcare policy.

Method: A cross-sectional survey of community staff nurses, district nurses, community matrons and specialist nurses who provide these services in England. A total of 1661 eligible nurses completed a questionnaire survey during November-December 2013.

Findings: Nurses working in community nursing teams are generally positive about their work lives. Despite the many satisfactions of providing care in the community and the fact that 94% consider that in general 'the team provides good care for patients', the provision of good quality care is achieved at considerable cost to the individuals who routinely work way beyond their contracted hours. The effect is significant pressure: 77% report that their 'workload is too heavy', 83% say there are not sufficient nurses to get the work done, and 75% report specifically that there are not sufficient district nurses on their team. The net effect is that 44% of those working in district/community nursing report they are not satisfied with their current job and 40% would leave their job if they could.

Conclusion: The available evidence points that staffing growth fails to match the increasing workload demands. Increasing entrants into community nursing is clearly much needed. But if the new, and perhaps more importantly, existing staff in the community are to be retained, working conditions need to be improved.

3.4.2 Abstract number 3

4:20pm

A questionnaire survey of the experiences, attitudes and opinions of Intensive Care nurses in relation to the application of physical restraint within two large Intensive Care Units in the North of England

Author(s): *Samantha Freeman, England*

Presenter(s): *Samantha Freeman, BSc (Hons), PGCE, Master in Clinical Research (MRes), School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom*

Abstract

Aim: To determine the experiences, attitudes and opinions of Intensive Care nurses in relation to the application of physical restraint.

Background: Patients within the Adult Intensive Care Unit (AICU) have the potential to develop delirium and agitation. Resulting in the patient displaying unwanted behaviours such as attempting to remove the medical devices to which they are attached. AICUs within the UK are starting to adopt physical restraint as a method of managing unwanted behaviours.

Design: Postal questionnaire survey.

Methodology: A postal questionnaire was distributed to all AICU nurses (n=192) within two purposefully selected large AICUs in the UK.

Results: Data were collected between November 2012 and February 2013. The questionnaire was completed by 39.1% (n=75) of the nurses contacted. All believed that physical restraint had a place. Most expressed the opinion that the reason for its application was to maintain patient safety. Some expressed discomfort around the use of physical restraint. Nurses were happy to discuss the use of restraint with families. There was a perceived need for training and support for nursing staff as well as the need for medical staff to support the decision making process.

Conclusion: The use of physical restraint within the Intensive Care setting is increasing in the UK without supporting evidence base. Across the literature is appears that nursing staff are the instigators of physical restraint. This study has highlighted that nurses require more support and evidence on which to base their decision-making upon. They require guidance from professional bodies as well as support from medical colleagues. The findings cannot be generalised as they can only be applied to the units accessed and there is possible bias due to low response rate.

Further research is required into the safety of restraint, alternative methods and identifying predisposing factors to accidental device removal.

Theme: Thematic analysis

3.5.1 Abstract number 257

3:50pm

Valuing Patient and Public Involvement (PPI) in Patient-Reported Outcomes (PRO) Research: an international PPI Café.

Author(s): *Kirstie L Haywood, England, United Kingdom, Sam Salek, Wales, United Kingdom, Anne Lyddiatt, Canada, Samantha Brace-McDonnell, England, United Kingdom, Sophie Staniszewska, England, United Kingdom*

Presenter(s): *Dr, Kirstie Haywood, DPhil. BSc (Hons)., Senior Research Fellow (Patient Reported Outcomes), RCN Research Institute, Warwick Medical School, Warwick University, United Kingdom*

Abstract

Background: PRO-research involves the development, application and/or evaluation of PRO measures (PROMs) questionnaires which seek to assess how patients feel, function and live their lives in relation to their health and associated healthcare [1]. The use of well-developed PROMs can provide nurses with evidence that may enhance patient-centred care. The active involvement of patients as partners is increasingly viewed as essential to ensuring that PROMs capture issues that really matter [1, 2]. However, guidance for active PPI in PRO-research does not exist and the evidence-base is limited [2].

Aims: To explore the values that should underpin PPI in PRO-research and inform development of a good practice framework.

Methods: A 'World CafÃ©' format was developed as a collaborative activity between patient partners# and researchers [2]. Delegates at the 2014 International Society for Quality of Life Research (ISOQOL) conference used a small table group format to explore three 'menu' questions associated with the values underpinning the doing and/or consequence of PPI in PRO-research . Views, opinions and concerns were captured. A thematic analysis was undertaken and key values listed.

Results: Eighty participants – 12 of whom were patient partners communicated a diversity of views, values and opinions during the 90-minute event. The Public Involvement Impact Assessment Framework (PiiAF)[3] value systems informed the analysis: i. Process why we do PPI; ii. Substantive PPI impact; iii. Normative moral, ethical and political concerns.

Discussion: This study provides the first international exploration of values which should underpin PPI in PRO-research. Discussions highlighted the challenges of exploring and understanding the many values that underpin PPI. However, an explicit statement of values should include concern over respect, equity and trust. The application of PROMs developed/evaluated with patients as equal partners will provide nurse practitioners with a powerful resource for their routine practice, and one that is equally valued by patients.

15.50 – 16.45 **Concurrent session 3** – Monday 20 April 2015

3.5.2 Abstract number 258

4:20pm

Satisfaction and perception with pain management among Palliative Patients with Breakthrough Pain

Author(s): *Subramanian,Pi ,Kuala Lumpur ,Msia; Tan SB ,Kuala Lumpur ,Msia;Supermanian, S ,Nottingham, United Kingdom ;Boey CM,Kuala Lumpur Msia*

Presenter(s): *Dr, Pathmawathi Subramanian, Doctorate In Health Science, University Malaya, Malaysia*

Abstract

Background: Breakthrough pain contributes significantly to much suffering cancer patients. The experience of intense pain may interfere with, and affect, daily life functioning and has major consequences on patients' well-being if it is not well managed since the area of breakthrough pain has not been fully understood.

Aims: The study aims to explore the experiences of breakthrough pain among palliative patients.

Method: A qualitative study was conducted based on a series of open-ended interviews among twenty one palliative patients suffering from pain at an urban tertiary hospital in Malaysia.

Results: There were five themes generated from the interview data: (1) pain viewed as an unbearable experience causing misery in the lives of patients, (2) deterioration of bodily function and no hope of recovery, (3) receiving inadequate pain control for break through pain, (4) insensitivity of health care providers towards patients' pain experience, and (5) pain coping experiences of patients.

Discussion: The findings revealed that pain still remains as major issue among palliative patients despite the use of pain control medication. Alternative method such as the non-pharmacological approaches and psycho social support should be introduced to the patients. Proper guidance and information should be given to health care providers to improve the quality of patient care.

Conclusion: Health care providers should adopt a sensitive approach in caring for patients' to meet their needs in order to provide adequate pain relief for breakthrough pain.

Theme: Questionnaires

3.6.1 Abstract number 76

3:50pm

Nurses' knowledge of pressure ulcers and their management in Oman

Author(s): *Amal Al Shidi, Scotland; United Kingdom*

Presenter(s): *Amal Al Shidi, Master in Nursing, PhD Nursing student, Amal Said Salim Al Shidi, PhD Nursing Student, Nursing & Health Care School, School of Medicine, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow*

Abstract

Background: Pressure ulcers (PrUs) have a significant impact on health system expenditure and quality of life (Coleman et al. 2014). In Oman, no studies have been conducted to investigate nurses' knowledge on prevention and management of PrUs.

Aim: To describe the knowledge about PrUs prevention and management among nurses in Oman.

Ethical Approval: Ethical approval obtained in September 2013 from the Research and Ethical Review & Approval Committee, Ministry of Health, Oman.

Method: A descriptive survey was conducted. Cluster sampling was used to select participants (Parahoo 2006). A questionnaire was developed. The first two sections of the questionnaire were: demographic data and the Pieper-Zulkowski Pressure Ulcer knowledge test (PZ-PUKT) (Pieper & Zulkowski 2014). The PZ-PUKT is divided into three sub-sections: prevention, staging, and wounds description. Section three and four covered policy and resources available for prevention and management of PrUs in Oman. Data were collected in October 2013. Questionnaires (n=640) were distributed to nurses working in seven hospitals.

Results: A total of 478 (76.4%) questionnaires were analysed. The overall mean percent scores for correctly answered questions was 51% and for the sub-sections: 53.5%, prevention; 47.7%, staging, 51.2% wounds description. Half of the nurses (50.1%, n = 225) responded they had 'Good practical skills' but lacked knowledge, over half (56.8%, n=258) were managing wounds daily, 60.5% (n=276) were familiar with the hospital wound management policy, and only 20.7% (n=94) had read the National/European Pressure Ulcer Advisory Panel guidelines.

Discussion: For each question on average, only 51% had the correct answer, suggesting a low level of knowledge on PrUs. These results highlight concerns about the nurses' knowledge on PrUs prevention and management.

Conclusion: Nurses in Oman require more training to effectively prevent and manage PrUs. The MOH should revise the available wound management policy to include guidelines for PrUs prevention and management and staff training requirement.

3.6.2 Abstract number 95

4:20pm

Do nurse led foot checks result in improved reported foot self-care behaviour in haemodialysis patients with diabetes?

Author(s): *Sarah Brand, United Kingdom, Nadina Lincoln, United Kingdom, Alison Musgrove, United Kingdom*

Presenter(s): *Sarah Brand, BA (Hons), Diploma in Nursing, MSc, MA Research Methods, Nottingham University Hospitals Trust, United Kingdom*

Abstract

Background: Diabetic patients requiring haemodialysis are at particularly high risk of foot ulcers (Game, 2012). Despite this, patients rarely have their feet checked for foot problems whilst attending for dialysis (Schomig et al., 2000).

Aim: Conducted as a service evaluation, the aim was to evaluate the effect of education for dialysis nurses on the need to examine patient's feet whilst on dialysis. Outcomes were frequency of foot examination by health care professionals and reported foot self-care behaviour of diabetic haemodialysis patients as measured by the Nottingham Assessment of Functional Footcare (NAFF).

Methods: A non-randomised stepped wedge design was used. Data were recorded from all diabetic patients on dialysis willing to participate attending four dialysis units at baseline (June 2013) and at two monthly intervals (final assessment February 2014). Education was delivered sequentially in each dialysis unit.

Results: 95 patients agreed to participate. There were no significant differences between the four dialysis units at baseline in frequency of foot examination (chi-squared $p \dashrightarrow 0.05$) or in foot self-care behaviour (NAFF p=0.57). Comparison of scores between initial and final assessment showed a significant improvement in foot care behaviour ($p \dashleftarrow 0.001$) and a significant increase in foot examination by nurses ($p \dashleftarrow 0.001$).

Discussion: Analysis of all assessments showed improvements in foot self-care behaviour were unrelated to implementation of the educational intervention as behaviour improved at all units between baseline and second assessment despite the intervention only having been implemented at a single unit.

Conclusion: It would appear that raising awareness of foot self-care behaviour by administration of the NAFF was the stimulus for improved behaviour. Use of the stepped wedge design enabled closer analysis of the relationships between intervention implementation and outcomes.

Theme: Focus groups and statistical analysis

3.7.1 Abstract number 311

3:50pm

Are we failing to prepare nursing and midwifery students to deal with domestic abuse? Findings from a qualitative study

Author(s): *Caroline Bradbury-Jones, Birmingham, United Kingdom and Karen Broadhurst, Manchester, United Kingdom*

Presenter(s): *Dr, Caroline Bradbury-Jones, Reader in Nursing, University of Birmingham, United Kingdom*

Abstract

Aims: To investigate student nurses' and midwives' knowledge, confidence and educational needs regarding recognition and responses to domestic abuse.

Background: Domestic abuse is a serious global problem and has greater, negative effects on long-term health than more obvious diseases, such as diabetes (Humphreys et al. 2008). Nurses and midwives are well-placed to recognise and respond to domestic abuse but many lack confidence in this area (Lazenbatt et al. 2009). There is firm evidence that training can increase the confidence of health professionals in responding to domestic abuse (Feder et al. 2011). But the issue of undergraduate preparation is significantly under-investigated. Design: A qualitative study was undertaken in the UK. Theoretically we drew on a model of nursing student empowerment.

Methods: Nursing and midwifery students were recruited using purposive sampling. We facilitated eight focus groups with a total of 55 students (student midwives N=32; student nurses n=23). Data were collected between May-November 2014.

Findings: Students in the study viewed the issue of domestic abuse as important and they possessed sound theoretical knowledge of its nature and consequences. However, they lacked confidence in recognising and responding to abuse and were concerned about the implications of this for their future practice as registered practitioners. Interactive learning opportunities that engaged with service-users and involved experts from practice were viewed as important educational requirements.

Conclusion: In this presentation we will explore how students in the study felt insufficiently prepared to deal with the issue of domestic abuse. They perceived this as a cyclical state of disempowerment that would impact negatively on their practice and on their own ability to support nursing and midwifery students of the future.

3.7.2 Abstract number 326

4:20pm

Time to Change? An exploration of attitudes towards mental illness and social contact

Author(s): *Katie Pybus, United Kingdom*

Presenter(s): *Katie Pybus, BSc (Hons) Psychology, Accelerated Diploma in Nursing (Mental Health), MSc Social Change, Community Mental Health Nurse, Employer: Sheffield Health and Social Care NHS Foundation Trust.*

Research conducted at the University of Manchester, United Kingdom

Abstract

Background: Changing public attitudes and therefore reducing stigma towards mental illness has become a primary concern of the public health agenda in recent years. Yet much stigma remains and research suggests this can be almost as detrimental to individual life chances as the illness itself. Interventions which increase social contact between the public and those experiencing mental illness demonstrate promise but unrepresentative sampling has so far limited generalisability.

Aims: To address existing methodological issues and further explore social contact as a stigma reduction intervention.

Methods: The Attitudes To Mental Illness 2011 Survey data set was analysed using a nationally representative sample of 1, 741 UK respondents. Exploratory factor analysis was employed to identify attitudinal constructs related to mental illness. Using regression modelling, existing social contact with mentally ill individuals was analysed for an association with willingness to engage in future contact. Attitudinal constructs were also added into this analysis.

Findings: Existing contact with individuals experiencing mental illness across a range of social relationships: as neighbour, family member, friend and work colleague was positively associated to a statistically significant level (p=0.000) with a willingness to live nearby to a person with mental illness in the future. Experience of social contact was also associated with more tolerant attitudes towards mental illness, which in turn increased willingness to engage in future contact situations.

Discussion: Social contact is associated with more tolerant attitudes towards mental illness across a range of social relationships as well as positivity towards future interactions, suggesting that contact has the ability to change attitudes and therefore reduce stigma.

Conclusions: Using a large, representative data set, this study has found that social contact may be an effective stigma reduction initiative. Further research is needed to strengthen these findings.

Concurrent session 4

Tuesday 21 April 2015 10.05 – 11.00

Theme: Phemenology

4.1.1 Abstract number 260

10:05am

Rebuilding and restructuring the world following hyper acute assessment and treatment for an acute stroke.

Author(s): *Jo Brooke, United Kingdom; Jo Lusher, United Kingdom*

Presenter(s): *Dr, Joanne Brooke, RGN, Health Psychologist, Kent Community Health NHS Trust, United Kingdom*

Abstract

Background: Management of acute stroke has changed through implementation of rapid comprehensive assessment and treatment, which has impacted on patient outcomes (Brooke et al. 2010, Cohen et al. 2010). The expectancy of recovery has implications on how patients cognitively process the impact of their stroke. Current literature focuses on long term recovery and little is known about patients' experiences and cognitive processing during the acute phase (Kirkevold 2002).

Aim: To explore the experiences of patients following rapid comprehensive assessment and treatment for an acute stroke and to gain an understanding of the cognitive processes involved in rebuilding and restructuring their world.

Method: Semi-structured interviews were completed with 6 patients on a stroke unit, London, UK, between October and December 2012. The interview schedule was based on interviews with a clinical nurse specialist, stroke patient and previous literature. Interviews took place during hospital admission following transfer from a hyper acute stroke unit. Data were analysed using Interpretative Phenomenological Analysis.

Results: Participants ages ranged from 68 to 94 years, the emergent super-ordinate themes from this older sample receiving a diagnosis of an acute stroke included: (1) disassociation from bodies, self and abilities; (2) search for understanding; (3) striving for independence and acceptance of support; and (4) hope and uncertainty. Although there were variations in participants' experiences these themes capture the experience of the participants collectively.

Discussion: All participants applied cognitive processes to commence the rebuilding and restructuring of their world. Participants began this process in the acute stage of their stroke.

Conclusion: The identification of patients' cognitive processes to cope with their stroke by healthcare teams is essential and the provision of psychological support may impact positively on patients' future rehabilitation outcomes.

4.1.2 Abstract number 204

10:35am

Why undertake pilot work in a qualitative PhD study? Lessons learnt to promote success

Author(s): *Jane Wray United Kingdom, Professor Uduak Archibong, United Kingdom, Dr Sean Walton, United Kingdom*

Presenter(s): *Jane Wray, RN, BA, Msc, Mphil, School of Health, University of Bradford, United Kingdom*

Abstract

Undertaking a pilot study provides an opportunity to pre-test research methods and pre-empt some of the challenges ahead in the main study (Arain et al 2010). Pilot or feasibility studies are commonplace within quantitative research (Secomb and Smith 2011) however, most are poorly reported and many are never published (Arain et al 2010). They feature less often in qualitative studies despite providing an opportunity to enhance understanding of the topic under investigation and test out procedural elements of the study (Sampson, 2004). Within a qualitative study, the purpose of the pilot must be made explicit and the lessons learnt shared as 'The results of this pilot study may not be meaningful and have not been reported, but the outcomes and experiences are' (Secomb and Smith 2011 pg. 35).

In this qualitative PhD study, a pilot was undertaken in order to identify potential challenges to the study procedure (Sampson, 2004; Van Teijlingen and Hundley, 2001), ensure the instruments were fit for purpose and explore self as part of an interpretative phenomenological methodology (Hill 2006, Kim 2011). The pilot study was undertaken between April and August 2014 and used a reflective template and interviews from 5 participants. The paper will present some of the key lessons learnt in relation to four key areas;

- Access, recruitment and retention
- Amendments to the reflective diary template and interview topic guide
- The benefits and challenges of using email, text and phone contact to sustain participant engagement and undertake data collection
- Personal development

Conclusion: Pilot studies remain uncommon in qualitative studies despite the potential benefits they can confer. Key lessons can be learnt from the experiences and processes of undertaking a pilot study within which should be shared and made transparent to promote knowledge and understanding.

Theme: Mixed methods

4.2.1 Abstract number 169

10:05am

The use of nominal group technique in a 'bottom up' approach to survey item development: involving service users and clinicians.

Author(s): *Kay Currie, Scotland, United Kingdom; Lesley Price, Scotland, United Kingdom*

Presenter(s): *Dr, Kay Currie, PhD, MN, BSc, RN, PgCE, Dept. Nursing & Community Health, Glasgow Caledonian University, United Kingdom*

Abstract

The effects of norovirus outbreaks can be significant, leading to additional patient care needs and increased staff sickness. Public Health Advisor's recommend non-essential traffic within clinical areas be avoided i.e. temporary suspension of visiting (TSV) until the outbreak is over. However, there are concerns that preventing patients/residents from having visitors may contravene their rights and is contrary to the ethos of person-centred care. Given these contradictory viewpoints, it is not currently policy in the NHS in Scotland to impose TSV during norovirus outbreaks.

Our study investigated the acceptability of TSV during norovirus outbreaks, from the perspective of patients, visitors and the public in Scotland, in order to inform policy development.

To influence policy, research must provide credible results, typically in the form of statistical findings from representative surveys. Given the centrality of service-user perspectives in relation to the acceptability of TSV, we determined that a 'bottom-up' approach to developing survey items, involving those most closely affected by TSV, was appropriate.

Nominal Group Technique (NGT) develops consensus by rank-ordering items generated via facilitated discussion (Delbecq & Van de Ven, 1971; Halcome et al. 2008). We applied NGT with six groups of service users and, separately, clinicians to identify those factors deemed to be most important in relation to TSV. Resultant items were then categorised according to our study's theoretical framework, the Health Belief Model (Rosenstock, 1974): attitudes (towards TSV); perceived severity (of norovirus); perceived effectiveness (of TSV in reducing transmission); other costs and benefits of TSV. These constructs then guided the development of survey items, which ensured that the questionnaire was grounded in the most pertinent issues from the perspectives of service users.

This paper will discuss the process we adopted in moving from group discussion to survey construction and debate the potential of this mixed-method, participative approach to study design.

4.2.2 Abstract number 46

10:35am

What Q can do for you – using Q methodology in healthcare

Author(s): *Elaine Baxter, United Kingdom*

Presenter(s): *Elaine Baxter, Midwife, Masters in Health Research, Nottingham Univeristy Hospitals NHS Trust, City Hospital, Nottingham, United Kingdom*

Abstract

Aim of paper: To highlight the advantages of Q-methodology and promote the use of the methodology within the international healthcare setting.

Topic: The caesarean section rate remains at 25%, with the midwife responsible for delivering wound care to women to both prevent wound infections and manage the wound in the event of an infection occurring. Developing an infection can have a significant impact on a woman (Boyle, 2001).

Background to method: Local evidence indicates a need for midwifery CS wound care education. The content of the education package must be based on the learning needs of midwives (DeSiletts, 2007). A methodology was sought which would capture midwives learning needs in a usable way to inform the education package.

Debate: To determine the content for education packages, a positivistic approach is commonly taken using surveys to identify gaps in knowledge. A literature review revealed that such surveys were often based on the author's assumptions; lacked engagement or consultation with the learner and were subject to varying degrees of validation. Alternatively, taking a constructivist approach using focus groups would limit the a priori assumptions of the author and allow participants to contribute fully but may not provide succinct data upon which to base the education package.

Methodological discussion: Q methodology was selected for its ability to capture many subjective views and translate them into an objective outcome (Akhtar-Danesh et al., 2008). Commonly held views on the priorities for wound care education were sought as opposed to assessing existing knowledge. The generation of the Q-concourse goes beyond the author's assumptions and the Q-sort process allows participants to represent their own viewpoint. The methodology can add depth to quantitative outcomes.

Conclusion summarising contribution of paper: Q-methodology is ideal for healthcare research to capture subjective views and present them as tangible outcomes and offers an alternative to surveys.

Theme: Ethnography

4.3.1 Abstract number 285

10:05am

Administering anticipatory medications in end of life care: A qualitative study of nursing practice in the community and in nursing homes in England

Author(s): *Eleanor Wilson, United Kingdom; Hazel Morbey,United Kingdom; Jayne Brown, United Kingdom; Sheila Payne, United Kingdom; Clive Seale, United Kingdom; and Jane Seymour, United Kingdom*

Presenter(s): *Professor, Jane Seymour, BA (Hons); MA; PhD; RGN, Sue Ryder Care Professor of Palliative and End of Life Studies, School of Health Sciences, University of Nottingham, United Kingdom*

Abstract

Background: In the UK, an approach to improving end of life care has been the introduction of 'just in case' or 'anticipatory' medications (AMs). Nurses are often responsible for deciding when to use AMs, but little is known about their experiences.

Aim: To examine nurses' decisions, aims and concerns when using AMs.

Design: An ethnographic study in two UK regions, using observations and interviews with community nursing teams (n=8).

Findings: Observations (n=83) and interviews (n=61) with community nurses. Nurses identified five 'conditions' that needed to be established before they implemented an AM: a) irreversibility; b) no other methods of relief; c) patient unable to take oral medication; d) where the patient was able, they should consent; e) decision had to be independent of demands or request from patient's relatives. By using AMs, nurses sought to: enable patients to be 'comfortable and settled' by provision of gradual relief of symptoms at the lowest dose possible. They aimed to respond quickly to needs, seeking to avoid hospital admission or medical call out, while adhering to local prescribing policies. Worries included distinguishing between pain and agitation, balancing risks of under and over medication and the possibility of hastening death.

Conclusion: Nurses take a leading role in the administration of AMs. Nurses apply consideration and caution to the administration of AMs but some experience emotional burden. Education, training and experience played a role in the nurses' confidence and should continue to be central to efforts to improving the quality of palliative care in the community and nursing homes.

4.3.2 Abstract number 45

10.35am

'Breaking down the walls:' Exploring psychological defences in health professionals

Author(s): *Laura Middleton-Green, Bradford, United Kingdom*

Presenter(s): *Laura Middleton-Green, MSc, PGCHEP, BSc, AdvDip (nursing), University of Bradford, United Kingdom*

Abstract

Recent reports have highlighted a widespread 'lack of compassion' in the care of the dying. Health professionals working with people at the end of life are exposed to disproportionately high levels of suffering and loss in the course of their work. Evidence suggests that psychological defences protect against the detrimental effects of death anxiety (Greenberg et al., 2008) Whilst adaptive in everyday life, being defended against death anxiety may be detrimental to the provision of compassionate care by healthcare professionals by leading to prejudices such as ageism. However, burnout and compassion fatigue have been attributed to inadequate defences in practice (Coetzee and Klopper, 2010). Understanding causes of poor care requires creative application of psychological theories to health professionals caring for the dying.

This paper forms part of a wider ethnographic research study exploring recognition of suffering in the dying person. The presentation will describe the use of a 'Think Aloud' interview protocol (Charters, 2003) to explore how health professionals recognise suffering. Behaviour suggesting psychological defences including distancing, blocking and disgust can be identified in interviews. In this study, participants are asked to read a fictitious clinical vignette describing an end of life care scenario. Participants are then asked to talk through their thinking 'out loud' as they respond to the 'case'. Interviews are audio-recorded and analysed for elements including self-correction, rationalization, emotional expression and selective attention to cues.

This methodology enables exposure of participants' 'inner speech'. This cannot be easily identified in traditional qualitative interviews, as participants often rewrite their experiences to produce coherent and rational accounts which may not necessarily accurately reflect their actual responses in clinical practice. It is proposed that this research methodology provides a novel means of exploring how selective attention to cues within the clinical scenario expose defences that may impact negatively on compassionate care.

Theme: Thematic analysis

4.4.1 Abstract number 71

10:05am

Late diagnosis of cleft palate: The role of specialist cleft nurses as 'rescuers'

Author(s): *Stephanie Tierney, Warwick, United Kingdom; Maria Blackhurst, Preston, United Kingdom; Rachael Scahill, Preston, United Kingdom; Peter Callery, Manchester, United Kingdom*

Presenter(s): *Dr, Stephanie Tierney, PhD, MA, BA, Royal College of Nursing Research Institute, University of Warwick, United Kingdom*

Abstract

Background: Approximately â…‘ of cleft palates (CP) are late diagnoses – not detected until more than 24 hours after delivery (Williams, 2012). The James Lind Alliance has identified improving diagnosis of CP as a research priority.

Aims: To explore the experiences of parents whose child receives a 'late diagnosis' of CP.

Methods: A qualitative methodology was adopted to enable individuals to recount experiences in their own words (Murphy et al., 1998). Parents of 16 children were interviewed during April-August 2014. Purposive sampling was adopted to provide maximum variation on geographical location and time to diagnosis. Framework analysis (Ritchie and Lewis, 2003) was applied to interview transcripts. Two parents and two academics were involved in the analysis, charting and exploring data together.

Results: A key theme from the data was 'Trust in medical professionals'. This included the sub-theme – 'Breach of Trust', which related to having concerns about feeding dismissed by practitioners and being made to feel vulnerable and alone when the diagnosis was made. It also included the sub-theme of 'Rebuilding Trust'. Specialist nurses played a key role in this activity by empowering parents to tell their story, helping them deal with their anger, allaying their fears, and providing instrumental support (e.g. special bottles to feed their child). Nevertheless, residual concerns about healthcare provision remained among parents, who often struggled to deal with emotions surrounding a late diagnosis.

Discussion and conclusions: How a diagnosis was made seemed important for parents' immediate and long-term relationship with healthcare professionals. Compassionate care was often absent in encounters with general practitioners and midwives in the lead up to and immediately following diagnosis. Conversely, members of the cleft team, particularly specialist nurses, were marked out by parents as helping them to feel part of a protective service that could be relied on for support and information.

4.4.2 Abstract number 148

10:35am

Identifying the support needs of residential support workers working with older people with intellectual disabilities who develop health problems.

Author(s): *Ruth Northway, Robert Jenkins and Daniella Holland, Wales, United Kingdom*

Presenter(s): *Professor, Ruth Northway, PhD, MSc(Econ), RNLD, Cert Ed(FE), FRCN, Professor of Learning Disability Nursing, University of South Wales, United Kingdom*

Abstract

Background: Internationally there is growing evidence that people with intellectual disabilities experience inequalities in health but despite this their life expectancy is increasing (Krahn and Fox, 2014) This means that they may experience many of the health problems associated with ageing. However, whilst they are often dependent upon other people to support their access to health care little is known about whether residential support workers are equipped to support older people with intellectual disabilities who develop health problems.

Aims: To determine the training and support that is currently provided regarding health needs for residential support workers involved in supporting older people with intellectual disabilities.

Methods: In May/June 2014 fourteen managers of residential support workers supporting people with intellectual disabilities were purposively sampled from service providers in South Wales. Each manager was interviewed using a semi-structured interview schedule. Data were transcribed and thematically analysed by one member of the research team. A sample of transcripts were independently reviewed by another team member before agreeing coding.

Results and Discussion: Key themes to emerge included training, general health issues, access to healthcare, interactions with health services, organisational issues and relationships with tenants. It was evident that whilst training is provided for support workers this tends to be reactive following the diagnosis of a health issue rather than proactive to enable health problems to be identified at an early stage. Difficulties are also evident regarding interactions between social and health provision that could have a detrimental impact on the health of older people with intellectual disabilities.

Conclusions: Educational and organisational interventions are required in both social care and health settings if better health is to be promoted for people with intellectual disabilities and a more proactive approach is to be adopted.

Theme: Mixed methods

4.5.1 Abstract number 30

10:05am

The daily relationships between staffing, workload and safety perceptions within hospital nursing: Does personality play a role?

Author(s): *Gemma Louch, United Kingdom; Jane O'Hara, United Kingdom; Peter Gardner, United Kingdom; and Daryl O'Connor, United Kingdom*

Presenter(s): *Dr, Gemma Louch, PhD, Research Fellow, Bradford Teaching Hospitals NHS Foundation Trust, United Kingdom*

Abstract

Background: The links between staffing, workload and patient safety are well established within hospital nursing. Many studies have been limited to nurse population level associations, and have used routine data to examine relationships between staffing and a variety of safety outcomes. However, within-person approaches (e.g., daily surveys) enable us to compare nurses in terms of how they respond to contextual factors, by collecting data repeatedly in their work environment (Bolger, Davis & Rafaeli, 2003). Moreover, the role of individual differences (e.g., personality) has been overlooked in patient safety, meaning work environment interventions based on nurse population level findings, might actually make things worse for some staff. With recent calls for staff to be supported in their environment (Berwick, 2013), it is essential that potential variations between staff in their perception of, and response to their work environment, are explored.

Aims: Examine whether nurses' daily perceptions of staffing and workload are associated with daily safety perceptions, and the potential role of personality.

Methods: Eighty-three nurses were recruited from three acute Trusts in the UK between March and July 2013. Participants completed online end-of-shift surveys for a minimum of three shifts. Staffing, workload and safety perceptions were collected on a daily basis, and personality was assessed within a baseline questionnaire. Data were analysed using hierarchical multivariate linear modelling. Moderation effects of personality factors were examined for higher and lower levels of the moderator.

Results: Significant associations between daily staffing and workload variables and measures of safety perceptions (all ps ⇠ .021) will be presented, as well as personality factors as moderators of daily associations.

Discussion and Conclusions: The findings elucidate the potential mechanisms by which patient safety risks arise within hospital nursing. Further understanding of these relationships will enable staff to be supported on a more individual basis to ensure patient safety.

4.5.2 Abstract number 212

10:35am

The PAONCIL method for nurse staffing and for assessing non-patient factors that affect nurses' total workload

Author(s): *Lisbeth Fagerström, Norway; Sanna Kautto, Finland*

Presenter(s): *Professor, Lisbeth Fagerström, RN, CNS, MNSc, PhD, Buskerud and Vestfold University College, Faculty of Health Sciences, Institute of Nursing, United Kingdom*

Abstract

Background: Nurse staffing is a challenge in many countries. In the RAFAELA system, the Professional Assessment of Optimal Nursing Care Intensity Level (PAONCIL) instrument is used to assess the optimal nurse staffing level. The development of the PAONCIL method started in 1996 in Finland, with the aim to find an alternative to traditional time studies. The PAONCIL instrument contains a list of 12 central non-patient factors (including an open ended question) that may increase or decrease the total nursing workload (NWL).

Aim: 1. to describe the development and use of the PAONCIL method, as an alternative to traditional time studies in determining optimal nurse staffing levels; 2. to present results of a cross-sectional study about which non-patient factors affect nurses' experiences of their total NWL in both outpatient settings and hospitals.

Methods: The data material consisted of PAONCIL questionnaires from 38 units and 37 outpatient clinics at 11 strategically selected hospitals in Finland in 2010-2011 and included nurses' answers (n=1307) to the open ended question of which factors, other than NI, affect total NWL. The methods for data analyses were qualitative and quantitative content analyses.

Results: The non-patient factors that affected nurses' experiences of total NWL were the categories: 'Organization of work', 'Working conditions', 'Self-control' and 'Cooperation', with 17 additional sub-categories.

Conclusions: The actual list of non-patient factors in the PAONCIL instrument is to a reasonable extent relevant, but the list should be improved to include nurses' actual working conditions and self-control. Nurse leaders must focus on and develop own competence in the steering of NWL, including control and follow-up of both NI and non-patient factors, if unnecessary absences and sick leaves are to be avoided. This will also help increase staff retention, job satisfaction and improve patient outcomes.

Theme: Thematic analysis

4.6.1 Abstract number 28

10:05am

To stay or not to stay' – children's nurses experiences of parental presence during resuscitation

Author(s): *Laura Crowley, Northern Ireland; Patrick Gallagher, Northern Ireland; Jayne Price, Northern Ireland*

Presenter(s): *Laura Crowley, Royal Belfast Hospital for Sick Children, United Kingdom*

Abstract

The purpose of this study was to gain an insight into children's nurses' perspectives regarding parental presence in the resuscitation environment. Specifically, the study was undertaken to explore any potential barriers currently inhibiting children's nurses implementing family presence during resuscitation.

A qualitative approach was chosen based on an interpretive style to examine the research question. Nine children's nurses described their perspectives of family presence using semi-structured interviews. Thematic analysis was the approach adopted for identifying, analysing and reporting themes in the data. An audit trail following Lincoln and Guba's (1985) strategies was completed throughout the study.

The study obtained a rich source of information that may guide children's nurses' to examine what is occurring in current practice in the ED. Nurses have an awareness of parents but their initial priority is the child. The reality is that parents' anguish has an impact on the children's nurses and other professionals caring for the child in resuscitation. The narratives explain nurses learning from seniors and through experience in how to best deal with parents and to cope with stressful situations.

Uncertainty was ever present for the nurses both during and after resuscitation. Communication did to a degree buffer the uncertainty for parents and also the anxiety experienced by staff after resuscitation. An issue in this study was the lack of guidance and policies directing children's nurses' in facilitating family presence in resuscitation.

Facilities such as a bereavement programme, debriefing and implementation of a policy and guidelines to parental presence in resuscitation could equip children's nurses to decrease the professional and personal distress.

4.6.2 Abstract number 94

10:35am

Difficulties experienced by nurses and allied healthcare professionals when communicating bad, sad or significant news.

Author(s): *Clare Warnock, England, United Kingdom; Jean Buchanan, England, United Kingdom*

Presenter(s): *Clare Warnock, MSc, BSc, Weston Park Hospital, Sheffield Teaching Hospitals NHS Foundation Trust, United Kingdom*

Abstract

Background: Breaking bad news is a process that involves the multi-professional team (Tobin and Begley 2008). Providing this information presents challenges to all those involved (Gauthier 2008) but previous research has tended to focus on the concerns of doctors during pre-planned consultations. Less attention has been given to the experiences of nurses and allied health professionals.

Aim: To explore the difficulties experienced by nurses and allied health professionals when involved in breaking bad news

Methods: A questionnaire exploring hospital nurses' experiences of breaking bad news (Warnock et al 2010) was adapted for use in a series of regional study days as a reflective tool. It included a free text question asking participants to describe a difficult experience they had encountered while involved in breaking bad news.

Seven study days were held between April 2011 and March 2014. 158 staff attended from a range of healthcare professions and settings. 138 gave permission for their descriptions to be included in the study. These were analysed using framework analysis.

Results: The findings revealed that nurses and AHPs carry out diverse roles in relation to breaking bad news. Unexpected events that provided little opportunity to prepare emerged as a common theme. Factors that influence difficult situations, and the consequences for those involved, were identified.

Discussion: Participant's descriptions provide insight into the particular contributions of nurses and allied health professionals to breaking bad news before, during and after the moment that significant information is given. The difficulties described demonstrate the challenges faced in complex clinical situations.

Conclusions: The study has implications for practice, education and research. It provides a foundation for developing interventions that reflect the ways in which nurses and allied health professionals engage in situations surrounding the delivery of bad news.

Theme: Thematic analysis

4.7.1 Abstract number 322

10:05am

A pragmatic randomised controlled trial of sugar in the management of sloughy necrotic exudating wounds

Author(s): *Moses Murandu (United Kingdom)*
Professor Carol Dealey (United Kingdom)
Professor Tom Marshall (United Kingdom)

Presenter(s): *Dr, Moses Murandu, PhD, PGCert. ENB100, ENB15, IMHM, Cert. Paeds, RGM, RGN, University of Wolverhampton, Faculty of Education, Health and Wellbeing, West-Midlands, United Kingdom*

Abstract

Sugar is widely used for wound dressing in developing countries (Dawson 1995; Mphande et al 2007; Chiwenga et al 2009). Four small randomised controlled trials (Dawson, 1995; Toba et al 1997; Mphande et al 2007; Bajaj et al 2009) have investigated its effectiveness but each had methodological shortcomings. This trial investigates the effects on wound debridement of sugar dressing compared to standard care.

Participants with leg ulcers, chronic surgical wounds and pressure ulcers between 5 cm2 and 40 cm2 in size and at least 25% slough were recruited from hospital and community settings between June 2011 and June 2013. They were randomised to either sugar dressings or standard dressings. The primary outcome was wound debridement at four weeks of follow up. Secondary outcomes included health related quality of life, wound area, percentage of wound covered with slough, wound exudate, pain and odour. Analysis was by intention to treat with last observation carried forward for missing data. The intended sample size was 108 participants.

Forty one participants were randomised, 22 to sugar and 19 to standard dressings. Median age was 66 years (IQ range: 60-77) and 14 (64% were male). At baseline, wound characteristics, co-morbidities and wound types were similar in the two groups. After four weeks in the sugar group 19 (86%) participants achieved debridement and 6 (32%) in the standard care group (Fisher's exact test: $p < 0.001$). The sugar group also showed statistically significantly greater improvements in wound area, percentage of wound covered with slough and pain.

Sugar dressings are more effective than standard dressings at achieving debridement in patients with exudating necrotic or sloughy wounds.

Concurrent session 5

Tuesday 21 April 2015 11.30 – 12.55

Theme: Phenomenology

5.1.1 Abstract number 271

11:00am

Exploring the lived experience of dementia: Methodological challenges of interviewing people living with dementia of black ethnicity

Author(s): *Tiritega Perfect Mawaka*

Presenter(s): *Perfect Tiritega Mawaka, MSC BSC, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups, NHS Continuing Health Care Team, Ilford, Essex, United Kingdom*

Abstract

Project Aim: The aim of this doctoral project is to gain an insight into the lived experience of the individual of black ethnicity.

Project Rationale: Previously published studies have highlighted the increased risk of dementia in individuals of black and other ethnic minority groups (Adelman et al. 2009, Adelman 2010). However little is known about the actual impact of the disease on their daily lives (Lawrence et al. 2010) and how dementia is understood and experienced, among individuals of black ethnicity(Fontaine et al. 2007).

Objectives: This investigation has the following objectives:

- To explore how individuals of black ethnicity living with dementia see themselves
- To understand how they cope in the day-to-day reality of living with dementia – the difficulties, demands and opportunities.

Methodology: The research approach is qualitative, involving interviews with individuals of black ethnicity living with dementia as little is known about their experiences. The philosophical framework used in this exploratory project is based on phenomenology.

This oral presentation will specifically cover methodological challenges in recruiting participants, Ethics-consent/capacity, insider vs outsider research – researcher identity

5.1.2 Abstract number 52

12:00pm

Open fracture of the lower limb: patients' experience whilst in acute care

Author(s): *Liz Tutton Research Team: Costa M, Achten J, Lamb S, Willett K, Petron S, Gates S, Jeffery S, Griffin D, Bruce J*

Presenter(s): *Dr, Liz Tutton, PhD RGN, Senior Research Fellow, University of Warwick, United Kingdom*

Abstract

Background: Internationally little is known about patient experience of early recovery from open fracture of the lower limb although evidence suggests that patients experience pain, fear, and struggle with mobility during the first two years post injury (Trickett et al. 2012, Forsberg et al. 2013).

Aim: This paper will present the findings from a study which aims to explore patient experience of recovery from open fracture of the lower limb whilst in acute care.

Methods: The methodology was phenomenology (Mackey 2005) with unstructured interviews and a purposeful sample of 20 patients with open fractures of the lower limb. The participants were interviewed in acute care, on average 13 days from primary intervention. Data was collected from July 2012 to July 2013 from two NHS trusts in England.

Findings: The findings of this study focus on the overarching theme of 'being vulnerable' supported by four sub themes, being close to death and loss, being injured, being emotionally vulnerable, and living with injury. Being close to death or loss of a limb was expressed within the context of uncertainty but also hope for the future. The participants were shocked by their emotional vulnerability, the strength of their emotions and awareness of the impact of their injury on others. Being injured necessitated coping with wounds, pain and being constrained. Living with injury led them to think and visualize how they could be at home and work in the future.

Discussion and conclusion: The findings support and develop existing knowledge by providing an in-depth understanding of vulnerability in the early stages of recovery. Implications for practice highlight the emotional and practical support this group require in order to cope with pain, their wounds, and adjust to a new way of living. Further research is required to develop interventions that improve patient important outcomes.

5.1.3 Abstract number 178

12:30pm

A lived Experience of sickle cell patients during and after their crisis

Author(s): *Mudhar Al Adawi, Oman; Hanan Al Hamami, Oman; Fathiya Al Harrasi, Oman; Badriya Al Hinai, Oman*

Presenter(s): *Mudhar Mohammed Al Adawi, bachelor science in nursing, Ministry of health, Rustaq Hospital, Oman*

Abstract

According to Ministry of Health Annual Health Report (2012), the outpatient morbidity from haemolytic blood disorders is 138:10, 000 and inpatients is 18:10, 000 at national level and 19:10, 000 in one of the governorates. The purpose of this research is to understand the lived experience of patients during and after their sickle cell crisis.

Objectives:

1. To understand the lived experience and needs of patients with sickle cell disease during and two weeks after their crisis.
2. To identify the obstacles the patients face while they are in the hospital.

Method and sampling Method: This is a qualitative study using phenomenology design. A purposive sampling method used to identify patients for the face to face interview. The target sample size is twenty patients above 18 years old. Currently thirteen patients have been interviewed. Data collection time frame was July 2014 – December 2014 and took place at one hospital in Oman.

Result: Major themes emerged from this study:

1. Nurses communication with patients
2. Medical team's interpretation of genuine pain
3. Emotional disturbance during crisis.
4. Social relationships between patients and family/ friends.

Discussion: Participants stated rebound pain after crisis attack and they believed it was part of narcotic side effects. Due to stigmatization, patients avoided contact with their friends during crisis. None of the interviewed patients showed willingness to be followed by the community nurses after discharge.

Conclusion: In this study, participants were emotionally disturbed during their pain crisis, reporting poor communication, stigmatization, and poor awareness about the pain by health care workers.

Implication of findings: This study added to the existing knowledge of sickle cell patients, as the experience of patients is better understood whilst they are in crisis. Thus, nurses and physicians could implement strategies to improve patient care medical team-patient relationships and help patients overcome their problems during crisis.

Theme: Mixed methods

5.2.1 Abstract number 88

11:00am

What worked? A Realist Evaluation of Intermediaries in Infection Prevention and Control

Author(s): *Lynne Williams, United Kingdom; Jo Rycroft-Malone, United Kingdom; Christopher R. Burton, United Kingdom*

Presenter(s): *Dr, Lynne Williams, PhD, MSc, BSc, RN, SPA (DN), LPE, Research Fellow, Bangor University, United Kingdom*

Abstract

Background: Reducing the rates of healthcare acquired infections require efforts that focus on changing professional behaviour as well as providing strategies for practice (Huis et al, 2011). The term intermediary has been used to refer to individuals 'within the practice environment who can influence nurses toward specific goals' (Ferguson et al, 2004: 325).

Aim: to evaluate the role of the intermediary in promoting best practice in infection prevention and control

Methods: Realist evaluation (Pawson & Tilley, 1997) was used to elicit an explanation of the contexts in which, and mechanisms through which, intermediaries support infection prevention and control best practice. A realist synthesis of the literature was conducted, and mixed methods case studies were undertaken within two NHS hospitals in the United Kingdom, with data comprising of interviews, non-participant observations, and documentation review. Data were integrated and analysed to develop a refined set of findings that explained the intermediary's role in promoting best practice. Stakeholders' involvement throughout the study was important.

Discussion: Findings showed that intermediary proximity and presence in clinical areas is important, and together with ways in which intermediaries 'watch over' practice, can promote better adherence to infection control practice. Intermediaries' styles and approaches are influential, and can lead to clinical staff feeling individually supported. Policy discourse and enforcement, and the ways in which intermediaries provide feedback contribute to promoting good habitual behaviours.

Conclusion: The findings of this study are informative for both policy and practice because they identify factors that could be built into future intermediary programmes. Fundamentally, organisational commitment to invest in programmes that are clinically embedded and which support the development of individuals who have the potential to influence practice is warranted.

5.2.2 Abstract number 182

12:00pm

Normalisation Process Theory: a useful method for informing the evaluation of complex interventions?

Author(s): *Susan Jones, England, United Kingdom; Sharon Hamilton, England, United Kingdom; Janet Shucksmith, England, United Kingdom*

Presenter(s): *Susan Jones, SRN BSc MSc, Research associate, Teesside University, United Kingdom*

Abstract

Background: Normalisation Process Theory (NPT) is a mid-range theory that aims to provide a way to 'understand the collaborative 'work' that needs to be done for a new intervention to become embedded within a given context' (Finch et al 2014). It can therefore be used to inform process evaluations of complex interventions. It was initially developed by May and Finch (2009) and continues to evolve using the knowledge gained from the application of the NPT in a number of contexts (Finch et al 2014). The theory seeks to propose links and mechanisms between processes and effects, to assist in understanding how a new intervention may, or may not, become embedded into routine practice. It has been used as a theoretical framework for both qualitative and quantitative evaluation studies.

Aims: To give an overview of NPT and to give examples from the authors' research to demonstrate how it has been used to inform an evaluation of a complex, public health intervention (babyClearÂ©) to reduce smoking in pregnant women.

Discussion: This paper will present the four core concepts within NPT: coherence, cognitive participation, collective action and reflexive monitoring. It will go on to discuss how they were used to inform the process evaluation of the implementation of babyClearÂ©. For example the NPT concepts were used as a lens to observe training with health care managers and clinical/administration staff who delivered babyClearÂ©. Schedules for interviews and focus groups with staff and pregnant smokers were also designed using the NPT concepts.

Conclusion: The application of the NPT to the evaluation of the implementation of a complex, public health intervention will be presented. This paper will be useful to those considering how to evaluate complex interventions and/or contemplating using NPT.

5.2.3 Abstract number 181

12:30pm

Theoretical Domain Framework: is this a useful tool for interrogating behaviour change in complex interventions?

Author(s): *Susan Jones, England, United Kingdom; Sharon Hamilton, England, United Kingdom; Janet Shucksmith, England, United Kingdom; Vera Araujo-Soares, England, United Kingdom*

Presenter(s): *Susan Jones, SRN BSc MSc, Research associate, Teesside University, United Kingdom*

Abstract

Background: The Theoretical Domain Framework (TDF) originated as a review of available theories of behavioural change (Michie et al 2005). It was a way of bringing together the multiplicity of theories and categorising them under domains. Its aim was to integrate and simplify theory to make it useable. The TDF continues to evolve with use and more recently the framework was tested for its validity and some changes were made to the domains (Michie et al 2007; Cane et al 2012).

Aims: To give an overview of the TDF and to use examples from the authors' research to demonstrate how it has been used in the evaluation of a complex, public health intervention (babyClearÂ©) to reduce smoking in pregnant women. The TDF was used alongside the Normalisation Process Theory but the focus of this paper will be the TDF.

Discussion: This paper will outline the 14 domains within the newly validated framework. Some of the issues around why people behave in unhealthy ways and what needs to change before the behaviour will change, as proposed through the lens of the TDF, will be discussed. The application of the TDF to the evaluation of the implementation of babyClearÂ© will be presented; including the ways in which using the TDF assisted / hindered the formulation of interview schedules with pregnant smokers followed by the data analysis.

Conclusion: The application of the TDF to the evaluation of the implementation of a complex, public health intervention will be presented. This paper will be useful to those considering how to collect and analyse qualitative data on complex interventions that focus on behaviour change in service users and/or contemplating using the TDF.

Theme: Focus groups

5.3.1 Abstract number 18

11.00am

Flexible working hours and career planning for nurses over 50: an exploratory study

Author(s): *Jill Clendon, New Zealand; Leonie Walker, New Zealand*

Presenter(s): *Dr, Jill Clendon, RN, BA, MPhil, PhD, Nursing policy adviser/researcher and Adjunct Professor, New Zealand Nurses Organisation, New Zealand*

Abstract

Aim: To identify barriers and facilitators to flexible working hours and career planning for nurses aged over 50 as a means of aiding retention.

Background: Like many other countries, New Zealand nurses are old and getting older. With 46% of all nurses reaching the age of eligibility for NZ superannuation (65 years) within 15 years, a shortfall of 15, 000 nurses by 2035 is expected. Active support with career planning, (including role change), and choice of working hours have been suggested as potential strategies to aid workforce forecasting and retention.

Method: Framed within a positive ageing approach, this explorative, qualitative study used 5 focus groups and 15 individual interviews to examine the experiences of 45 nurses aged over 50 and associated nurse managers in relation to flexible working hours and career planning.

Findings: Greater flexibility in working hours on nearing retirement (including job share, less physical work roles, and phased retirement) would aid retention. Many would stay longer in their roles if access to flexible working hours improved. Most thought career planning including financial planning would be helpful. Organisational staffing requirements, perceptions of higher costs associated with higher proportions of part time positions, fiscal restraint policies and discrepancies between what organisations identified as being available and the operationalisation of this limited enactment of flexible working policies in practice. Career planning (but not financial planning) occurred in some organisations during post graduate study and/or performance appraisals.

Conclusions: Nurses over 50 comprise a significant component of the current nursing workforce. While many nurses seek flexible working hours as they near retirement, access to these can be problematic. This study showed that discrepancies exist between policy and practice that may hinder the retention of older nurses in the workforce as a means of addressing impending workforce shortages. Implications for policy and management are discussed.

5.3.2 Abstract number 72

12:00pm

Student nurses' explanations of nursing failures: a focus group study

Author(s): *Michael Traynor, Middlesex University, London, United Kingdom*

Presenter(s): *DAME, Michael Traynor, MA (Cantab.) PhD, Professor of Nursing Policy, Middlesex University, United Kingdom*

Abstract

Background: UK nursing has traditionally enjoyed high degrees of public trust, however the 2010s saw a series of well-publicised scandals in which nurses were implicated, leading to a sense of crisis of identity within the profession.

Aims: To gain an understanding of the motivation, career expectations, and experiences during clinical placements of student nurses and midwives. Drawing on the study's data we aim in this paper to interrogate, in particular, how students talk about what they consider as failures of patient care and what light this sheds on their developing professional identity.

Methods: A focus group study at a London university comprised 13 groups held between 2011 and 2014 involving a total of 123 students (all nursing branches, midwives and support workers) who volunteered to participate. A topic guide was developed based on the research aims. The groups (all approx. 50 minutes) were audio recorded and transcribed in full. As in similar studies of professional identity, analytic procedures drew on discourse analysis (Cooke 2012).

Results: Students used idealised and individualistic language about their motivations to nurse. Their explanations for good and bad care emphasised the personal qualities of the nurse rather than skills. Their language featured strong dualisms: us-them, good nurse-bad nurse. Students described strategies to avoid becoming the bad nurse. At times the groups enacted the behaviour they criticised in qualified staff.

Discussion: Students' explanations of poor care were largely individualistic and drew on 'commonsense' understandings. This reflects aspects of public discourse about nursing. While they spoke about strategies to avoid participating in poor care, their talk also featured frank claims of acting in self-interest and their interactions sometimes exhibited bullying behaviour.

Conclusions: The study contributes to knowledge about the development of professional identity in nursing. Participants do not appear to be equipped to think critically about nursing failures.

5.3.3 Abstract number 97

12:30pm

A vision for clinical leadership: 'Appreciating' the development needs of registered nurses working in the Aged and Residential Care sector in New Zealand.

Author(s): *Shelly Crick, New Zealand; Leanne Pool, New Zealand; Molly Page, New Zealand*

Presenter(s): *Shelly Crick, MSc, Registered Nurse, Whitireia New Zealand, New Zealand*

Abstract

Aged Residential Care provides a range of services for persons whose health is impacted by aging processes, complexity of health needs and organisational restraints.

Registered nurses working in this sector, need excellent theoretical knowledge, have an extensive range of clinical skills and be competent leaders.

The aim of this research was to review professional development for RN's within ARC in New Zealand. Focus groups with RNs from the ARC sector were used to gather data and information was analysed against the 4-D framework in Appreciative Inquiry (discover, dream, design and destiny).

Results showed RNs have a commitment to the ARC sector, were keen to implement professional development into clinical practice, but often had little or no say in what development was undertaken. RN's understood the complexity of their roles, including their responsibilities around management of the physical environmental (buildings, catering etc.) as well as leadership of the large unregulated workforce working in the sector. This research concluded that despite these varied responsibilities and demands, RN's lacked confidence in clinical leadership and decision making. A further significant finding from this study was the absence of suitable leadership development opportunities for RNs working in the sector.

Those RNs who had accessed learning and development opportunities around clinical leadership, often felt this was not targeted at the ARC sector, and as such it did not address the complexity and uniqueness of their speciality roles.

The study concluded there is a gap in the provision of clinical leadership development which is directed specifically at RNs in the growing ARC sector.

Although the study was undertaken in a New Zealand Context, the authors feel these findings could apply to similar sectors in other parts of the world.

Theme: Grounded theory

5.4.1 Abstract number 86

11:00am

Situational Analysis: Its use in reflexivity, reviewing the literature and preparing for data collection.

Author(s): *Dr Alison Steven*

Presenter(s): *Sarah Morey, RGN, BA(Hons) MSc, Northumbria University, United Kingdom*

Abstract

Drawing on the experiences of the author this paper will describe and debate the use of situational analysis as a technique for enhancing reflexivity. Situational analysis as a methodological approach aims to capture the complexities within data collection and analysis through cartographic representation (Clarke 2005). The researcher has adapted this cartographic approach to record and to develop her reflexivity through a series of maps positioning various stages in the research process.

Reflexivity is an essential component of qualitative research, facilitating what is known, but also how we come to know it (Ali et al, 2004). Contemporary qualitative research is now recognised as co constituted with participants, researcher and the relationship between (Finlay, 2003). The researcher does however bring many assumptions and experiences that may have influence on the research process.

Prior to data collection the researcher recognised she had preconceived ideas, beliefs and understanding gained from prior work, life experiences and from the literature. She then applied a situational analysis mapping technique to record her initial position. Subsequent mapping continued and will progress as the literature review develops and the researcher becomes further sensitised to her area of research. The employment of a software tool (Mind Geniusâ„¢) has allowed for an auditable trail of the researcher's changing position.

This early reflexive activity has helped ensure that the researcher's thoughts, beliefs and understandings are opened up prior to and throughout the literature review, data collection and analysis activity. In concordance with Clarkes (2005) view, the researcher can therefore become more visible and accountable for, in and through the research process.

Situational analysis has offered a useful adjunct, assisting with the process of reflexivity and may be helpful to other researcher. The presentation will illustrate the use of situational analysis using examples from the author's ongoing doctoral studies and identify strengths and limitations of this approach.

5.4.2 Abstract number 27

12:00pm

A qualitative study using grounded theory analysis to explore the impact of group work as a method of service delivery by Community Matrons to support those living with multiple long-term conditions

Author(s): *Dr Abigail Barkham, Hampshire, United Kingdom*

Presenter(s): *Dr, Abigail Barkham, PhD,, BSc(Hons), Dip PHCN, RGN, Integrated Services Matron, Southern Health NHS Foundation Trust, Tatchbury Mount, Calmore, Southampton, Hampshire, United Kingdom*

Abstract

The role of the Community Matron was introduced in 2005 (DoH 2005a) to case-manage high intensity service users to prevent and reduce unscheduled hospital admission. Studies on the effectiveness of managed care indicated the need to manage the demand of high intensity service users. Little evidence exists as to how the role should be delivered to enhance disease self-management and self-efficacy for the service users.

This qualitative participatory action research study explored the use of group work as a method of Community Matron intervention. Drawing on the theoretical underpinnings of Bandura's social learning theory (1997) a social learning framework approach was adopted. Twentynine participants were recruited. Each intervention group had 8-10 participants, led by a Community Matron working in both the researcher and practitioner role.

Three main categories emerged ; comparison; leading to re-motivation of the self through comparing others, learning; leading to enhanced self-management techniques through storytelling and understanding of each other's experiences and ownership; leading to the ownership of the self and of the groups they existed in. The Basic Social Process revealed that these were 3 interrelated factors that helped to improve ability for participants to improve their disease self-management and self-efficacy (Kendall et al 2010). Through an action research approach the group work was led in a facilitative way enabling the participants to work collaboratively with the researcher practitioner to choose and shape the care delivery. The core category of 'taking back the self – understanding the whole revealed the impact that this care delivery method had upon re-adjusting the balance of power between health professional and service users and improving disease self-management and self-efficacy.

Community matron intervention using a model of group learning embedded in a social learning framework for those living with multiple long-term conditions can lead to improvements in self-efficacy and self-management ability.

5.4.3 Abstract number 229

12:30pm

Human factors affect the response of doctors and nurses to a high MEWS score.

Author(s): *Jane Greaves, United Kingdom*

Presenter(s): *Jane Greaves, RGN, DPSN, BSC(Hons), PDAPL, MSc, Senior Lecturer, Northumbria University, Newcastle Upon Tyne, United Kingdom*

Abstract

Background: MEWS is a protocol invoking a cascade of responses from a multi-professional team. The cascade often stalls 1. MEWS has not shown the expected benefits in terms of patient outcomes 2.

Aims: To explore how human factors influence the operation of MEWS 3.

Method: Permissions and ethical approval were obtained from two NHS Trusts, and forty staff were interviewed. They included Health Care Assistants, Registered Nurses, Trainee Doctors, Consultants and Trust Board Members. Attention was directed towards relationships between members of the team and how they prioritise their tasks. The interviews were transcribed and methodology using the principles of grounded theory used to identify themes.

Results: One theme was the importance of knowing other team members. Health Care Assistants and registered nurses say that when they know and trust the doctor they will discuss patients with them rather than simply reporting the high score. Junior medical staff are more likely to go and see the patient if a nurse they know and trust is reporting the problem.

The grade of the referring nurse and whether they are a healthcare assistant, or registered nurse does not influence the doctors.

Another theme relates to the doctor's workload. The Board Members and Consultants believed that the first responder doctor would see all referred patients. In fact selection was reported by the nurses, and the first responder doctors and some cases were dealt with over the phone.

Discussion: It is assumed that MEWS is an algorithm that will operate mechanically in any situation. This study demonstrates that the working of the protocol is significantly affected by human factors notably personal relationships between team members and their perceptions of one another's workloads.

Conclusions: When designing protocols it is important to consider how human factors, particularly the sociology of the group, may influence their operation.

Theme: Mixed methods

5.5.1 Abstract number 278

11:00am

Women's experiences of trained volunteer doula support during pregnancy, labour and the postpartum

Author(s): *Helen Spiby, England; Josephine Green, England; Zoe Darwin, England*

Presenter(s): *Professor, Helen Spiby, Professor in Midwifery, University of Nottingham, School of Health Sciences, United Kingdom*

Abstract

Background: A trained volunteer doula service was introduced into one city in England and subsequently rolled out across other sites. The initiative aimed to provide support to disadvantaged childbearing women with the aim of improving wellbeing and uptake of services. Volunteer doula support was available to women alongside statutory maternity service provision.

Aim: Following ethics and governance approvals, mixed-methods research addressed four broad research questions, including What are the psychosocial impacts for women of volunteer doula support?

Methods: Areas for inclusion were identified through preparatory work with a doula reference panel and from the existing evidence related to doula support. Realistic Evaluation informed the analytic approach. To ensure confidentiality of information held by doula services, women were approached for participation between February and April 2013, through the doula service known to them. Questionnaires were returned directly to the research team. Quantitative questionnaire data were entered into SPSS and analysed using summary statistics. Data collected in open questions and focus groups were subjected to thematic content analysis.

Findings: One hundred and sixty-seven women completed questionnaires (response rate 23.6%); thirteen women provided consent and participated in focus groups. Women appreciated volunteer doula support as providing continuity, knowledgeable companionship, relief of isolation and help to access statutory services with which they were often unfamiliar. Doulas' availability and flexibility around women's needs, non-judgemental listening, allaying fears and supporting women to build self-esteem were also highly regarded. Some women found the ending of doula support to be difficult.

Conclusion: Our research represents the largest independent evaluation of volunteer doula support in the United Kingdom. Women's positive experiences of doula support echo those in contexts where women do not have routine access to midwifery care.

5.5.2 Abstract number 272

12:00pm

'I have no wish to be at the tender mercies of a homophobic carer/service': exploring end of life experiences and care needs in the lives of older lesbian, gay, bisexual or trans (LGBT) people.

Author(s): *Kathryn Almack, United Kingdom; Anne Patterson, United Kingdom; Jane Seymour, United Kingdom; Meiko Makita, United Kingdom*

Presenter(s): *Professor, Jane Seymour, BA (Hons); MA; PhD, Senior Research Fellow, University of Nottingham, United Kingdom*

Abstract

Background: While end of life care (EOLC) needs are most common among older age groups, little research examines the heterogeneous needs of 'older people', particularly those living in non-traditional family forms. One survey for example including 800 cancer patients who identified as 'non-heterosexual', highlighted specific concerns about respect and dignity.

Aim and Method: The aim of this study was to explore end of life experiences and care needs in the lives of older lesbian, gay, bisexual and trans (LGBT) people aged 60-plus, a UK-wide study funded by Marie Curie Cancer Care Research Programme, 2012-14. The study involved two phases 1) survey (N = 237 respondents) (online and by hard copy) and 2) interviews with a sub-sample (N=60) of survey respondents. The survey data, analysed using SPSS informs and contextualises the qualitative data, coded and analysed adopting a narrative analysis approach.

Results: Preferred choices about how end of life care services should be organised and access to services are complex. The survey data reports a clear preference (almost two thirds of respondents) for specific LGBT services for or run by LGBT people and a similar lack of confidence in mainstream services. However, the qualitative data indicates greater ambivalence and suggests a far more nuanced picture of preferred choices with desires expressed for services that are inclusive of all

Discussion and conclusions

Findings suggest that diverse needs are not being met or not offering adequate provision for this group. Reports of positive experiences, however, suggest that 'mainstream' settings can develop practice to address diverse needs and address concerns about dignity and respect. The issues explored can inform nursing practice, enabling end of life care that is culturally sensitive and which also has wider relevance in a context where various non-traditional family forms exist.

5.5.3 Abstract number 73

12:30pm

Meeting the physical and psychological health needs of young people involved in sexual exploitation – an empirical study

Author(s): *Dr Gabrielle Tracy McClelland, England, United Kingdom*

Presenter(s): *Dr, Gabrielle Tracy McClelland, PhD, MA, MSc, BA, RMN, RGN, Researcher-senior lecturer, University of Bradfiord, United Kingdom*

Abstract

Background: Recent media coverage of high profile events in the UK has raised awareness of youth sexual exploitation (Coffey, 2014), (Jay, 2014), particularly regarding prevention, protection and prosecution. However, there is a gap in the evidence base related to the physical and psychological health needs and health seeking behaviours of sexually exploited young people (Department of Health, 2014).

The Department for Children, Schools and Families, (2009) define youth sexual exploitation as: 'exploitative situations, contexts and relationships where young people receive 'something' such as food or affection, as a result of them performing and/or others performing on them, sexual activities'.

Aim: The aim of this doctoral study undertaken from 2006 to 2011 was to identify unmet physical and psychological health needs, perspective of risks to health, and health seeking behaviours and barriers, to meeting physical and psychological health needs.

Methods: A mixed method approach involving 2 phases: Phase 1 was qualitative and involved face to face interviews with 24 sexually exploited young people, using a convenience sample. Phase 2 employed a questionnaire survey with health professionals supporting sexually exploited young people (N=62).

Results: The main findings were grouped into over arching themes including:

- Vulnerability factors and health consequences of sexual exploitation,
- Risks to health
- Health seeking behaviour and use of health services by sexually exploited young people.

Conclusion: Unmet physical and psychological health problems were reported alongside risks to health and factors impeding health support for sexually exploited young people. These included notable levels of unplanned pregnancy, substance misuse, self harming and mental health difficulties. Problems linked to help seeking included the presentation of a service, and the perception of a service failing to be young person centred. Enablers in health seeking included professional and friendly staff.

Theme: Issus in research

5.6.1 Abstract number 270

11:00am

Working participatively with Gypsies and Travellers: insights from a study exploring immunisation in the Travelling community

Author(s): *Condon, Louise United Kingdom and Mytton, Julie United Kingdom and the UNITING Team*

Presenter(s): *Dr, Louise Condon, BA (Hons), RGN, RM, HV, MSc, PhD, Senior Lecturer, University of the West of England, Bristol, United Kingdom*

Abstract

Background: Rates of full immunisation are lower among disadvantaged groups than in the general population (DH 2005), leading to an increased risk of vaccine preventable infectious disease. Public and Patient Involvement (PPI) is a prerequisite of Department of Health funding, but there is a lack of research into conducting effective PPI with disadvantaged groups

Aim: To involve members of the Gypsy and Traveller community in PPI for a study exploring immunisation in the Travelling community

Methods: Effective PPI was needed for this qualitative study in order to promote collaborative working with the community in a new area of public health research, and to facilitate recruitment and participation. Research was planned in four cities (Bristol, York, London and Glasgow) and potential participants included Roma, English Gypsies, Irish Travellers, and Show People.

Results: Members of the community were involved in the project advisory group and in commenting and developing research materials (NIHR 2014). The views of PPI group members were sought on the acceptability of recruitment materials and proposed questions in view of Gypsy and Traveller customs and beliefs. Finally discussions were held on the facilitation of joint working between Gypsies and Travellers and key stakeholders at the final workshop to prioritise interventions to raise immunisation rates.

Discussion: New understandings have been gained of working participatively with the Traveller community and of successfully conducing PPI with this group. Effective PPI is of particular importance in research with socially excluded communities because of the need to ensure the acceptability of the research at all stages.

Conclusion: This study adds to the under researched area of Gypsies and Travellers' health and how to involve them effectively in the research process.

5.6.2 Abstract number 222

12:00pm

Collaborative Working: Overcoming the challenges of meeting the Dementia Challenge

Author(s): *K Palmer, England, United Kingdom; M Hare, England, United Kingdom; K Ward, England, United Kingdom; J Birt, England, United Kingdom; N Verstraelen, England, United Kingdom; K Wigglesworth, England, United Kingdom; G Whiteley, England, United Kingdom; H Iles-Smith, England, United Kingdom*

Presenter(s): *Karen Palmer, DPSN, BSc (Hons), Research Team, Lancashire Care NHS Foundation Trust, Preston, United Kingdom*

Abstract

The Department of Health's current focus on Dementia through the 'Dementia Challenge' highlights the importance of increasing the opportunities for these vulnerable individuals to receive new and novel treatments. The recent G8 summit set out the Global challenges in addressing Dementia and the World Dementia Council and Dr Gillings, the World Dementia Envoy, have been appointed. One of the G8 summits main aims is to increase research into this disease area.

Since 2009 collaborative working involving a dynamic group of nurses and doctors has led to the implementation of a growing clinical research service specifically for Dementia patients across Lancashire. Initially the work was led by the National Institute for Health Research (NIHR), North West Dementias and Neurodegenerative Diseases Research Network (DeNDRON) nursing team. This has more recently evolved into a model that includes Trust Research Nurses from both a Mental Health & Wellbeing Trust (Lancashire Care NHS Foundation Trust) and an Acute Hospitals Trust (Lancashire Teaching Hospitals NHS Foundation Trust).

A shared research partnership model facilitates the two trusts in sharing resources efficiently and cost effectively and increases the knowledge and experience of the nursing workforce to meet the complex needs of dementia research participants. The unique skill mix of the nursing team, including adult & mental health trained nurses, enables the identification and implementation of new Dementia studies (pharmaceutical and non-pharmaceutical). The nursing team establish key relationships with stakeholders to allow the resolution of challenges, whilst delivering a compassionate and caring service. This has helped patients with dementia to access new medicines, treatments and services through research. The opportunity was not previously available through the NHS for patients living with Dementia in Lancashire.

The team have recently been acknowledged for their work in Dementia Research, winning the first Clinical Research Nursing Award at the Nursing Times Awards 2014.

5.6.3 Abstract number 231

12:30pm

Service user preferences for involvement in care planning in mental health services

Author(s): *Andrew Grundy, United Kingdom; Oonagh Meade, United Kingdom; Karina Lovell, United Kingdom; and Penny Bee, United Kingdom; on behalf of the EQUIP Programme Team*

Presenter(s): *Andrew Grundy, BA(Hons); MPhil, Research Associate, B42 Research Office, School of Health Sciences, Medical School, Nottingham, United Kingdom*

Abstract

Background: There is longstanding evidence that mental health service users want to be involved in care planning.[1] However, there is substantial and consistent evidence that they are marginalised in this process[2], and that their experiences do not concur with current policy directives.[3] Qualitative exploration of the barriers and enablers of user involved care planning is limited.

Aim: to better understand the priorities and core concepts of user involved care planning from the service user perspective.

Methods: Participants were recruited via purposive sampling from two large mental health Trusts in central and north-west England. Study inclusion criteria were: service users aged 18 or over with current or recent involvement with secondary care mental health services. From June to October 2013, we conducted 23 individual, semi-structured, interviews. Data was analysed using Framework Analysis.

Results: Two over-arching themes emerged from the data: user preferences for involvement; and the barriers/facilitators of user involved care planning. Users want increased involvement in care planning, as part of a collaborative, holistic and person-centred approach. Barriers to good user involvement include user capacity, organisational constraints, poor information provision, and negative staff attitudes. Key enablers are the quality of the user-clinician relationship and a shared desire for collaborative working.

Discussion: This study found that users are concerned with the whole process of care planning, centred on the user-clinician relationship. Users need more information, a conducive relationship and a commitment to collaborative working in order to feel involved in care planning.

Conclusion: Service users have clear and concrete ideas as to how they want to be involved in care planning. To implement these ideas staff need to take the initiative to involve users according to their preferences.

Theme: Other research methods

5.7.1 Abstract number 308

11:30am

Survey of current pin site practices

Author(s): *Jennie Walker, United Kingdom; Roger Bayston, United Kingdom; Brigitte Scammell, United Kingdom*

Presenter(s): *Jennie Walker, Msc, Bsc hons, PGcert medical education, Dip counselling, RGN, Clinical Educator, Nottingham University Hospitals NHS Trust, United Kingdom*

Abstract

Background: The British consensus method on pin site management was first developed by Lee-Smith et al (2001) and the best practice debate was reignited by Letherby et al's (2008) Cochrane review which highlighted a clear lack of quality research regarding pin site care. In 2010 a new consensus group met and a new consensus document published in 2011 (Timms et al 2011). It is important to identify current pin site practices to determine if these are consistent with current guidance. The aim of this study was to identify current practice both within the UK and internationally to establish what routine pin site practices comprise.

Methods: A Survey Monkey questionnaire was developed based on the practices described in the 2011 consensus guidelines. One thousand three hundred and fifty-seven email invitations were sent to clinicians inviting them to complete the questionnaire. Descriptive statistics, chi square analysis and confidence intervals were used to compare different practices between countries and professional groups.

Results: Following exclusions 321 responses were analysed giving a final response rate of 23.7%. Current UK practice does not consistently reflect new UK national consensus recommendations. Significant differences (p⇠0.05) were identified in frequency of care, cleansing agents, and use of compression when comparing professional groups and country of respondents. No significant differences were detected between profession or country with regards to removal of crusts or use of dressings, although responses were not consistent with current consensus guidance.

Conclusion: The diversity pin site care, both in the UK and internationally emphasises the lack of current consensus and deviation from contemporary guidelines. Further research is required to establish the most effective methods of pin site care to prevent infection.

5.7.2 Abstract number 323

12:00am

The experience of moral distress in undergraduate nursing students

Author(s): *Annamaria Bagnasco, Italy; Monica Bianchi, Switzerland; Valentina Bressan, Switzerland; Milko Zanini, Italy; Franco Carnevale, Canada; Loredana Sasso, Italy*

Presenter(s): *Annamaria Bagnasco, RN, MSC, PHD, Department of Health Sciences, University of Genoa, Italy*

Abstract

Background: Undergraduate nursing students during their clinical learning experience may encounter particularly complex and critical situations that raise ethical dilemmas, which if left unresolved can eventually lead to 'moral distress', a term coined by Andrew Jameton in 1984. The consequences of moral distress can lead to frustration, loss of self-esteem, depression, and desire to abandon nursing studies.

Design: A systematic review.

Aims: Describe how ethical dilemmas and environmental, relational and organizational factors contribute to moral distress in undergraduate nursing students, during their clinical experience and professional education.

Method: We conducted a systematic review using the assessment sheet designed by Hawker et al. in 2002 (1). An expert of moral distress, who provided an independent quality check, supervised the review process and the data analysis.

Results: We initially retrieved 157 papers published between 2004. Of these, only four papers (one qualitative and three quantitative studies) matched our search criteria. Healthcare disparities, clinical experiences with a high emotional impact that raise ethical dilemmas, as well as academic dishonesty, individual characteristics of students, and an ineffective relationship between student and mentor can all impact negatively on nursing education, generating moral distress. These factors can negatively condition undergraduate students' clinical experience and learning process, their professional development, and their future choices as nurses and lead them to give up studying nursing (2) (3).

Discussion: In the literature there were very few studies dealing with moral distress in the undergraduate nursing education setting leaving a wide knowledge gap about this phenomenon in students. The results of this work underline the need for further research regarding specific education strategies that would enable to prevent or successfully manage moral distress in undergraduate nursing students.

5.7.3 Abstract number 335

12:30am

What does 'good' look like? How qualitative methods revealed the effects of Meaningful Activity Training (MAT) for older people with dementia

Author(s): *Deborah M Mazhindu, Reader in Clinical Practice Innovation, Buckinghamshire New University & Imperial College Healthcare NHS Trust, United Kingdom; Nicky Hayes, Consultant Nurse for Older People, Kings College NHS Trust, United Kingdom; Sarah Bartlett, Project Manager, Kings College NHS Trust, United Kingdom*

Presenter(s): *Dr, Deborah Mazhindu, Dphil, BA (Hons) DPSN, RN, Reader In Clinical Nursing Practice Innovation, Buckinghamshire New University & Imperial College Healthcare NHS Trust, Faculty of Society & Health, Uxbridge, United Kingdom*

Abstract

A Burdett Trust for Nursing (2002) funded project to ensure Dignity in Care for Older People with Dementia was conducted using qualitative, co-participatory Action Research (AR), to evaluate the effect of innovative Meaningful Activity Training (MAT) for staff, undertaken from January 2014 to December 2014, in a large Teaching Hospital in London, United Kingdom (UK). The methodology encompassed the principles of translational & transformational qualitative research, where improvements were made to existing practice as the project progressed.

Aim: to empower nurses to incorporate meaningful patient activity as part of planned care.

Sample: A purposive, voluntary, convenience sample of co-participants (n=59) recruited from 5 ward areas underwent MAT. Pre-intervention (MAT) data collection using Survey Monkey & Ward based Observations (WBO's) with 5 ward areas formed the basis of Key Quality Indicators (KQIs) of what 'good' care looked like. MAT intervention was then initiated in collaboration with Age Exchange UK. Post-intervention data was collected from WBO's (n=5), Facilitated Reflective Action Learning & Critical Analysis Exercises (CAE) used in Focus Groups (n=3) that were facilitated to collect data from staff (n=9) who had undergone MET. The project also gathered post-intervention service user/patient feed-back, using semi-structured one to one qualitative interview methods, appropriate for older people with dementia (n=8).

Data were analysed thematically using Nvivo 10 (QSR International 2014) and revealed 5 main themes:

1. What Good Dignity Care Looks Like
2. Staff Feeling Empowered
3. Qualities Of Dignified Care
4. Improving The Patient Experience
5. Consequence To Staff Of Dignity Training

Findings: Staff demonstrated critical self-scrutiny, identified changes in attitudes, identified new learning & applied new learning to clinical practice. Qualitative methods illuminated the impact MAT had on empowering staff, serving to broaden theoretical & practical understanding of what 'Good' Dignified Care for Older People with Dementia looks like in an acute hospital environment.

Concurrent session 6

Tuesday 21 April 2015 14.00 – 14.55

Theme: Mixed methods

6.1.1 Abstract number 5

2:00pm

Female gender doubles pre-hospital delay times for patients experiencing ST segment elevation myocardial infarction in Saudi Arabia

Author(s): *Hassan Alshahrani King Saud Medical City, Riyadh, Saudi Arabia, Donna Fitzsimons and Roy Mcconkey, University of Ulster, Belfast, United Kingdom, Ahmad Alsamadi American University of Madaba, Madaba, Jordan*

Presenter(s): *Dr, Hassan Alshahrani, King Saud Medical City, Saudi Arabia*

Abstract

Introduction: Pre-hospital delay has a significant impact on patients' mortality and morbidity in ST segment elevation myocardial infarction (STEMI). Internationally many factors including female gender have been implicated, but no research has been conducted in Arab cultures. We aimed to explore the factors contributing to pre-hospital delay among female STEMI patients in Saudi Arabia.

Method: This sequential, explanatory mixed methods study comprised a consecutive sample of 311 patients, presenting with STEMI to three hospitals, from March 2011 to August 2011. Of these, 189 patients (36 females) were eligible and interviewed using the Response to Symptoms Questionnaire. A purposive sample of 18 patients (9 females) then participated in qualitative interviews that were taped and transcribed prior to thematic analysis.

Findings: The median pre-hospital delay for males was 5 h and 12.9 h for females (p⇠0.002). Standard multiple regression determined female gender as the strongest predictor of transfer delays from decision to seek help to hospital arrival. Qualitative analysis produced five gender-related themes: (a) women require a male relative's permission to seek medical help; (b) women cannot travel to hospital unless accompanied by a male relative; (c) women prioritise family responsibilities over seeking help; (d) women lack knowledge of myocardial infarction (MI) symptoms and treatment; and (e) perception that women should not attract attention.

Conclusion: This study provides new insight into how cultural factors increase pre-hospital delay for women within Saudi Arabia. While the quantitative data demonstrates that women experience much longer delays, the qualitative interviews confirm that cultural factors are implicated. Further research is urgently required.

6.1.2 Abstract number 176

2:30pm

Testing and evaluating a person centred care complex intervention in relation to dignity and palliative care in the acute hospital setting

Author(s): *Bridget Johnston England United Kingdom, Margaret McGuire, Scotland United Kingdom, Jan Pringle, Scotland United Kingdom, Marion Gaffney, Scotland United Kingdom, Melanie Narayanasamy England United Kingdom, Deans Buchanan, Scotland United Kingdom*

Presenter(s): *Professor, Bridget Johnston, RGN, BN (Hons) PGCE(FE) PhD, The University of Nottingham, United Kingdom*

Abstract

Background: Providing person-centred, dignity-conserving care for hospitalised patients is central to most international healthcare policy. The Patient Dignity Question (PDQ) 'What do I need to know about you as a person to take the best care of you that I can?' is a question designed from empirical research on patients' perceptions of their dignity at end of life to help healthcare professionals understand the patient as a person.

Aims: The primary aim was to explore the effectiveness of the PDQ as an intervention to improve person-centred care. A secondary aim was to determine the overall acceptability of the PDQ for patients, families and staff.

Methods: Mixed method pilot study. Outcome measures were used pre and post intervention. Primary outcome: Person-centred Climate Questionnaire patient version (PCQ-P), Secondary outcome: Consultation and Relational Empathy (CARE) measure; PDQ feedback questionnaires were used for all participants post intervention, in addition to qualitative interviews.

Results: 30 patients, 17 HCPs, and 4 family members participated. Results showed a positive correlation between higher PCQ-P scores and higher CARE scores, indicating that the PDQ can make improvements to a person-centred environment and levels of empathy perceived by patients. The PDQ supported disclosure of information previously unknown to HCPs, which has implications for improving person-centred care. Positive results from PDQ feedback questionnaires were received from all participants.

Discussion: The PDQ has potential to improve patients' perceptions of care, and HCP attitudes. It was well received by participants. The PDQ could be incorporated into clinical practice for the care of palliative care patients in the acute setting to the benefit of personalised and dignified care.

Conclusion: Further research using the PDQ across wider geographical areas, and more diverse settings, is indicated and planned.

Theme: Narrative

6.2.1 Abstract number 120

2:00pm

Siblings talking the visual: Narrative accounts of children's everyday lives. Living with a brother or sister with cystic fibrosis.

Author(s): *Amie Hodges, South Wales,United Kingdom*

Presenter(s): *Amie Hodges, MSc, PGCE, BSc (Hons), RN child, RN Adult, Cardiff University, United Kingdom*

Abstract

Background: There is limited recognition of the needs of children that have a brother or sister with cystic fibrosis within the nursing literature. They are not getting their voices heard or their needs sufficiently met and are often referred to as 'the well sibling'.

Aims: To investigate the views of children living with a brother or sister with cystic fibrosis to provide insight and understanding of the siblings experiences within the family and challenge the perception of the sibling being referred to as 'well'.

Participants: Non-CF siblings age 8 to 12

Sample N=10

Methods: This qualitative project has engaged non-CF siblings in participatory research methods. Children have been asked to formulate pictures/collages or take photographs to create their own visual interpretation of their world in relation to two research topics 'me and my family' and 'future selves'. Their creations formed the basis for two separate narrative interviews, which took place between February and November 2014 in the sibling's home.

Results: This project is still ongoing in terms of narrative analysis.

Early findings suggest that within their 'normal' family life, siblings encounter the 'complex' and 'chaotic' moments that can arise in their bother/sisters cystic fibrosis trajectory. They also verbalized or demonstrated their emotional upset relating to significant moments in their life. As one child commented ' I am an angry child'.

Discussion: Using creative research methods with non-CF siblings, to elicit information through narrative inquiry was an effective way for siblings to have their voices heard. Whilst siblings presented pictures of a 'perfect family', when they actually talked through there pictures they were able to tell their stories to provide powerful insight into their lives.

Conclusions: Even though data analysis is still ongoing, early findings suggest:

The psychosocial wellbeing of siblings needs to be recognised and addressed within the CF trajectory.

6.2.2 Abstract number 269

2:30pm

A Voice for the child. Blue's story of managing her illness at home.

Author(s): *Dr Marie Bodycombe-James, Swansea University, Wales, United Kingdom*

Presenter(s): *Dr, Marie Bodycombe-James, RN, DNCert, RHV, PGCE, BA, MSc, Doctorate Nursing Science, College of Human and Health Sciences, Swansea University, United Kingdom*

Abstract

The increasing life expectancy of children with a chronic condition has created a need to listen to them about their experiences, expectations and preference regarding the health care they receive. The increasing provision of community children's nursing services in the UK has transferred the care for many children with a chronic illness from secondary to primary care (Carter and Coad 2009).

Blue's story depicts her experience of managing her illness at home. Blue's story was a part of my Doctorate in Nursing Science thesis in which I interviewed thirty children at home regarding their experience of managing their chronic illness, and receiving nursing care from the community children nurse. The chosen methodology was narrative inquiry (Polkinghorne 1995).

Blue's story was analysed using narrative analysis the outcome of which is an individual story built around a plot which gives meaning to the experience. Patient narratives are a powerful means through which individuals can give a voice to their experiences. Blue's story was analysed using the genres of illness narratives based on the writing of Arthur Frank (Frank 1995), where the patient's story of living with deep illness is told through plots of restitution, chaos or quest. Within Blue's story a plot of restitution emerges as she tells us of her experience of dealing with Leukaemia and her hope of a return to health.

Focussing on one child's story has provided an insight into the daily life of a child with a chronic condition and the unique relationship that develops between the child and the community children's nurse. Blue's story provides evidence of the need for a community children's nursing service so that children with a chronic illness can be cared for at home surrounded by their family. However this requires commitment and investment from health providers and policy makers.

Theme: Thematic analysis

6.3.1 Abstract number 287

2:00pm

Lung cancer diagnosed following an emergency admission: Exploring patients' and carers' perspectives on delay in seeking help

Author(s): *Glenys Caswell, United Kingdom; Jane Seymour, United Kingdom; Crosby V, United Kingdom; Freer S, United Kingdom; Freemantle A, United Kingdom; Wilcock, A, United Kingdom*

Presenter(s): *Professor, Jane Seymour, BA (Hons); MA; PhD; RGN, Sue Ryder Care Professor of Palliative and End of Life Studies, School of Health Sciences, University of Nottingham, United Kingdom*

Abstract

Background: About 40% of people with lung cancer are diagnosed following an emergency admission, the highest of any cancer. Despite this, relatively little is known about the experiences of this patient group and their carers; the National Cancer Patient Experience Survey is biased toward fitter patients.

Aim: We sought to explore patients' and carers' understanding of symptoms and experiences of trying to access health care services before admission to hospital.

Methods: As part of a larger mixed methods study in one University hospital, we undertook qualitative interviews with patients who were diagnosed with lung cancer on emergency admission and their carers.

Findings: 13 patients and 13 carers (3 of whom were bereaved) took part in interviews. 3 patient/carer dyads were interviewed together. Participants spoke about their symptoms and why they did not seek help sooner. They described complex and nuanced experiences. Some (n=12) had what they recalled as the 'wrong' symptoms for lung cancer and attributed them either to a pre-existing condition or to ageing. In other cases (n=9) patients or carers realised with hindsight that their symptoms were signs of lung cancer, but at the time had made other attributions to account for them. In some cases (n=3) a sudden onset of symptoms was reported. Some described how their GPs made incorrect attributions about cause.

Conclusion: Late diagnosis meant that patients diagnosed on emergency admission needed palliative support sooner after diagnosis than other patients. Professionals and lay people interpret health and illness experiences differently.

6.3.2 Abstract number 17

2:30pm

An exploratory study to identify factors that help or hinder ward nurses from performing vital observations and escalating clinical concerns: An interview study applying a theoretical domains framework.

Author(s): *Andrea Blay London, United Kingdom; Leanne M. Aitken; Jill Francis*

Presenter(s): *Andrea Blay, RGN, ENB 100. MSc, Chelsea & Westminster NHS Foundation Trust, United Kingdom*

Abstract

Background: Failing to recognise acute deterioration is well known, despite improvement strategies such as critical care outreach services and the national early warning score (NEWS), there is evidence that recognition and response to acute deterioration remains problematic and inconsistent. There is limited published evidence about why nurses do not perform observations or respond to changes in vital signs promptly.

Aim: To identify the workplace issues that helped or hindered nurses to perform observations and escalate concerns and apply a theoretical behavioural framework to identify likely influencing factors.

Methods: Nurses (n=13) and health care assistants (HCAs) (n=4) participated in one-to-one semi-structured digitally-recorded interviews. A topic guide, based on the 'theoretical domains framework' was validated and piloted. Recordings were transcribed verbatim, anonymised and coded into 14 theoretical domains using NVIVO software. Thematic analysis was undertaken; influential domains were identified according to frequency of utterances, divergent opinions and emphasis of the specific belief.

Findings: The three most influential theoretical domains were environmental context and resources, professional role and social influences. Hindrances to performing observations and escalating concerns were excessive workload, inadequate staffing levels and skill mix, temporary staff, paperwork and increasing computerisation. The shifting role of nurses towards more documentation resulted in the majority of observations being performed by HCAs who may have inadequate assessment skills. The NEWS was deemed to be hyper-sensitive, not matching the patient's clinical condition, increasing unnecessary escalation and workload.

Discussion: Performing observations and escalating concerns was facilitated by good team working, nurse confidence, adequate staffing and skill mix. Increasing documentation requirements distances nurses from monitoring the patient effectively and instigating escalation. Exploring the implications of the shifting nurse role on observation practices are key to overcoming the barriers that continue to impact adversely on patient outcomes. Further research into the practical application of the NEWS approach is recommended.

Theme: Discourse analysis

6.4.1 Abstract number 196

2:00pm

The Good Old Days? Constructions of nurse education in British national newspapers

Author(s): *Karen Gillett, England, United Kingdom*

Presenter(s): *Dr, Karen Gillett, PhD MSc RN, Lecturer, King's College London, Florence Nightingale Faculty of Nursing and Midwifery, United Kingdom*

Abstract

Background: Since the incorporation of nurse education into the Higher Education sector, a persistent dominant nostalgic discourse in British newspapers has made negative comparisons between the current situation and an idealised view of 'traditional' nurse education. Language is not merely descriptive with dominant discourses in newspapers having the power to influence public opinion and legitimise government responses in the form of policy.

Objectives: There is a tendency to view nostalgic discourses about nurse education as innocuous, but, by taking a critical approach, this study draws attentions to the implications of focusing on an idealised past.

Methods: This study used a critical discourse analysis approach to analyse British Newspaper articles from the period from 1999 to 2014.

Findings: Nostalgic constructions of nurse education in British newspapers tend to focus on an idealised past or 'golden age' and are associated with dissatisfaction with the current situation and resistance to change. Nostalgic constructions create group identities creating contrasting 'caring' nurses educated in the idealized past with those educated now, who are perceived as too educated to care. Nostalgic constructions of a 'golden age' means that a return to that idealised past is often presented as the solution to real and perceived problems with current nurse education.

Discussion and Conclusions: Uncritical acceptance of the past as a 'golden age' means that the opportunity to learn from mistakes is lost and seeking a solution to current problems in the past risks nurse education repeating the same mistakes ad infinitum. Emphasis on a golden age of nurse education marginalizes those educated under the current system and has a potentially negative impact on the self-image of recently qualified nurses who are working in the 21st Century. Those with responsibility for the future of nurse education should consider the potential of dominant nostalgic constructions to block progress.

6.4.2 Abstract number 154

2:30pm

Assertive community treatment case managers' moral decision-making

Author(s): *Birgitte Lerbæk, Denmark; Jørgen Aagaard, Denmark; Niels Buus, Denmark*

Presenter(s): *Birgitte Lerbæk, Nurse, Master of Health Science, Research assistent, Aalborg University Hospital, Department of psychiatry, Denmark*

Abstract

Assertive community treatment case managers' moral decision-making

Background: Assertive community treatment (ACT) is a service offered to people with severe mental illness to promote stability and meaningful community living. ACT case managers (CMs) use an assertive approach to establish long term and close relationships with the clients, and the work is characterised by great professional autonomy and independent decision-making. This work setting creates special circumstances were CMs feel obligated to make decisions according to what they believe is in the client's best interest, but often without the client's mutual understanding, explicit consent and/or collaboration.

Aim: The aim of this focus group study was to gain insight into ACT case managers' moral decision-making by examining their situated accounts of moral issues in their everyday work.

Methods: Sixteen CMs from three ACT teams in North Denmark Region participated in five focus groups in 2012. The nurses discussed moral dilemmas and inter-professional collaboration. Audio recordings were transcribed and subjected to discourse analysis, which was based on Potter and Wetherell's approach to discourse analysis.

Results: The CMs described being persistent in trying to establish a relationship with clients who often explicitly and repeatedly would reject their services. The CMs legitimised their moderately transgressive efforts by emphasising their special moral commitment as the last available treatment option and by referring to previous experiences of being right in the end. Further, the nurses described bending legal and organisational rules to protect the relationship to the client.

Discussion and Conclusion: CMs position themselves as the primary and autonomous decision-makers in matters, which did not always fall under their formal professional authority. Although the nurses balanced their moral decision-making by depicting moderate psychosocial transgression and rule bending practices as professionally acceptable, these decision-making practices may reflect a highly problematic everyday management of judicial rights and formal obligations.

Theme: Mixed methods

6.5.1 Abstract number 43

2:00pm

Understanding nursing leadership in commissioning roles: learning from senior nurses' experiences of clinical commissioning groups in the UK

Author(s): *Allan H T United Kingdom; O'Driscoll M United Kingdom; Savage J United Kingdom; Lee G United Kingdom; Dixon R United Kingdom*

Presenter(s): *Professor, Helen Therese Allan, RN RNT BSc PGDE PhD, Professor of Nursing, School of Health & Education, London, United Kingdom*

Abstract

Background: Following restructuring of the National Health Service (NHS) in England in 2013, Clinical Commissioning Groups (CCGs) took over the commissioning of health services. Each CCG had to appoint a Clinical Member Registered Nurse to its governing body. This new statutory role, the Governing Body Nurse (GBN), offers important opportunities for nurses to shape patient-centred service delivery and clinical leadership. However. GBN roles have emerged at a time of organisational change and extensive criticism of nursing in the media following the Francis Inquiry.

Aims: To explore GBNs' experiences of CCGs and contribute to knowledge about nursing leadership internationally.

Methods: The study used a sequential mixed methods design: 1) a literature review, 2) focus group interviews with two GBNs and four senior nurses, and individual interviews with four GBNs. Data were analysed thematically and findings used to inform 3) the construction of an on-line, piloted survey (n =22, response rate =54%). Survey data were analysed using SPSS and Excel. Data from all three phases were integrated in a final analysis.

Findings: GBN roles and experiences are affected by the emerging structures and diversity of CCGs, and the wider national context. Two key attributes were identified as important for GBNs : 'losing' some existing skills and 'shifting focus'. We argue that GBNs' effectiveness as nurse leaders on CCGs may be affected by their relationships with other senior nurses within CCG localities and the internal dynamics of CCGs.

Discussion: We discuss the tension for GBNs between upholding the values of nursing (a patient centred approach) and the necessity of shifting focus and 'losing' nursing skills; and senior nurses' roles in leadership at the wider international level.

Conclusion: Our findings contribute to understanding the relationships between senior nurses in commissioning and provider organisations as well as issues of nursing, leadership and power internationally.

6.5.2 Abstract number 144

2:30pm

Ward culture and pressure ulcer prevention: barriers and enablers to care?

Author(s): *Eleanore Dring, England, United Kingdom*

Presenter(s): *Eleanore Dring, BA Hons Sociology, Diploma in Nursing, MA Research Methods, Practice Development Matron, Nottingham University Hospitals Trust, United Kingdom*

Abstract

Background: a mixed methods study investigated the barriers and enablers to the delivery of pressure ulcer prevention to patients on two wards, with differing pressure ulcer incidence, within a large acute east midlands NHS hospital trust in July 2013.

Aims: the study aimed to explore, describe and understand registered nurses' experiences of delivering pressure ulcer prevention within the context of the ward culture.

Methods: the concurrent embedded mixed methods design aimed to triangulate the thematic analysis of eight semi-structured interviews and non-participant observation with quantitative trust data (pressure ulcer incidence), to inform the findings of the qualitative study.

Results: the major themes, which emerged from the interviews were, 1. 'time to care', 2. 'documentation, and more documentation'. 3. 'Professional judgement'. 4. 'pressure ulcer prevention: priority and workload'. 5. 'Training and education'. 6. 'RCA: communication and leadership'. 7. 'Patients'.

Discussion: the nurses interviewed regarded pressure ulcer prevention as a high priority; however, they described specific barriers, which challenge its delivery in practice. The nurses expressed how to improve this at an organisational level, particularly education, leadership, and the dissemination of the outcomes of route cause analysis. Methodological limitations of the non-participant observation and quantitative data sets prevented the triangulation of data, and the 'reflexive' position of the 'nurse/researcher' compromised the 'bracketing' of knowledge and preconceptions with regard to pressure ulcer prevention.

Conclusion: successful delivery of pressure ulcer prevention must take into account the context of care delivery, including the behaviours of the registered nurses. 'Organisational culture' in addition to 'ward culture' has a significant impact upon nurses' experience of delivering pressure ulcer prevention. this research suggests that further study is needed to facilitative a pro-active approach to enabling nurses to deliver pressure ulcer, which takes into account organisational clinical governance and the needs of patients at risk of pressure ulcer.

Theme: Thematic analysis

6.6.1 Abstract number 188

2:00pm

What leaders describe as affecting the adoption of healthcare improvements

Author(s): *Michael Sykes, England; Lisa Webster, England*

Presenter(s): *Michael Sykes, DipN (adult), BSc(Hons), MBA, Tees, Esk & Wear Valleys NHS FT, United Kingdom*

Abstract

Background: The adoption of healthcare behaviour is vital to quality improvement in healthcare, whether it is: the adoption of improvements (e.g. positive deviance or diffusion of innovation) or the adoption of detrimental care.

Aims: To identify factors described as affecting the adoption of improvements

Methods: Semi-structured interviews during 2014 focussing on staff experience the adoption of improvements. A stratified sample of clinical leaders was taken from an Acute Trust (n=11) and a Mental Health Trust (n=12). Thematic analysis was undertaken by 2 researchers.

Results: Adoption was described as affected by themes relating the intervention (what factors), involvement and support (how factors), and the local context (where and when factors). These elements are consistent with the literature on diffusion of healthcare innovation. However, it is noteworthy that some elements seen within the social learning literature (e.g. Laland, 2004) and the diffusion of healthcare innovation literature (e.g. Greenhalgh et al, 2005) were not described. These include 'who factors' (such as rank, gender, age, tolerance of ambiguity, satisfaction, skills and dominance), what factors (such as compatibility with values), when factors (such as tension for change, when others present, when environment is stable and when payoff is delayed) and where factors (such as observability).

Discussion: This funded study found that participants did not identify important behaviour adoption factors as having a role in the adoption of healthcare practices. This could be due to a lack of awareness of these biases by participants, a belief that they do not affect behaviour adoption or a reluctance to describe their impact.

Conclusions: Further work on this topic, including dissemination of the findings, could improve patient outcome by helping to accelerate the adoption of innovations or reduce the rate of adoption of detrimental healthcare behaviours.

6.6.2 Abstract number 80

2:30pm

The experience of gay male student nurses: Negotiating private lives and professional boundaries.

Author(s): *Dr Dave Clarke*

Presenter(s): *Dr, Dave Clarke, PhD, MA, BSc, RGN/RSCN, Lectuer and Associate Director of Undergraduate N&M, Cardiff University, United Kingdom*

Abstract

Background: This research explored how male gay student nurses negotiate their gender, masculinity and gay sexuality within the professional boundaries of nursing. Furthermore, it identified how these students negotiate issues of caring and the formation of therapeutic relationships with their patients, as men and gay men.

Aims: The aim of my research was to investigate how gay nursing students negotiate their sexuality in the differing spaces of clinical practice and the university.

Methods: In-depth qualitative interviews were conducted with eight gay male nursing students between 2009 and 2012. The theoretical framing of this research drew upon Goffman's theories of presentation and performance of the self and Rubin's 'charmed circle'. Moving between these two analytical frameworks, I examined and drew together the experiences of these students and examined their negotiation of the nursing role as gay men.

Results and Discussion: I argue that the experience of these students and the negotiation of their sexuality as student nurses is fraught and precarious due to the complexities and boundaries of professional nursing roles in contemporary healthcare. Specifically I argue that the experience of these gay students in university life is very different to their experience of clinical practice. I argue that the negotiation of the public and the private in clinical practice is a complex endeavour.

Conclusion: What this study has unearthed is the complexity that the gay nursing students in this study had to negotiate to develop their identity as male nurses. Furthermore, the complexity of these endeavours was not restricted to issues of disclosure or non-disclosure of their sexuality, but much more engrained and fundamental to the development of their performance of nursing and their professional identity as nurses. This presentation will explore the contrasting experience of these students in clinical practice and the university and their negotiation nursing roles.

Theme: Mixed methods

6.7.2 Abstract number 60

2:30pm

Facilitators and barriers to integrating a nurse practitioner into the team: Co-workers' perceptions

Author(s): *Esther Sangster-Gormley, Canada; Rita Schreiber, Canada; Elizabeth Borycki, Canada*

Presenter(s): *Dr, Esther Sangster-Gormley, University of Victoria, Canada*

Abstract

Background: Researchers have identified multiple facilitators and barriers to the integration of nurse practitioners into healthcare teams. Many studies included only nurse practitioners' perspectives; therefore, hearing the voices of co-workers, including physicians, contribute to the knowledge of factors to consider when introducing new nurse practitioner roles.

Aim: The aim of this presentation is to communicate findings from one arm of our three year project.

Method: This multi-phase, mixed method study design was conducted between 2011 and 2013, and included surveys, focus groups, interviews and case studies involving nurse practitioners, co-workers, and patients of nurse practitioners. In this presentation, we discuss the findings from interviews and surveys of nurse practitioner co-workers. We recruited co-workers through nurse practitioners who previously participated in phase one of the study. Data were analyzed using descriptive statistics and thematic analysis.

Results: A total of 68 co-workers completed the survey or were interviewed. Co-workers included registered nurses, physicians, pharmacists, social workers, and others. Findings indicate that co-workers anticipated nurse practitioners would be active team members. They expected nurse practitioners to assess, diagnose and prescribe treatment for a variety of patient populations. Facilitators included the structure of the nurse practitioner co-worker relationship and acceptance of the nurse practitioner by patients and others within and outside the team. The structure of nurse practitioner-physician relationship and lack of acceptance of the role by others could create barriers to integration.

Discussion: This research advances our knowledge of co-workers' expectations of nurse practitioners. Findings confirm that there are multiple factors to consider before introducing new nurse practitioner roles.

Conclusion: As a result of co-worker surveys and interviews we have a better understanding of the challenges to nurse practitioner role integration.

Concurrent session 7

Wednesday 22 April 2015 09.50 – 10.45

Theme: Mixed methods

7.1.1 Abstract number 255

9:50am

Nursing interventions for the care of young rural people with early mental health problems

Author(s): *Dr Rhonda Wilson, Australia; Prof Kim Usher, Australia*

Presenter(s): *Dr, Rhonda Wilson, BNSc MN(Hons) PhD, School of Health, University of New England, Armidale, New South Wales 2351, Australia, Australia*

Abstract

This paper presents the findings of research about the mental health help-seeking experiences of young rural people in northern New South Wales, Australia.

A rural socio-ecological health theoretical framework and a mixed methods case study research design were selected to answer a research question: How can young rural people with emergent mental health problems be helped? Survey and in-depth interview data were collected and analysed using descriptive, content and thematic techniques.

Results:

- Theme 1: Characteristics of emergent mental health problems of young rural people.
- Theme 2: Characteristics of helping young rural people with mental health problems.
- Theme 3: Lack of meaningful connection with mental health services.
- Theme 4: Characteristics of health, welfare and social service providers.

Findings:

- Providing positive first mental health encounters for young rural people in their rural communities enables successful initial and ongoing mental health helping.
- Rural nurses are mental health capital in rural communities.
- Barriers to mental health help-seeking for young rural people persist.

The primary recommendation from this research is a co-location model for nursing assets in rural communities to promote the early engagement of young rural people into appropriate mental health care when it is required. Rural nurses are ideal in rural settings because nurses contribute expertise by paying adequate attention, careful listening, provide authentic care which is mindfully present and understand the local context for young rural people. The outcomes of this study provide new insights about the emergent mental health problems of young rural people.

7.1.2 Abstract number 58

10:20am

Domestic violence and abuse (DVA) in acute care settings: findings from a qualitative study exploring health care responses

Author(s): *Dr Julie McGarry, United Kingdom, Maggie Westbury, United Kingdom, Bella Furse, United Kingdom*

Presenter(s): *Dr, Julie McGarry, DHSci, MMedSci, BA (Hons), PGDip (Med Ethics), RN (adult and mental health), PGCHE, Associate Professor, School of Health Sciences, University of Nottingham, United Kingdom*

Abstract

Background: Domestic violence and abuse (DVA) is recognised as a significant health and societal issue on a global scale (van de Wath, 2013) and the consequences of DVA on the lives and health of those affected is now well documented. In the UK, the impact of DVA on an individual's health status alongside the significance of the role of health care professionals as part of a wider multi-agency approach to the effective recognition and management of DVA has been crystallised in the 2014 National Institute for Care Excellence (NICE) guidelines 'Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively' (2014). However, although there has been a growing recognition of DVA within a number of health care contexts for example emergency departments, primary care and midwifery services, evidence suggests survivors of DVA may also access a wider range of health services including acute care settings (for example, orthopaedics, medicine and gynaecology) where they may not be identified as survivors or effectively supported.

Overarching aims of the study were:

To explore how survivors of DVA are currently identified and managed within acute care settings

To examine what systems need to be in place to maximize effective recognition and support within this setting

A mixed methods study involving questionnaires (n=159) and in-depth interviews with clinical staff (n=15) within one acute NHS Trust (June 2013 – November 2014). A pre-piloted aide memoir was used to guide interviews and data were analyzed using Framework (Ritchie & Lewis, 2003). Questionnaire data were analysed using SPSS.

Findings, discussion and conclusions: Three main themes were identified i) Redefining roles ii) Raising awareness and challenging perceptions iii) Training needs and ongoing support. These findings alongside implications for practice development and contribution to policy debate form the basis of the presentation.

Theme: Thematic analysis

7.2.1 Abstract number 124

9:50am

Adhering to anti-depressant medication: A medication-taking career

Author(s): *Niels Buus, Denmark*

Presenter(s): *Dr, Niels Buus, RN, MN, PhD, Associate professor, University of Southern Denmark, Institute of Public Health, Denmark*

Abstract

Background: The study of medicine taking is controversial as it often reveals a discrepancy between healthcare professionals' advice and patients' actual behaviour. Qualitative researchers have examined depressed people's adherence to prescribed antidepressants by exploring the meaning they impute to the medicine and their use of medicine in the wider context of their everyday lives.

Aim: This study contributes to this area of research by examine people's perspectives on taking antidepressants and how their perspectives change during a 12-month period after a hospital admission for depression.

Methods: The study included consecutive semi-structured interviews with 16 people four times during the year following an admission to hospital for depression. Data were collected in 2008-2009 in the Region of Southern Denmark. The study was based on an interactionist conception of social career and data were analysed thematically.

Results: Participants were confronted with recurrent challenges related to being depressed and taking medicine, and they learned to manage these challenges in a post-admission career with two distinct stages: the basic restitution stage and the frustrated search stage. The basic restitution stage was characterised by the participants' readiness to take medicine in accordance with healthcare professionals' prescriptions and advice. Half of the participants experienced being challenged by unacceptable prolonged mental, social, and/or physical distress, and they moved to the frustrated search stage, which was characterised by an alternative perspective on taking medicine that included increased self-regulation and less involvement of healthcare professionals and next of kin. Healthcare professionals played a very peripheral role in most participants' lives and unsatisfactory interactions often isolated participants and left them to solve their own problems.

Conclusion: Nurses and other healthcare professionals are challenged to expand their traditional role as therapists and to start accepting and accompanying patients who would otherwise be alone in their private and precarious search for solutions.

7.2.2 Abstract number 228

10:20am

‘We’re killing them with medicine’: Community mental health nurse perspectives towards cardiovascular risk in adults with severe and enduring mental illness – A Directed Content Analysis

Author(s): *James Lambie, Scotland, United Kingdom*

Presenter(s): *James Lambie, Registered Nurse (Adult), M.Sc. Advanced Practice in Health Care (Cardiovascular Specialism), Primary Care Nurse, Edinburgh Access Practice Edinburgh, United Kingdom*

Abstract

Background: International evidence increasingly demonstrates that cardiovascular disease is the principal cause of morbidity and mortality in severe and enduring mental illness (SMI) (Thornicroft, 2013). However, cardiovascular risk identification and management for SMI clients appear universally sub-optimal (Scott, Platania Phung & Happell, 2012), alongside inconsistent clinical guidance, particularly in the United Kingdom. Qualitative studies with mental health professionals worldwide have explored the consequential clinical impacts.

Aims: 1. Present the extent to which community mental health nurses’ (CMHN) perspectives affirm, concerning deductive thematic categories, previous qualitative findings exploring these issues within mental health care;

2. Enumerate inductively derived data, exemplifying local CMHN experience and highlighting implications for practice.

Methods: A semi-structured interview schedule using Directed Content Analysis ‘constrained’ thematic categories was used following purposive recruitment within community mental health teams. Deductive coding criteria were constructed for ‘a priori’ categories derived from related previously published research. Nvivo 10 facilitated deductive versus inductive wound counts based upon category criteria.

Interviews underwent a three-stage analysis process: open/pattern coding, deductive and inductive coding, finally data corpus re-analysis using all inductively derived categories.

Results: Category analysis demonstrated 54% of data from six in-depth semi-structured interviews directly matched deductive category criteria. Most encompassed themes of barriers, rationale for CV interventions and ‘pros and cons’. However, 37% was coded inductively, with proposed solutions and describing current related activities and their limitations being the most populated categories.

Discussion: Local CMHN perspectives broadly reflected international findings. However, new insights regarding cardiovascular risk activities, proposed solutions, and, moreover, their limitations for SMI clients, added to the body of knowledge regarding this clinical problem. Existing national drivers to improve practice are inadequate.

Conclusions: Substantial local data matching with previous international findings suggests sub-optimal cardiovascular care and related clinical frustrations are commonly experienced in mental health care. Inductively derived data highlights simple and complex recommended approaches to undertake in practice.

Theme: Thematic analysis

7.3.1 Abstract number 111

9:50am

Understanding the needs of women with adenomyosis through social media

Author(s): *Camille Cronin, United Kingdom, Lynsay Pratt, United Kingdom*

Presenter(s): *Dr, Camille Cronin, RN, BSc, MSc, MEd, PhD., Lecturer, School of Health & Human Sciences, University of Essex, Southend Campus., United Kingdom*

Abstract

Background: To date there is little data that reflects the experiences and perceptions of women with adenomyosis. Adenomyosis, also referred to as ‘uterine endometriosis, ’ is a benign disease confined to the uterine muscle and difficult to diagnose with hormonal changes, position in the pelvis and associated symptoms (Junco 2014). The abundance of Internet-based discussion forums and support groups related to women’s health provide a low-cost resource for assessing patient experiences (Walker 2013).

The aim of this study was to explore patient experiences and perceptions of adenomyosis, especially in relation to:

- Awareness of adenomyosis and womens healthcare needs
- Interaction with health care professionals and treatment
- Living with adenomyosis

Methods: Comments posted between September 2013 and September 2014 were collected retrospectively from an adenomyosis support group and analysed qualitatively for thematic content.

Results: Five broad thematic categories emerged from the posted comments: reassurance of finding others with the same health issues, comfort through mutually supportive communication; length of time associated condition and diagnosis; challenges faced on a daily basis in living with adenomyosis and level of pain and treatment options. Data revealed particular concerns for women with adenomyosis: length taken for diagnosis and treatment, wide variations in treatment experienced, health practitioners’ views and treatment options varied widely and the loneliness felt by women.

Conclusions: Online communities may provide information and support about topics which concern women and offers an alternative arena to discuss issues, such as the embarrassment of examinations, the pain experienced, medication, treatment options and side effects. Data highlighted potential issues that may not be a priority to healthcare practitioners but are nevertheless important to patients. Despite the growing use of online health-related communities, there is little research that makes use in this in identifying patient issues regarding patient-oriented treatment, service development and provision.

7.3.2 Abstract number 75

10:20am

Resilient leadership in a time of crisis: an interview study of Directors of Nursing in the wake of Francis

Author(s): *Daniel Kelly, United Kingdom; Aled Jones, United Kingdom; Annette Lankshear, United Kingdom*

Presenter(s): *Professor, Daniel Kelly, PhD MSc BSc RN PGCE NDNCert, RCN Chair in Nursing Research /Director of Research & Innovation, School of Healthcare Sciences, Cardiff University, Cardiff, United Kingdom*

Abstract

Background: The purpose of this study was to understand the nature of nursing leadership in England and Wales within a context where unparalleled criticism was being levelled at health care professionals, managers and professional bodies for failing to protect standards of care. Following the publication of the Francis Reports it is clear that a questionable standard of nursing leadership was one of the issues at fault.

Aims: The study set out to investigate the means by which Directors of Nursing, from different NHS organisations across England and Wales, cope with competing demands, exert leadership and remain resilient to protect standards of care despite financial and organisational/political constraints.

Methods: A total of 40 interviews telephone interviews took place with Directors of Nursing, with an average time of 47 minutes. All were submitted for full transcription. Transcripts were analysed thematically using an Excel spreadsheet, and synthesis carried out by considering all responses within a thematic column, noting areas of agreement and of exception and selecting exemplar quotes.

Results: Results were categorised under 6 key headings: Political Issues (including health systems differences between England and Wales); Chronic Stressors (such as workload and finances); Acute Stressors (complaints and incidents); Vulnerability (weight of personal responsibility); Resilience (enhancement strategies); Managing the board (achieving success). A summary of each will be presented.

Discussion: Executive nurse leadership is demanding and has come under severe criticism in the recent Francis Reports. This study has revealed the most challenging aspects of the Director of Nursing role that are attributable to personal, political and organisational factors.

Conclusion: Insights into the resilience required by Directors of Nurses can assist in understanding the nature of the role in the present political climate; as well as revealing how best to secure and develop the role within the NHS in the future.

Theme:Mixed methods

7.4.1 Abstract number 310

9:50am

The contribution of advanced nursing practice to HIV care: findings from stage 1 of a national study

Author(s): *Hilary Piercy, England, Gill Bell, England, Charlie Hughes, England, Simone Naylor, England, Christine Bowman, England*

Presenter(s): *Dr, Hilary Piercy, PhD, MA, BSc (Hons), SFHEA, RGN, RM, Sheffield Hallam University, United Kingdom*

Abstract

Background: Changes to the commissioning of HIV services are a powerful catalyst for widespread review and re-organisation of HIV care. Nationally, substantial variability in the nature and extent of the advanced HIV nursing role exists. The cost-effectiveness and impact on HIV care of this role is unclear.

Aim: The aim of this project is to examine how advanced nursing practice currently contributes to HIV care and the potential for maximising that contribution.

Method: This mixed method study comprises two parts:

Stage 1.

15 - 20 key stakeholder interviews exploring HIV service delivery: challenges, opportunities and the advanced nursing contribution (conducted April – May 2014)

Stage 2.

a) Paired nurse / doctor interviews in a purposive sample of 22 HIV services across England to understand the diversity of services and contribution of advanced nursing (September 2014 – January 2015).

b) Case studies for in-depth exploration of factors influencing the development of the advanced nursing role (planned for Feb – April 2015)

Results: Data from part 1 of the study identified several factors impacting on the development of the HIV specialist nurse role. These include: changing needs of patients as life expectancy increases; reduced funding for stable well patients; destabilisation of sexual health and community services from fragmented commissioning arrangements.

Five aspects of the specialist nursing role were identified: support for new diagnosis, self-management, re-engagement, care co-ordination and health promotion.

Discussion: There was considerable variability in the degree of involvement and the extent of advanced nursing practice within specialist HIV nursing roles.

Conclusion: These preliminary findings provide a framework for detailed exploration in stage 2 which is currently underway. Forthcoming study recommendations will inform how the advanced nursing contribution can be maximised in the organisation and delivery of HIV services across England.

7.4.2 Abstract number 175

10:20am

Using participatory research to develop a palliative care intervention: reflections on the method

Author(s): *Beth Hardy; Glenys Caswell; G. Ewing; Gunn Grande; Shelia Kennedy; Heather Redshaw; Don Roberston; Julia Tabreham; Deb Tanner; George Wood; Jane Seymour*

Presenter(s): *Dr, Beth Hardy, RGN, BA (Hons), PhD., The University of Nottingham, United Kingdom*

Abstract

Background: Patient and public involvement in research is increasingly an imperative in research design and delivery. Participatory research recognises the knowledge and expertise of a range of stakeholders and fosters partnerships between these groups. Our research utilised participatory research methodology to address the broad project aims of developing a resource pack, and developing and piloting a training programme for volunteers and support workers who work with lay-carers in home based end of life care.

Aims: To reflect on the success of the participatory approach using the Ã„VS criteria (Hanson et al, 2006), a user-focused model used to evaluate the effects of partnership working (Clarke et al, 2009).

Methods: Five bereaved carers were engaged as research partners on the project. Research partners worked alongside key stakeholders and academic researchers to fulfil the aims of the project. The Ã„VS criteria were applied and critically reflected upon by two members of the research team.

Findings: Research partners and stakeholders participated in all stages of the research including; design of the intervention (Ã„VS criteria – equal access); workshops where views and opinions were shared and discussed (Ã„VS criteria – enhanced awareness of own views and those of others); reviewing resources, developing, testing and evaluating the intervention (Ã„VS criteria encouraging action); planning and participating in dissemination events and activities (Ã„VS criteria enabling action).

Discussion: The Ã„VS criteria demonstrate the participatory nature of the research. We applied these criteria at the end of our project as a reflective tool. In future research we would consider using these at the beginning of the project to ensure the inclusiveness of the participatory approach.

Conclusion: Participatory research approaches challenge traditional power relationships in research and create opportunities for collaboration between users and providers of services; an important consideration for nursing and healthcare research in a person centred healthcare system.

Theme: Observation

7.5.1 Abstract number 259

9:50am

Evaluating interruptions to medication administration in paediatric critical care

Author(s): *Rachel Bower, United Kingdom; Dr Christine Jackson, United Kingdom; Dr Joanne Cooper, United Kingdom*

Presenter(s): *rachel bower, RN (child) BSc Hons ENB 415, Paediatric Critical Care, Nottingham Children's Hospital, Nottingham University Hospital Trust, Nottingham, United Kingdom*

Abstract

Aim: To evaluate and categorise interruptions which occur during medication administration in Paediatric Critical Care

Research questions:

- How and why do interruptions occur during medication administration?
- Who contributes to the interruptions? What is their role within the situation?
- Can interruptions be classified to allow prioritisation?

Background: Paediatric Critical Care (PCC) commonly involves the administration of numerous complex, high risk medications (Silva et al, 2013). The National Nursing Research Unit (2010) identified that medication administration is a major aspect of patient safety and that any interruption during this process can result in errors. The National Patient Safety Agency (2007) recommended that all medication should be prepared in a separate room; however, in critical care this is not viable as patients require continuous observation. High profile reports (The Francis Report, 2013 and Patients First and Foremost, 2013) highlight the need for improved safety, stating patients should be cared for in a safe environment (The NHS Outcomes, 2012)

Methodology: The project utilised ethnological methodology, enabling human behaviour to be witnessed as it occurred. Non-participant observation recorded interruptions as they occurred (July 2104).

Results: Twenty eight administration episodes were observed, totalling 302 minutes of activity. There were three episodes in which no interruptions occurred in the remaining 25 episodes, 81 interruptions occurred, creating an average of 2.9 interruptions per administration.

The most frequent interruptions were from nursing staff who were involved in the checking process (n=14). The most frequent handling strategy observed was multi-tasking (n=45). Twenty percent of interruptions resulted in positive patient outcomes.

Conclusion: This study provides new insights into the frequency and impact of interruptions to the medication process within PCC. It provides the foundation for further work required to understand the cognitive, behavioural processes utilised when handling interruptions during medication administration.

7.5.2 Abstract number 118

10:20am

Factors associated with 'care left undone' on nursing shifts in Sweden

Author(s): *Jane Ball, United Kingdom, Carol Tishelman, Sweden, Rafferty A M, United Kingdom, Lindqvist R Sweden, Murrells T, United Kingdom, Peter Griffiths, United Kingdom*

Presenter(s): *Jane Ball, RGN, BSc (Hons), University of Southampton, United Kingdom*

Abstract

Background: Lower registered hospital nurse staffing levels are associated with poorer patient outcomes. 'Care left undone' by RNs may be a key factor in understanding this relationship. Health service managers require a fuller picture of the factors that predict the incidence and volume of care left undone, including the impact of the level and mix of staff, to minimise risks associated with incomplete care.

Aim: To examine 'care left undone' by registered nurses (RNs) on medical/surgical wards in acute care hospitals in Sweden and determine the factors that are associated with variation in amounts and types of missed care.

Methods: An observational study collected data through a cross-sectional survey of 10, 174 RNs working on inpatient general medical/surgical wards in all 79 Swedish acute care hospitals (Jan-March 2010). A multi-level (nurses nested in hospitals) logistic regression model was used to examine the effect of key factors, including nurse staffing, on 'care left undone'.

Results: 74% reported of nurses reported some care was left undone on their last shift. Taking account of the many factors relating to care left undone, (shift length, role, patient mix, practice environment) the odds of care being left undone is halved on shifts with RN staffing levels of 6 or fewer patients per RN shifts compared with 10+ patients per registered nurse (OR 0.466, p⇠0.001). There are no significant differences by heath care support worker staffing levels.

Discussion: Despite similarities between the findings from Sweden and previously reported from other countries, differences indicate the importance of context in understanding what is done, and left undone by RNs in hospitals.

Conclusion: Range of factors are associated with care left undone and many have a relationship with each other. RN staffing levels (at day and night) is key to ensuring necessary care is done.

Theme: Thematic analysis

7.6.1 Abstract number 81

9:50am

The DECIDES Study: Living with Crohn's Disease: expectations, experIences and decision-making in relation to best conventional and autologous stem cell treatment

Author(s): *Dr Joanne Cooper, England, United Kingdom; Miss Iszara Blake, England, United Kingdom; Dr Jack Satsangi, Scotland, United Kingdom; Dr James Lindsay, England, United Kingdom; Dr Eleanor Ricart, Spain; Dr Alicia Lopez, Spain; Professor Christopher Hawkey, England, United Kingdom*

Presenter(s): *Dr, Joanne Cooper, PhD, MA, BSc (Hons), Dip N, RN (Adult), Notttingham University Hosptials NHS Trust, Trust HQ, Nottingham, United Kingdom*

Abstract

Background: The DECIDES study involved an in-depth qualitative investigation into experiences of living with severe Crohn's Disease (CD), specifically exploring expectations and decision-making within the context of the Autologous Stem Cell Transplantation International Crohn's Disease trial.

Aims: The study aimed to explore, describe and understand experiences of living with severe Crohn's disease, with particular focus on peoples' expectations and decision making in the context radical stem cell treatment.

Methods: This study used a qualitative methodology compromising thirty-eight one-to-one semi-structured interviews, including participants from a Spanish study site. Research questions investigated the impact of CD on life, attitudes towards current best conventional treatment, expectations, risk taking, perceived decision making towards radical treatments, and information needs. Interviews were analysed using thematic analysis informed by a framework analysis approach.

Results: Five major themes emerged from the data:

1. 'A hard fought battle' – living with severe CD.
2. 'Making your mind up' – decision making and balancing risk.
3. 'A journey of hopeful uncertainty' the ASTIC experience.
4. 'Non-participation – your choice or mine?
5. 'Recovery, reflection and reframing expectations'.

Discussion: The majority of participants receiving stem cell treatment reported positive benefits. Commonly a slight improvement or elimination of symptoms was deemed a significant outcome. However it is important for health care professionals to consider the 'hard fought battle' of living with severe Crohn's disease, including how this might influence individual expectations of eligibility and personal benefits of treatment and how they make sense of risks as evidence of a 'therapeutic misconception'that emerged from the data.

Conclusions: This research provides new insight into the experiences of living with severe CD and

factors affecting participation and non-participation in radical stem cell treatment. Recommendations include the further testing of a decision-aid guiding patients and staff in the clinical trial process.

Theme: Mixed methods/patient experience

7.7.1 Abstract number 289

9:50am

A case study of the advanced nurse practitioner consultation in primary care: communication processes and social interactions

Author(s): *Julian Barratt, England, United Kingdom*

Presenter(s): *Julian Barratt, RN BSc (Hons) PGCHE MSc, Mr Julian Barratt, Senior Lecturer in Adult Nursing, Institute of Health Professions, Faculty of Education, Health and Wellbeing, University of Wolverhampton, United Kingdom*

Abstract

Background: This research study is concerned with the communication processes occurring in advanced nurse practitioner-patient consultations, and the possible effects of those processes upon patient participation, satisfaction, and enablement.

Aim: This research study has been designed to investigate the communication processes and social interactions occurring in the advanced nurse practitioner primary care consultation. There is particular reference to patient/carer expectations, participation, satisfaction, enablement, and also the inclusion and usage of subjective everyday life information.

Methods: A research case study utilising mixed methods of data collection an convenience sampling comprising video-recording of advanced nurse practitioner-patient consultations (n=31), post-consultation interviews with patients/carers (n=10), and advanced nurse practitioners (n=3), and a questionnaire measuring patients'/carers' expectations, satisfaction, and enablement (n=61). The video-recorded consultations were analysed using the Roter Interaction Analysis System (RIAS), the questionnaires were analysed with non-parametric tests, the interview were analysed using explanation building via NVivo.

Results: The advanced nurse practitioners communicated with the patients in a predominantly socio-emotional, interaction style. They were able, as required, to combine that interaction style with the collection and analysis of task-focused biomedical information. They provide a guiding sequence of interactions to their consultations but do not necessarily verbally dominate those interactions, often allowing patients / carers to dominate interactions.

Discussion: This identified style of communication is open to the patient's or carer's agendas and their presenting problems, and takes account of both interactants' everyday lifeworld experiences, whilst therapeutic decisions are collaboratively based on shared clinical reasoning, negotiation and explanation.

Conclusion: The outcomes of advanced nurse practitioners using an open, socio-emotional, collaborative interaction style are that their patients are highly satisfied and in turn more enabled to self-manage their health problems. It is postulated this effect may in turn produce a therapeutic placebo effect in patients after consulting with an advanced nurse practitioner.

7.7.2 Abstract number 125

10:20am

Patients have an opportunity to tell it as it is: a mixed methods analysis of patient incident reports in three NHS Trusts in the UK

Author(s): *Sally Moore, United Kingdom; Gemma Louch, United Kingdom; Linda Lovatt, United Kingdom; Professor Gerry Armitage, United Kingdom*

Presenter(s): *Sally Moore, RGN, BA, MSc., Bradford Institute for Health Research, United Kingdom*

Abstract

Background: Partnering with patients to explore their perceptions of safety reflects recommendations from UK health policy (Berwick, 2013) and the World Health Organisation (2006). This is the first study to use hospitalised patients as a source of safety data.

Aims: The patient incident reporting tool (PIRT) has been developed to give acute hospitals additional intelligence about patient safety, directly from patients. The PIRT data will be presented here.

Methods: This intervention consisted of the administration of a patient questionnaire (patient measure of organisational safety) and if the patient had a concern the opportunity to submit a PIRT (McEachan et al, 2014). A total of 2400 patients were consented in 3 NHS hospital trusts (33 wards) over a 3 time periods between May 2013 to September 2014 (1052 PIRTs received). Frequency of PIRTs was calculated, the potential severity graded and assigned to a contributory factors domain. PIRTs were coded and analysed using thematic analysis.

Results: A total of 904 PIRTS were categorised into eight domains. The most frequently cited domain was 'Staff roles and responsibilities' (18.1%); which was rated the highest by patients in terms of severity (mean = 7.62, on a 0 to 10 rating scale). This presentation focuses on this domain, which has considerable implications for nursing practice. Interim qualitative findings suggest three main sub themes: professionalism and attitudes, waiting for attention, and lack of staff identity. Examples of professionalism and attitudes patient concerns are: night nurses generating social noise, a perfunctory approach to care; lack of attention to detail.

Discussion & **Conclusion:** Patients are willing and able to provide valuable insights into hospital safety across their entire care experience. The data reported here provide a means of generating immediate organisational learning which can enhance nurses' understanding of and ability to care.

Concurrent session 8

Wednesday 22 April 2015 11.15 – 12.40

Theme: E-research

8.1.1 Abstract number113

11:15am

International perspectives on social media guidance for nurses: a content analysis

Author(s): *Gemma Sinead Ryan, United Kingdom*
Presenter(s): *Gemma Ryan, MSc; PGCertHE; PGCertAdvHealthPrac; BSc (Hons); DipHE Adult, Senior lecturer/Head of health and social care research, University of Derby, College of health and social care, United Kingdom*

Abstract

Social media is increasingly popular in the nursing profession but there are also concerns associated with it's use. There is a range of guidelines available within the UK from RCN (2009) and NMC (2012) but also good examples from an international perspective (New Zealand Nurses Organisation (2012)).

Aim: This project aimed to analyse the content in professional guidance on social media for the nursing profession on an international level; to consolidate 'good practice' examples of social media guidelines and inform the development of comprehensive guidance.

Method: A scoping search of professional nursing bodies and organisations was run using google search and cross referenced with the International Council of Nurses and NMC lists of nursing organisations internationally. Those not published in English were not included.

A quantitative and qualitative content analysis was undertaken to identify common themes and key differences between guidance. This was consolidated into a list of recommendations of what to include in comprehensive social media guidance for nurses.

Results: A total of 34 pieces of guidance were found of which 14 were not available in English and a further 7 organisations did not have guidance available. All pieces of evidence were published between 2009-2013. Content varied widely as did the length and methods of delivery e.g. some used case studies, others just bullet point lists of do's and don'ts. Most focused on the risks and dangers of social media but others included positives and benefits of using social media as a professional.

Conclusion: A comprehensive list of recommendations for content of social media guidelines for the nursing profession has been developed based on the content analysis conducted. This has identified ways in which UK published guidance could be improved but also can inform other organisations in the development of guidance on the use of social media by professionals.

8.1.2 Abstract number 325

11:45pm

Impact Evaluation of the RCN's First Steps online learning resource for HCAs

Author(s): *Tommy Cheng, Adrian Baker*
Presenter(s): *Tommy Cheng, RMN, Grad Dip (Econ), Royal College of Nursing, United Kingdom*

Abstract

Objective: The RCN have conducted an Impact Evaluation assess the effectiveness of First Steps as a learning resource.

Design: Our mixed methods multi-phased Impact Evaluation was constructed around the quantifiable research question of whether the use of the First Steps resource improves health care knowledge. In addition to learning outcomes, we also explored the 'why' and 'how' factors associated with the success or limitations of First Steps as a learning resource.

Methods: 1) We utilised an online analytical questionnaire to measure self-reported learning outcomes and experiences of using First Steps (N=62).

2) We created a cohort study to directly assess changes in HCA's health care knowledge before and after using First Steps (N=21).

3) We used semi-structured qualitative interviews with HCAs and representatives from health care providers to explore themes relating to the use of First Steps (N=20).

Data was collected from May to December 2014:

Results: 1) Self reported learning outcomes were significantly higher in the period after using First Steps than in the period before for each of the six modules:

- Communication skills (t=-3.543, p⇠0.001)
- Health, safety and security (t=-2.978, p⇠0.004)
- Practice and Personal Development (t=-7.28, p⇠0.000)
- Principles of quality care (t=-7.558, p⇠0.000)
- Equality, diversity and rights (t=-6.668, P⇠0.000)
- Clinical skills (t=-8.082, p⇠0.000)

Age (t=0.930, p=0.359) and years of clinical experience (t=-0.410, p=0.137) had no effect on learning outcomes.

2) Health care knowledge scores were significantly higher in the period after First Steps than in the period before (Z = – 2.622, p ⇠ 0.01).

3) Our thematic analysis explored caveats relating to the success of First Steps as a learning resource.

Conclusion: Our results indicate that the use of First Steps is associated with improvements in health care knowledge for HCAs under specific contextual conditions

8.1.3 Abstract number 256

12:15pm

MetaMood: The development and clinical pilot trial of a mental health e-health intervention using an android smart device app.

Author(s): *Dr Rhonda Wilson, Australia; Prof Kim Usher, Australia; A/Prof Paul Kwan, Australia; Dr Jaya Reddy, Australia; Mr Warren Isaac, Australia; Mr Beau Salwin, Australia; Mr Ermias Zirazion, Australia; Mr Jeremy Colette, Australia*
Presenter(s): *Dr, Rhonda Wilson, BNSc MN(Hons) PhD, School of Health, University of New England, Armidale, New South Wales 2351, Australia, Australia*

Abstract

There is a growing literature to support greater engagement of clients in their own health care and recovery using e-health resources such as apps available for personal smart devices such as tablets (Christenson & Petrie, 2013; Pal et al., 2014; Wilson, Ranse, Cashin, & McNamara, 2013). Short intervention metabolic syndrome programs offered by clinics have had mixed success in reducing the burden of disease for people with severe mental illness to date. The research presented in this paper reports on a three-phase project that has developed an android tablet app, MetaMood, which replicates the interventions of metabolic syndrome clinics in a digital format.

The aim of the research is to develop software and then conduct clinical trials to test the efficacy of the app. The completion of phase one of the project was the production of an app prototype. The completion of the phase two was the piloting of the software prototype. And a third phase is underway with clinical trials due for completion in 2015.

This paper will report the technical progress of the software development for e-health application delivery and will demonstrate how new non traditional interprofessional collaborations between nursing, psychiatry, information technology and software developers are useful for the transferal of a multimodal metabolic syndrome reduction strategies, either as a stand alone person-centred mental health recovery resource, or as an adjunct to enhance therapy as usual. This project demonstrates the important contributions of nurses and software developer and analysts are making to e-health research and development.

Theme: Questionnaires

8.2.1 Abstract number 109

11:15am

Developing healthier student nurses

Author(s): *Jane Wills, England, United Kingdom; Muireann Kelly, England, United Kingdom*

Presenter(s): *Professor, Jane Wills, Professor of Health Promotion, London South Bank University, United Kingdom*

Abstract

Background: Today's student nurses will join the NHS amid increasing calls for nurses to role model healthy lifestyles. Previous research suggests student nurses may display unhealthy lifestyle behaviours and health status influences nurses' tendency to undertake brief advice with patients.

Aim: This study explores the relationship between student nurses' health status and lifestyle behaviours and a willingness to undertake brief advice with patients.

Methods: 200 student nurses at one London university were surveyed over two academic years 2013-14 in relation to self-reported health and lifestyle behaviours (smoking, diet, physical activity, and alcohol use), and prompts and barriers to offering brief advice. An online wellbeing portal encouraged students to set and track personal health goals, and provided information on key public health messages and signposting to local services. Students received accelerometers to record their daily step-counts while on clinical placement and attending university.

Results: 64% of males and 45% of females were overweight or obese. Smoking and alcohol use were lower than national averages. Willingness to undertake 'healthy conversations' was not associated with unhealthy individual behaviours. Student nurses reported high confidence but lacked training in discussing lifestyle with patients, and there were few reports of 'healthy conversations' undertaken on placement. Participants felt strongly that nurses should model healthy lifestyles.

Discussion: Student nurses believe that they are competent and confident enough to have 'healthy conversations' with patients and that this is part of their role. A lack of training and lack of observable practice by mentors is more important than their own health behaviour in determining whether they undertake a 'healthy conversation' with patients.

Conclusion: 'Making every contact count' is a national initiative that encourages nurses to undertake brief advice. Training and a focus on personal health during pre-registration is important for the successful roll-out of this initiative.

8.2.2 Abstract number 235

11:45am

Towards burnout prevention in nursing

Author(s): *Nina Geuens, Belgium; Monique Braspenning, Belgium; Peter Van Bogaert, Belgium; Erik Franck, Belgium*

Presenter(s): *Nina Geuens, Karel de Grote University college, Belgium*

Abstract

Background: Recent international research has identified health care workers as a high risk population for the development of burnout due to the specific nature of their job (Aiken et al., 2012). This is somewhat disturbing, especially when taking into account the wide array of negative individual and organisational consequences and the extensive influence of burnout on patient satisfaction. Therefore, it is important to identify the causes for this syndrome in order to prevent it.

Aims: In view of developing a person based prevention system, the current study aimed to identify which individual factors can contribute to burnout prevention while taking into account job related and organisational factors.

Methods: In order to investigate this topic, a mixed-method approach was applied using a written questionnaire concerning individual, organisational and job-related factors as well as in-depth interviews regarding causes of vulnerability and possibilities to increase resilience. Data were collected in Flemish hospitals from February to May 2014. The departments and nurses which were included were selected randomly.

A total of 219 nurses completed the written questionnaire. It entailed validated self-report instruments concerning perfectionism, time management, brooding, sleep quality, neuroticism, locus of control, self-efficacy, self-esteem, coping, job-related and organisational factors, stress and burnout. Furthermore, 17 nurses participated in the interviews.

Results: The total burnout score correlated strongly with all measured individual factors, such as brooding ($r=0.477$, $p \dashleftarrow 0.001$), locus of control ($r=-0.474$, $p \dashleftarrow 0.001$), self-esteem ($r=-0.455$, $p \dashleftarrow 0.001$) and neuroticism ($r=-0.447$, $p \dashleftarrow 0.001$). In addition, the interviews revealed several personal characteristics which increased vulnerability or resilience for burnout. By combining both quantitative and qualitative data 10 themes for burnout prevention in nurses were identified, including perfectionism, self-esteem and having a positive outlook on life.

Discussion and Conclusion: This study discovered several themes that can contribute extensively to burnout prevention in nursing through increasing personal resilience.

8.2.3 Abstract number 15

12:15pm

Alcohol-related liver disease patients' beliefs about their illness and factors that influence their self-management – a patient survey.

Author(s): *Margaret Lau-Walker, United Kingdom, Jonathan Presky, United Kingdom, Ian Webzell, United Kingdom, Trevor Murrells, United Kingdom and Nigel Heaton, United Kingdom*

Presenter(s): *Dr, Jonathan Presky, PhD RN, Lecturer, King's College London, United Kingdom*

Abstract

Background & Aims: Research into illness belief and self-management of patients with alcohol-related liver disease (ALD) is sparse. This study aims to determine the association between illness belief and self-management and to provide the evidence-base for the development of an effective and personalised framework to support self-management in patients with alcohol-related liver disease.

Methods: An observational study of a cohort of 159 patients with ALD who attended the Liver Outpatient Clinics at the King's College Hospital NHS FT (October 2012 to November 2013) completed a set of validated instruments measuring illness beliefs, self-management, emotional states and quality of life.

Results: The mean age of enrolled patients was 52 years (range 27-80), 67% male, 26% live on their own, 61% had no previous history of other chronic illness and average MELD and Audit C scores were 11.0 (range 6-28)and 3.5 (range 0-12) respectively. Multiple regression analyses were performed on Anxiety (variation explained by Illness perception components adjusting for the demographic and illness characteristic = 42%) and Depression HAD scores (40%), Self-management Chronic illness (47%) and Liver summary scores (25%) and Quality of life ED-5Q your state of health today (25%). The two most consistent components across all outcome measures were: patient understanding of their liver condition and their experience of the number of symptoms.

Conclusions: Interventions designed to improve the understanding of patients with ALD of their illness and strategies to manage their symptoms are likely to improve their self-management, quality of life and reduce anxiety and depression.

Theme: Systemic review

8.3.1 Abstract number 107

11:15am

Unpacking the methodological and practice challenges of realist synthesis: experiences from a realist review of workforce development for the assistant care workforce caring for older people

Author(s): *Christopher R. Burton, United Kingdom; Brendan McCormack, United Kingdom; Sandra Nutley, United Kingdom; Diane Seddon, United Kingdom; Beth Hall, United Kingdom; Lynne Williams, United Kingdom; Stephen Edwards, United Kingdom; Denise Fisher, United Kingdom; Roger Williams, United Kingdom*

Presenter(s): *Professor, Jo Rycroft-Malone, Professor of Implementation Research, Bangor University, United Kingdom*

Abstract

Background: Realist reviews are an increasingly popular approach for answering questions about ‘what works’. Realist methodology adopts a theory-driven approach to evidence synthesis, underpinned by a realist philosophy of science and causality (Wong et al, 2013). Realist synthesis is useful to generating explanatory evidence about the workings of complex, contextually contingent programmes and interventions (Rycroft-Malone et al, 2012), as in the subject area of this particular review.

Aims: To provide a critical discussion about the innovative methodology used for a realist review of workforce development for assistant care workers caring for older people, and highlight the potential of this approach for future research.

Methodological Discussion: The realist methodology employed in this study was pivotal to understanding contingent relationships between changes in participants’ reasoning, resources or behaviours (mechanisms), context (contingencies), and outcomes (CMOs), to show how particular contexts or conditions trigger or fire mechanisms to generate an observed outcome (Rycroft-Malone et al, 2014). This approach enabled different types and streams of evidence to be considered and synthesised (including education, health and social care provision in the NHS, social care and independent sectors, and other professional fields e.g. policing and education). The process of developing programme theory and articulating the underlying mechanisms involved active stakeholder and PPI involvement throughout the study.

Conclusions: Realist synthesis is an approach based on a set of principles, which is both a strength and challenge to those undertaken this type of secondary research. In this presentation we will unpack our approach to this review and demonstrate how to remain true to realist synthesis principles whilst generating findings that are theory driven, practical and relevant to the context of care.

8.3.2 Abstract number 106

11:45am

Improving training and development for the assistant care workforce in older people’s care: findings from a realist synthesis

Author(s): *Jo Rycroft-Malone, United Kingdom; Christopher R. Burton, United Kingdom; Brendan McCormack, United Kingdom; Sandra Nutley, United Kingdom; Diane Seddon,United Kingdom; Beth Hall, United Kingdom; Lynne Williams, United Kingdom, Stephen Edwards, United Kingdom; Denise Fisher, United Kingdom; Roger Williams, United Kingdom*

Presenter(s): *Dr, Lynne Williams, PhD, MSc, BSc, RN, SPA (DN), LPE, Research Fellow, Bangor University, United Kingdom*

Abstract

Background: Having a skilled and knowledgeable workforce to care for older people is imperative. Older people often have a complex mix of physical, cognitive, emotional and social needs (Shield et al, 2006) and yet it is often unclear what guides the training and development of an estimated 1.3 million healthcare and care assistant workers on the front line of care (Cavendish, 2013). In this context, workforce development includes the support required to equip those providing care to older people with the right skills, knowledge and behaviours to deliver safe and high-quality services.

Aim: To identify what works from different support worker development interventions, synthesise data and develop an explanatory framework and actionable recommendations for services delivering care to older people.

Methods: A comprehensive realist synthesis of the evidence was conducted in four phases; development of initial programme theories; retrieval, review and synthesis of evidence; testing out programme theories, and dissemination of actionable recommendations (Rycroft-Malone et al 2014). Stakeholders including patient and public representatives took an active role throughout the review.

Findings: A range of important contingent factors about workforce development were found to trigger change in the reasoning or behaviour of support workers including factors at multiple levels from the individual to the organisation. Findings cluster around a number of areas, including promoting the support worker’s role and practice; individual/personal development, activities for improving person â ‘centred care in older people’s services, and the delivery of interventions. However, the success of workforce development is highly dependent on contextual conditions, such as the alignment with appropriate organisational strategy.

Conclusions: Realist review has been an appropriate method for disentangling the multi-levelled complexities involved in workforce development for the care of older people. Our recommendations are actionable, timely and relevant to the (re) design and implementation of future workforce development interventions for support workers.

8.3.3 Abstract number 16

12:15pm

Psychological well-being in carers of someone with cancer: a systematic review

Author(s): *Jenny Young, Scotland, United Kingdom; Austyn Snowden, Scotland, United Kingdom*

Presenter(s): *Jenny Young, MSc BA, University of the West of Scotland, United Kingdom*

Abstract

Background: There is an overarching focus in the literature on the negative outcomes associated with caring for someone with cancer. There is less understanding around the process that generates, accompanies and maintains positive outcomes within carers.

Aim: The aim of this review is to identify the attributes associated with psychological well-being in carers of someone with a cancer diagnosis.

Methods: A systematic review of the following databases was conducted in accordance with the Preferred Reporting Items in Systematic Reviews and Meta Analyses (PRISMA): Cochrane Library, CRD Database, PubMed, CINAHL, PsycINFO, SocINDEX, Medline and NHS Knowledge Network. Additional records were also identified through a manual search of relevant reference lists .The search included studies published in English from 1990-2014.

Results: A total of 1229 titles were identified. Removal of duplicates, irrelevant papers and those not reporting empirical research left 55 articles. Rodgers’ method of evolutionary concept analysis was used as the theoretical framework to identify the process factors associated with well-being. Analysis of the articles identified several attributes of well-being in carers. These were then summarised into three key attributes: ‘personal resources’, ‘finding meaning’ and ‘social context’. Consequences of positive well-being included ‘discovery of growth’.

Conclusion: The sub-themes associated with the key attributes align with Salovey and Mayer’s theory of emotional intelligence. Within this theory emotional intelligence is defined as the ability to appraise, express and regulate emotion in the self and others. It therefore allows for a testable conceptual model to inform interventions and guide further investigation into carer well-being. Strengths and limitations of these claims are discussed.

Theme: Interviewing

8.4.1 Abstract number 313

11:15am

To disclose or not to disclose. An exploration of the multi-disciplinary team's role in advising patients about disclosure when diagnosed with genital herpes simplex virus (HSV).

Author(s): *Pauline Caulfield, Scotland, United Kingdom; Diane Willis, Scotland, United Kingdom*

Presenter(s): *Pauline Caulfield, BA (Hons) Nursing Studies; MSC Health Care, Sandyford Initiative, Glasgow, United Kingdom*

Abstract

Background: Genital herpes is the leading cause of genital ulcerative disease worldwide. Medical experts condemned the first UK prosecution for genital herpes transmission in 2011. Currently, there is a lack of research investigating what patients are being advised by multidisciplinary teams in sexual health clinics regarding disclosure.

Aim: To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

Methods: Ten semi-structured interviews were conducted with a multidisciplinary team based in a sexual health clinic in Glasgow. The interviews discussed current practice on disclosure of herpes whilst exploring participant's personal views on disclosure and the recent prosecution. Participants, had a minimum of seven years experience in sexual health, included:

- 3 Nurses
- 3 Sexual Health Advisors
- 3 Consultants
- 2 Specialty Doctors.

The interviews were transcribed verbatim and analysed using Burnard's Thematic Content Analysis.

Findings: Four key themes emerged: (1) 'HSV The Facts', explored the medical aspects of HSV; (2) 'Stigma and Psychological Aspects of HSV', explored participant's experiences of the emotional aspects of a HSV diagnosis; (3) 'The Challenge of Disclosure', explored participant's experiences of discussing disclosure; (4) 'The Legal Case Revenge not Justice', explored participant's views on the legal prosecution. Notably, eight participants felt that disclosure was the patient's choice. The majority of participants regarded HSV to be too prevalent and so disclosure was not required. Nine participants stated they had not changed their practice on what they advise patients regarding disclosure following the legal prosecution.

Conclusions: This study revealed that participants believed disclosure to be the patient's choice and had not altered their practice to advise disclosure to all partners in accordance with local protocol. Implications for practice: Clearer guidance on disclosure is required to guide advice given and ensure continuity of practice.

8.4.2 Abstract number 293

11.45am

The impact of a National Junior Leadership Academy on leadership identity in UK student nurses.

Author(s): *Stacy Johnson, United Kingdom, Hannah Burt, United Kingdom, Tamara Chimiak, United Kingdom, Chloe McAndlish, United Kingdom, Dyneshia Johnson, United Kingdom, Laura Serrant, United Kingdom*

Presenter(s): *Stacy Johnson, MSc., BSc., RN, Assistant Professor, University of Nottingham, United Kingdom*

Abstract

Background: Changes in the UK health sector and the need for high quality nursing care require strong nursing leadership. The NJLA was a 6-month pilot programme during which student nurse participants attended 2 leadership retreats, a two-week leadership internship, had a national level nurse mentor and coaching. Students came from 9 Universities across England, Northern Ireland, Scotland and Wales. Participants carried out projects in regional network groups supported by peer facilitors who were student nurses with track records as emerging leaders.

Aims: The programme aimed to identify high performing student nurses who demonstrated leadership aptitude and expose them to experiences designed to develop their leadership identity and leadership signatures early in their career journey.

Methods: The impact was evaluated using illuminative evaluation. One-to-one interviews (n=9), 2 focus groups and questionnaires (n=18) explored participants' views and perceptions of the programme and their opinions about the effect of the programme on leadership identity and perceived leadership capacity. The programme was also evaluated from the perspectives of senior nurses who mentored, organisations that hosted interns and peer facilitators.

Results: NJLA seems to have facilitated and supported leadership identity development and greater engagement in leadership activities. Participants reported that the NJLA programme had improved their readiness, confidence and intention to engage in leadership activity and leadership development. Longer term follow-up of participants on-going.

Discussion: This programme demonstrates that early identification and development of students with leadership aptitude has benefits for individuals, the health service and the nursing profession. Increasing student nurses' capacity and capability to lead early in their career journey enhances their employability and maximizes early impact in the organisations they serve.

Conclusions: Leadership development programmes like NJLA may have a role to play in enhancing the leadership impact of the UK's nursing workforce by identifying leadership talent early and developing it intentionally.

8.4.3 Abstract number 303

12:15pm

Breaking the 'silence': initial findings from a qualitative study using a new research framework to explore the recovery experiences of middle aged adults with an isolated hip fracture.

Author(s): *Gillian Janes, United Kingdom*

Presenter(s): *Gillian Janes, RGN, BSc(Hons), MA, PgCLTHE, SFHEA, School of Health and Social Care, Teesside Univeristy, United Kingdom*

Abstract

Aim: This paper reports initial findings from a PhD study which uses a new research framework, The Silences Framework (Serrant-Green, 2011), to explore patient experiences to inform future service provision, research and healthcare policy.

Background: Hip fracture is a significant global issue. The UK incidence is one of the highest in Europe. The first significant increase in age-related hip fracture in women is at 45 years of age (Karantana et al, 2011) although the England Hip Fracture Database only records the over 60s. Current research focuses on the elderly and high velocity injury. The recovery experiences of middle aged patients with isolated hip fracture are therefore under-researched. The Silences Framework, which is underpinned by anti-essentialist, critical interpretivist approaches and identifies 'Screaming Silences' as areas of research or experiences that are under researched (Serrant-Green, 2011), is therefore an appropriate theoretical framework to guide this study.

Method: Access and recruitment was via the Nottingham Hip Fracture Database which has been demonstrated to have high levels of data accuracy (Moppett et al 2012). All patients meeting the inclusion criteria (n=342) were invited to participate. Data was collected August-November 2014 using an individual, minimally structured, in-depth, recorded interview with each participant. Interviews were transcribed and analysed using Nvivo.

Results: Thirty one participants were recruited, varying from 1 to 11 years from injury and aged 33-59 years at injury. First stage data analysis themes, or 'individual voices' (Serrant-Green, 2011) include: atypical presentation, work and financial issues, accessing rehabilitation, impact on family and friends and identity issues.

Discussion/Conclusion: The paper concludes with how these initial findings will guide the next stage of analysis incorporating 'collective voices' from the social networks of the client group (Serrant-Green, 2011) to arrive at final study findings and recommendations for future practice, policy or research.

Theme: Statistics

8.5.1 Abstract number 67

11:15am

‘Yeah, it’s very hard for the women from Africa’: Understanding the health issues of circumcised migrant women in Australia.

Author(s): *Dr. Olayide Ogunsiji, Australia; Professor Lesley Wilkes, Australia; Mr Harrison Ng Chok, Australia*

Presenter(s): *Professor, Lesley Wilkes, PhD UNSW, MHPEd, UNSW, GDipEd(Nurs) Sydney College of Advanced Education, BSc University of Sydney, Director of Centre for Nursing Research and Practice Development, Centre for Nursing Research and Practice Development, Nepean Hospital, Australia*

Abstract

Background: Due to increased global instability and migration, the presentation of circumcised women to health care services has risen in most developed countries all over the world. Female Genital Circumcision (FGC) is associated with a number of emotional, physical, psychological, and reproductive health issues which affect women in the course of their migration. Studies have reported the short, medium and long term reproductive health issues experienced by circumcised women however there are no reported studies in Australia.

Aim: The aim of the study was to explore the experiences of FGC for African women living in Australia.

Method: A survey using open and closed ended questions with a convenience sample of 40 women from Western Sydney, Australia and digitally recorded face-to-face interviews with five of these women were conducted in 2013. Descriptive statistics were calculated for quantitative data. Transcribed qualitative data were analysed for similar and contrasting themes.

Findings: Of the 40 women who returned surveys 12 (30%) had experienced FGC. The majority of these women had their circumcision before the age of 15 (9, 75%) and these were done for cultural reasons (10, 83%). These were mainly decided upon by the extended family. Interestingly almost all the women (11, 91.7%) were Christian.

The in-depth interviews with the five women describe the circumcision process which usually included ritualised dancing, taking potions, health issues related to reproduction, sexual relationships and pregnancy. Some of the women also explain their health care experiences with the acknowledgements that nurses and midwives in Australia often did not understand FGC and the aftermath.

Conclusion: The African women’s stories support global argument to eradicate FGC. Rituals play a significant role in FGC practices and thus it is difficult to change the practice.

Education is required for nurses and midwives caring for these women.

8.5.2 Abstract number 51

11:45am

Factors related to low compliance to Iron supplements among pregnant women in Middle Eastern University hospital

Author(s): *Esra Al Khasawneh, Oman; Vidya Seshan, Oman; Savithri Raman, Oman; Yahya Al Farsi, Oman*

Presenter(s): *Dr. Vidya Seshan, Sultan Qaboos University, Oman*

Abstract

Introduction: Anemia in pregnancy is referred to as one of the most common widespread public health problem in the Middle East. This study aims to explore the factors related to non-compliance of iron supplementation during pregnancy among Omani women.

Methods: Using descriptive cross sectional design, data was collected from 165 women through convenient sampling technique, who were attending the outpatient department of a tertiary referral Hospital in Oman.Chi-square analysis was used to understand the association between variables and non-compliance to iron supplements. Logistic regression analysis was used to find out the most important predicting factors of non – compliance to iron supplements.

Results: In our study, 72.7% of the women were with compliance and 27.3% of them were with non-compliance to iron supplementation during pregnancy. A chi-square test was conducted and found that there were relationship between side effect and non-compliance to iron supplementation X2 (1, N=165) =6.53, p= ⇠.011). Result of Logistic regression analysis shows that there is only one variable i.e., side effect significantly predicted non-compliance to iron supplementation b = – 1.76, Wald X2 (165) = 8.36, p⇠.004.The finding from the study helps us to understand the level of non-compliance and factors related to non-compliance to iron supplement among prenatal Omani women. Increasing awareness among the public and especially with pregnant women and positive behavioral change are need of the hour.

8.5.3 Abstract number 135

12:15pm

Quality of life and self-care ability of patients with permeant pacemaker implantation

Author(s): *Shu-Fen Su, Taiwan; Fen-Chiung Shih, Taiwan; Kuei-Chiao Liu, Taiwan*

Presenter(s): *Professor, Shu-Fen Su, PhD, MSc, RN, CCN, Associate professor, Hungkuang University, Taiwan*

Abstract

Background: Permeant pacemaker is often used to treat arrhythmias patients for returning to normal activities and improving quality of life (QoL). However, limited study is conducted to investigate patients’ quality of life after pacemaker implantation in Taiwan. Objective: This study aimed to examine quality of life and self-care ability after pacemaker implantation.

Methods: This study used a longitudinal design with 90 arrhythmias patients recruiting in a 1000-bed teaching hospital in Taiwan from July 2012 to July 2014. Before and 3 months after pacemaker implantation, 3 reliable questionnaires; demographic questionnaire, quality of life questionnaire (SF-36), self-care ability questionnaire, were used to collect data. Data were analysed through Correlation coefficient, Paired T-test, One-Way ANOVA and Linear regressions.

Results: The average age of 90 participants is 73 years old. 63% of them are male, and 37% are female. After pacemaker implantation, patients’ quality of life in physical health scores (PCS) and mental health scores (MCS) increased markedly, respectively(t (88)= – 10.156, p⇠0.01) and (t (88)=-9.738, p⇠0.01). Female patients and patients without jobs displayed low QoL scores in both the SF-36 MCS and PCS. The most important predictors for improved QoL after pacemaker implantation were jobs, knowledge of pacemakers from media and Pacemaker Company. The Linear Regression analysis revealed that age, job, pacemaker knowledge sources, and self-care ability, can explain 43.7% (p=.004), F(6, 83)=23.740**, of the total variance of quality of life.

Conclusions: After receiving pacemaker 3 months later, arrhythmias patients’ QoL increased. Sufficient knowledge of pacemakers can help patients to have better self-care ability in improving their QoL. We suggest that doctor and nurses need to provide proper pacemaker knowledge to the patients.

Theme: Mixed methods

8.6.1 Abstract number 217

11:15am

A mixed-methods case study to examine ward leadership in the organisational context of an acute NHS Trust

Author(s): *Natasha Philllips United Kingdom*

Presenter(s): *Natasha Phillips, Dip HE Nursing, BSc (Hons) Nursing, Assistant Chief Nurse, University College Hospitals London NHS Foundation Trust, London, United Kingdom*

Abstract

Background: Effective ward leadership has been recognised as central to the negotiation of care (Pembrey, 1980). However, there is evidence that, at present, frontline nurse leaders are ill equipped to lead effectively and lack confidence in their ability to do so (RCN, 2009).

Aims: This study aims to examine ward leadership in context and will critically examine the socially constructed nature of ward leadership.

Method: Following ethical approval a single instrumental case study (one acute English NHS Trust) with a convenience sample of embedded cases (3 ward leaders) was undertaken. Data was collected September 2013 to September 2014: semi-structured interviews (n= 19), non-participant observation and documentary evidence. Thematic analysis using Stake's (Stake, 1995) categorisation of data in, between and across cases is used in conjunction with Layder's (1993)research map to analyse ward leadership in context: macro to micro level. This supports an understanding of the impact of national policy and organisational context on ward leadership.

Results: Role ambiguity amongst nurse leaders contributes to difficulty for individuals in undertaking their ward leadership role. Leadership programmes have limited impact. Financial and operational targets are articulated as pressures and impact on behaviours in the case of this organisation. Study participants were unable to clearly articulate the difference between ward sister and matron leadership roles. Board leadership had a positive impact on sisters' experiences of leading.

Discussion & conclusions: Early analysis of this instrumental case indicates a surveillance culture where powerlessness is a feature of the entire organisation and not unique to ward sisters. Foucault's concept of power is used as a framework for the analysis. The discussion will explore the implications for practitioners and policy makers in terms of how to reshape organisations and policies that support clinical leadership at the frontline.

8.6.2 Abstract number 32

11:45am

Nurse leaders in an NHS Foundation Trust : A mixed methods study of empowerment (qualitative phases)

Author(s): *Dr Caroline Spencer, England, Professor Susan McLaren, England*

Presenter(s): *Dr, Caroline Spencer, Professional Doctorate in Nursing, MSC BSC hons, RGN RSCN, Guys and St Thomas NHS Foundation Trust, Westminster Bridge Road, London SE1 7EH, United Kingdom*

Abstract

Background: Research into the structural empowerment of nurse leaders in middle management positions is of importance, as they set an example to teams, attempt to overcome barriers and maximise facilitators to high quality care and patient safety. A theoretical framework developed by Kanter (1977, 1993) established key determinants of structural empowerment in organisations. Qualitative exploration of the nature of empowerment in nurse leaders is limited (Upenieks 2002).

Aim: The aim of this study was to investigate the level and nature of nurse leader empowerment in a large NHS Foundation Trust in England.

Method: Mixed methods design, implemented in four phases conducted from March 2010 to September 2011. Phase 1: quantitative aspects (presented separately), phases 2 and 3 incorporated semi-structured interviews, conducted with senior nurse managers and nurse leaders (n=37). Phase 4: documentary analysis to contextualise the organisational culture of the Trust. Thematic analysis as defined by Downe-Wamboldt (1992).

Results: Four core themes were identified, relating to the nature of nurse leader empowerment. Nurture and advocacy were vital aspects of support and development in empowering junior colleagues. Use of the term influence was preferred to that of power. Disempowering aspects of organisational culture included hierarchies, tight control and outcome drivers created by the pressure to maintain status, achieve targets and risk aversion. Positive, empowering aspects of culture were related to leadership behaviours; role modelling, credibility, collaborative team working and communication, beneficence and respect for opinions, passion, motivation and enthusiasm.

Discussion: Findings demonstrated the influence and inter-relationships of role responsibilities and hierarchical position, organisational constraints and cultural factors on organisational structural empowerment.

Conclusions: Findings have extended current knowledge on the nature of nurse leader empowerment and confirm that this is a complex, multi-faceted concept. Findings have contributed to further development of Kanter's theoretical framework and identified areas for further research, professional practice and service.

8.6.3 Abstract number 329

12:15pm

Supporting the support staff: evidence to support a 'senses framework' approach to care in older people's wards

Author(s): *Sophie Sarre, United Kingdom; Jill Maben, United Kingdom, Clare Aldus, United Kingdom, Marcus Barker, United Kingdom; Heather Wharrad, United Kingdom, Antony Arthur, United Kingdom*

Presenter(s): *Dr, Sophie Sarre, BSc, MSc, PhD, King's College London, National Nursing Research Unit, Florence Nightingale Faculty of Nursing & Midwifery, United Kingdom*

Abstract

The 'experience standards' of 'dignity', 'care' and 'compassion' enshrined in the NHS Constitution are known to be particularly important to older people and their carers (Bridges 2010). These standards provide a discursive backdrop to the work of nursing staff, including Healthcare Support Workers (HSWs). But in order to deliver these relational aspects of care, HSWs (who currently receive no statutory training in relational care) require appropriate training and support (Maben 2012).

This paper presents findings from a national survey of acute Trusts (n= 109/163) in England on training provision for HSWs. It draws on more detailed documentation from three NHS hospital Trusts on the training and support they provide for HSWs; and on interviews with HSWs (n=30) and other nursing staff (n=24) working in older people's wards in these three hospitals. These data were collected between February and December 2014.

The survey indicates that the duration, depth and reach of training and support currently given to HSWs is variable within and between Trusts, and is predominantly focussed on instrumental care. Interviews show that the accomplishment of good care is consistently compromised by wider contextual issues. Chief among these are the clashing temporal demands of practical and relational care; challenging behaviours and care demands of some groups of patients; and the lack of support given to care staff. The case studies point to a disjuncture between Trust policy and practice on HSW training and support.

These findings, in accordance with the 'senses framework' (Nolan 2004), suggest all parties involved in caring (older patients, families and all staff groups) should experience relationships that promote a sense of security, belonging, continuity, purpose, achievement and significance. Healthcare managers and policy leaders must acknowledge that structural conditions, working relations and reciprocity, as well as individual practice, are all implicated in engendering good relational care.

Theme: Mixed methods/patinet experience

8.7.1 Abstract number 338

11:15am

An exploratory, descriptive, qualitative study to increase understanding around shared decision making in relation to health visitor practice

Author(s): *R Astbury; A Shepherd; H Cheyne; University of Stirling United Kingdom*

Presenter(s): *Ruth Astbury, MSc RGN RHV RSN, Practice Development Nurse, NHS Greater Glasgow & Clyde, United Kingdom*

Abstract

Aim: To explore what processes support effective shared decision making when health visitors and parents are planning to improve the wellbeing of babies and children.

Background: On review there was no evidence of research literature linking health visitor practice with taking a shared decision making approach when planning with parents.

Design: An exploratory, descriptive, qualitative study was undertaken using Elwyn's Framework, of 'Choice, Options and Decision Talk' as a structure (Elwyn et al 2012). Sampling was 'purposive'. The framework method was used to support data analysis.

Methods: Following favorable opinion from a NHS Research Ethics Committee data was gathered between December 2013 and November 2014.

Phase 1 consisted of audio recordings of two health visitor;parent encounters when decisions were being made about the wellbeing of babies and young children; followed by questionnaires to each of the participants.

Phase 2 consisted of semi-structured interviews with nine health visitors and nine parents who had made similar decisions within the last six months. Recordings were transcribed verbatim.

Results: Upon analysis there were a number of processes which were found to support shared decision making; these related to clarity around the 'issue'; ensuring 'choice' was appropriate ; the availability of 'options'; the need for meaningful 'decision talk'; and the reliance on open and trusting 'relationships' .

Conclusions: Although there was evidence of trusting relationships between health visitors and parents in the study, the process of shared decision making was limited. There was lack of understanding and application of decision making theory in practice in order to support analysis and an outcome focused approach to person-centred planning with parents.

Relevance to clinical practice: This study has identified areas for health visitor practice development in relation to decision making.

8.7.2 Abstract number 304

11:45am

What are the barriers and facilitators to clinicians' ability to meet the needs of patients with advanced COPD and their informal carers?

Author(s): *Caroline Moore, Moore Farquhar, Carole Gardener, Hanne Holt Butcher, Gail Ewing, Patrick White, Sophie Howson, Sara Booth, Ravi Mahadeva, Peter Burge*

Presenter(s): *Dr, Caroline Moore, RGN RSCN RHV BSc (Hons) MSc PhD, Research Assistant, University of Cambridge, Living with Breathlessness Study, Department of Public Health and Primary Care, Institute of Public Health, Cambridge, United Kingdom*

Abstract

Introduction: Chronic obstructive pulmonary disease (COPD) is a progressive condition with high symptom burden. Advanced COPD management should relieve symptoms, optimise daily functioning and reduce carer burden, yet we know little about clinician barriers and facilitators to meeting the needs of these patients and their informal carers.

Aim and Method: To identify barriers and facilitators to clinicians' ability to meet needs in advanced COPD.

Audio-recorded qualitative topic-guided interviews with 45 clinicians nominated by a population-based cohort of patients with advanced COPD participating in the multiple-perspective mixed-method 'Living with Breathlessness' study. Verbatim transcripts analysed using a framework approach.

Results: Participating clinicians included specialists and generalists from medicine and nursing, and across primary and secondary care. Clinician-identified barriers to meeting needs included: managing co-morbidities, lack of referable services, lack of regular or structured patient assessments, communication difficulties, and limited engagement with carers. The lack of clinician knowledge of the presence and needs of informal carers was noteworthy. Clinician-identified facilitators included: trust, communication skills, their educational role and accessibility. Some clinicians described the facilitative effect of the research interview in enabling reflection on their professional practice.

Conclusion: A number of barriers and facilitators to meeting needs in advanced COPD exist for clinicians. Strategies to address these barriers are required in order to improve care and support of patients and their informal carers living with advanced COPD. The Living with Breathlessness study seeks to achieve this through working with stakeholders, including clinicians, to co-develop actionable responses to the study's multiple-perspective findings.

Symposia 1-3

Tuesday 21 April 2015 15.25 – 16.25

Symposium 1

Big Data: opportunities and challenges for nursing

Symposium lead: Dr Iain Atherton

'Big Data' is an emerging resource for researchers often in the news. The UK Government has called for this data opportunity to be 'seized'. One result has been the development by the Economic and Social Research Council of an Administrative Data Research Network.

To date, however, discussions of opportunities and challenges for nursing have been virtually non-existent. This symposium marks the starting point of a critical reflection about how nursing can meaningfully engage with 'Big Data' to the benefit of the profession and patients.

Three papers are presented that draw on results of five very different large-scale studies. Each paper uses these exemplar studies to address the symposium's two core questions: (1) what opportunities does the analysis of large-scale data present; and (2) what are the inherent challenges of 'Big Data' for nursing?

Atherton starts by providing a brief symposium overview. Stenhouse and Snowden follow by reflecting on how a large longitudinal study of nursing students in two Scottish universities contributes to nurse recruitment, and particularly the current focus on values-based selection. Kyle et al then draw on analysis of two datasets – a nationally representative cross-sectional survey and linked longitudinal census and vital event data – to illustrate the potential for 'Big Data' to help us better understand and support the nursing workforce. Watson adds a critical twist through discussion of two further studies to reflect on how large secondary datasets might advance our understanding of nursing's impact on patient outcomes and question the tools through which we come to know about individual's experiences of ill-health. Finally, a facilitated discussion is opened up to encourage debate around the opportunities and challenges 'Big Data' presents to the future of nurse research, education and practice, and to encourage collaboration beyond the symposium.

Paper 1

Tracking the impact of emotional intelligence and previous caring experience on student nurse progression: A longitudinal study

Rosie Stenhouse, Lecturer, University of Edinburgh

Austyn Snowden, Professor of Nursing, University of the West of Scotland

Abstract

Higher Education Institutes need evidence on which to base decisions about which attributes/values must be present when selecting students. Emotional intelligence (EI) could be related to quality of nursing care (Bulmer Smith et al 2009). Previous caring experience has also been suggested as a useful indicator of future nursing success (Health Education England, 2014). The extent to which such concepts as EI or previous caring really matter has not to date been convincingly established.

A Longitudinal cohort study with 547 adult and mental health nursing students at a Scottish university was established in 2013 to identify the impact of emotional intelligence and previous caring experience on student progression. Baseline measures were Trait Emotional Intelligence Questionnaire (TEIQue-SF), including the 'social disconnection' factor identified by Snowden et al., (2014), and Schutte's (1998) EI scale. Demographics and previous caring data were recorded. Performance indicators were attrition, mean academic grade and clinical practice grade. All students took the same modules. Inferential analyses tested the relationships between baseline measures and performance data. Ethical approval was gained from the university.

Our findings indicate that whilst EI was not associated with clinical or academic performance, social disconnection was associated with withdrawal from the course ($t=-4.783$, $p=0.001$), as was age ($t=3.062$, $p=0.002$). Previous caring experience was associated with poorer clinical performance ($t=2.16$, $p= 0.031$).

The findings that EI did not predict performance and previous caring experience appeared to have a negative impact are counter intuitive, and at odds with current policy moves in student nurse selection. A critique of these claims is presented. In so doing the importance of basing policies on evidence drawn from large primary quantitative studies is considered.

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Paper 2

Know thyself: utilising routinely collected data to gain insight into the social determinants of nurses' health

Richard Kyle, Reader, Edinburgh Napier University
Dibben, Chris. Professor of Geography, University of Edinburgh
Iain Atherton, Reader, Edinburgh Napier University

Abstract

The seminal Whitehall Studies have for decades provided some of the most compelling evidence around the deleterious effects of inequalities on health (Marmot and Brunner, 2005). These cohort studies followed British civil servants over time to ascertain the implications of social circumstances on health. This paper reports new research drawing on routinely collected data about nurses that similarly informs the nursing profession about the health and wellbeing of its members and also provides insights into wider questions around the social determinants of health.

Two of our recent studies are drawn on as a basis for critical reflection. The first used a sample of 13,483 people drawn from a routinely collected cross-sectional health survey of the Scottish population. Analysis estimated prevalence of nurses who were overweight and obese and then compared and contrasted the resulting proportion with other occupational groups. It found that those in the general population were significantly less likely to be overweight compared to nurses (Odds Ratio [OR] 0.45 95% Confidence Interval [CI] 0.62-0.97). The second study used a sample of 4,529 nurses from anonymised linked decennial census and mortality data. Analysis was designed to ascertain if a 'Glasgow Effect' (Walsh et al. 2008) was evident amongst nurses in Scotland. It found nurses in the West of Scotland had significantly higher mortality compared to the rest of Scotland (OR 1.62 95% CI 1.22-2.17).

Our findings from these two studies are striking because nurses are a very health literate sub-section of the population. Hence, in line with results from the Whitehall Studies, we provide startling new evidence about the influence of social circumstances and working conditions on health and wellbeing. We conclude by arguing that our compelling findings demonstrate the value of innovative analysis using routinely collected data and have far-reaching research, policy and educational implications.

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Walsh, D. Taulbut, M. and Hanlon, P. (2008) The aftershock of deindustrialisation: trends in mortality in Scotland and other parts of post-industrial Europe, Glasgow, Centre for Population Health.

Paper 3

To measure is to know

Roger Watson, Professor of Nursing, University of Hull.

Abstract

Lord Kelvin said that 'To measure is to know' and that 'If you can not measure it, you can not improve it.'

Measurement is fundamental to research and we are continually taking measurements of things that are easy to measure – demographics, anthropometrics, environment – and things that are, essentially, unmeasurable – attitudes, opinions, perceptions. But the question remains in most research projects of whether the study is large enough in terms of sample size or variables collected. Power analysis is an inexact science and aims to prevent type II error and to prevent studies being too large for budget.

However, we now have at our disposal some datasets – some possibly falling within the description of 'Big Data' – where sample size related to power or to sophisticated multivariate analyses is hardly an issue. Such datasets permit us to address some important questions with confidence as shown in the papers presented in this symposium.

Drawing on the work of Aiken et al (2014) and some of my own work (Deary et al. 2013) on large datasets I will illustrate some further uses of large datasets but also raise some of the critical questions that must remain about some aspects of this work which is, on the one hand, often retrospective and secondary and, on the other hand, non-experimental leading to philosophical issues regarding 'fishing trips' amongst these 'seas' of data and also the issue of cause and effect relationships among variables.

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Symposium 2

Using Consensus methods to build research capacity within Community Nursing in Wales.

Symposium lead: Dr Carolyn Wallace

The aim of this symposium is to describe how consensus methods have been used to build and sustain research capacity within community nursing in Wales.

Community nursing is changing and in order to obtain best patient outcomes, practice needs to be underpinned by robust research based evidence. The Community Nursing Research Strategy for Wales aims to provide all community nurses and midwives in Wales with the opportunity to be involved in Research for the development of evidence based practice1. The term community nurse includes all nurses, midwives and health visitors working outside of the district general hospital including all areas of practice, research and education.

This symposium will present three papers to illustrate how consensus methods have been used to build and sustain research capacity in order to obtain better outcomes for patients. Paper one, 'Building and coordinating the Community Nursing Research strategy for Wales' describes how nominal group technique was used to develop, build and coordinate the community nursing research strategy for Wales. As a result of the development of this strategy two further papers will be presented. Paper two, will illustrate Concept Mapping in a mixed-method PhD study to develop a validated instrument for district nurses to identify community-based patients with complex needs. Finally, paper three 'Using Consensus Methods to evaluate an Erasmus Intensive Learning Project' uses consensus methods to evaluate an international Erasmus funded intensive learning project (February 16-March 1 2014) which developed different pedagogical models/practices to help students support patients/families become empowered, including empowerment photography.

Paper 1

Building and coordinating the Community Nursing Research strategy for Wales using Nominal Group Technique

Dr Carolyn Wallace, Reader, USW United Kingdom/ Clinical Research Fellow, Wales School Primary Care Research, Cardiff, Wales;

Professor Joyce Kenkre Professor of Primary Care, USW. United Kingdom,

Robyn Davies Manager of Wales School for Primary Care Research, Cardiff, Wales;

Sue Bale is Visiting Professor, University of South Wales,

Sue Thomas Primary Care and Independent Sector Adviser, RCN Wales, Cardiff, Wales and PhD Student, University of South Wales, United Kingdom

Abstract

This paper will demonstrate how the use of nominal group technique can be used to develop and coordinate a national community nursing research strategy (CNRS).

The CNRS was developed in December 2011 and launched in March 2013. Its inception originated from Recommendation 22 of the Community Nursing Strategy for Wales2 which stated 'The Welsh Assembly Government will invest in the funding of research that will develop the evidence base for community nursing interventions, evaluation methods and the appropriate numbers and skill mix for workforce planning'.

Thirty two community nurse participants from practice, research, professional bodies, workforce planning and education attended a NGT workshop. The three key characteristics of nominal group technique were used, phase 1-prior discussions and decisions, phase 2 – face to face contact with presentation of ideas, topic debate and topic rating, Phase 3 – formal group feedback. The All Wales community nursing research priorities and themes were identified. This method has since been used repeatedly to identify ideas, pilot studies and future planning for example, Practices Nurses workforce needs.

In August 2013 the CNRS coordinator was appointed and has developed the strategy into a model with four quadrants, an online virtual network, research portfolio database, application to practice, and leadership. The coordinator has developed this model and its standard operational policies including a Scorecard (metrix) to identify impact on practice and to ensure that the CNRS meets its outcomes. Measures include a target of 250 virtual members by March 2015, annual conference, publications, study income, national and international contacts, translating measures into new practices and products. This metrix will be presented at this conference. The Community Nursing Strategy for Wales was sponsored by the Marchioness of Bute and Lady St. David's Fund.

References:

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Paper 2

Using Concept Mapping in a mixed-method study to develop a patient assessment instrument for district nurses to identify community-based patient complexity

Sue Thomas, PhD Student & RCBC Fellow, University of South Wales;

Dr Carolyn Wallace, Reader, USW United Kingdom;

Dr Paul Jarvis, Research fellow, USW, United Kingdom;

Dr Ruth Davis, Independent Consultant, Cardiff, United Kingdom

Abstract

Aim: This describes the place of consensus methodology using Concept Mapping in a mixed-method PhD study to develop a validated instrument for district nurses to identify community-based patients with complex need or who have changing need that may place them at risk of rapid deterioration.

Background: Complex patient need might impact on professional thinking and care provision2,3,4, whilst understanding patient complexity has important implications for the planning and design of community-based services5. Despite this, there is no validated instrument to capture the relationship between complexity of patient need and district nurse activity; neither is there currently a method to articulate the complexity of community-based patient care to managers or service planners.

Concept Mapping enabled several stages of instrument development to be addressed, including; theory development, items design, and items selection6.

Method: 5 face-to-face consensus workshops were held and 29 nurses were asked 'what specific information should a district nurse record as part of an assessment of patient complexity?' in order to identify the necessary items for inclusion in the instrument. The results were mapped to an existing taxonomy7 to establish whether this contained the identified items and would be suitable for use.

Results: Results demonstrate that it is inadequate to consider clinical features alone in an assessment of complex patient need. Amendments were made to the existing taxonomy to reflect gaps found during the mapping exercise and the amended instrument is now known as the Patient Complexity Instrument.

Conclusion: Concept Mapping offered a mixed-methods approach to identifying factors considered essential for district nursing assessment of patient complexity. The stage of scale development is currently being addressed by using Rasch analysis8 of patient assessment data collected by district nurses.

References

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2. NHS Wales & Welsh Government (2012) Working differently – Working together: A workforce and organisational development framework. Welsh Government, Cardiff

3. Kathol R, Perez R & Cohen J (2010) The Integrated Case Management Manual; Assisting Complex Patients Regain Physical and Mental Health. Springer Publishing Company, New York

Paper 3

Using Consensus Methods to evaluate an Erasmus Intensive Learning Project.

Professor David Pontin, Aneurin Bevan Chair of Community Health, USW United Kingdom;

Dr Carolyn Wallace, Reader, USW United Kingdom;

Dr Liisa Koskinen, Principal Lecturer, Savonia University, Finland;

Dr Irma Mikkonen, Principal Lecturer, Savonia University, Finland;

Dr Klara Dokova, Assoc. Professor, Faculty of Public Health Medical University, Varna, Bulgaria;

Prof. Sonya Toncheva, Head of Department of Health Care, Faculty of Public Health MU-Varna;

Ms Irene Hartigan, Lecturer, UCC Eire;

Ms Aileen Burton, Lecturer, UCC Eire;

Dr Angela Flynn, Lecturer, UCC Eire

Abstract

Supporting people to live well with chronic illness is challenging (Jakubowski & Saltman 2013). Caring work is shaped by changes in service structures, patient roles and working methods (Singh 2008). New practices are demanding different skills/competences (Welsh Government 2013, Ritsatakis et al 2000). This challenges Universities to develop different pedagogical models/practices to help students support patients/families become empowered (Spence Laschinger et al. 2010; Nygårdh et al., 2011).

We report on using consensus methods to evaluate an Erasmus funded intensive learning project (February 16-March 1 2014). Savonia University, Finland hosted. Partner universities were National University Ireland, Cork; Medical University Varna, Bulgaria, University of South Wales. Total student number = 31 (Finland 11, Ireland & Wales 7 each, Bulgaria 6). Programme focus ¬ – empowering service users through support/involvement in chronic illness management (ESSI). Students wrote letters of wisdom to future cohorts sharing their experiences, and thematic analysis via constant comparative technique was used to identify themes (Cohen & Crabtree 2006).

An inquiry-based learning pedagogical framework was used with cross-cultural student teams (one student per country per team) working with Finnish service-users. Learning objects were incorporated into the programme e.g. Chronic Care Model, Service Design Frameworks, Empowering Photography and Personal Learning Environments (Kelly et al., 2006). Didactic transmission was via lectures, and androgogic methods were used in workshops, independent team work sessions and cultural sessions. The programme culminated with a public exhibition of work jointly curated with service-user partners. USW Faculty Research Ethics Sub-committee granted ethical approval for evaluation.

Students highlight the utility of cross-cultural inquiry-based learning with service-users. They provide insights into using photography to capture learning and promote personal/professional development. A key issue is learning to see things differently.

References

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Symposium 3

Professional nursing identity & nursing values: innovation of the 'Nurse Match' instrument for future nurse selection & recruitment

Symposium lead: Dr Deborah Mazhindu

Paper One presents how 'Nurse Match' was developed using the ISA/Ipseus theoretical framework & measurement technology. Identity Structure Analysis (ISA), & its associated psychometric tool; Ipseus, have been employed in many applied areas, together with the 'Match system' for comparing the profiles of applicants, with the desired profile of an experienced & successful practitioner. An ISA/Ipseus instrument consists of a number of constructs, which respondents have to apply to a number of entities. Constructs are bi polar dimensions of thought and entities are objects of thought including members of significant social groups & aspects of self. The bi polar constructs are applied using a nine points scale for each judgement. The responses are inserted through an on-line program, then analysed by the Ipseus software to produce an identity profile using a number of ISA parameters.

Paper Two presents the research project, which followed established psychometric procedures to develop & field test an instrument & standardise a valid, reliable & feasible tool. In the context of a comprehensive literature review, research was conducted empirically with ethnographic focus groups with nursing students & qualified nurses to contribute to the content of the instrument. The refined instrument was then standardised on larger groups of students & clinicians to identify characteristic identity profiles. 'Nurse Match' was developed using dedicated software, establishing & testing a set of criteria which are able to effectively differentiate between poor & ideal nurses. The core of this is the instrument & the individual's set of results which are then compared with the criteria discussed above.

Paper three discusses how the technology component is the Ipseus software & other automated online procedures can be used for comparing a set of results with a set of criteria for 'poor' & 'Ideal' nurses, augmenting established VBR selection & recruitment protocols.

Paper 1

Recruiting For Tomorrows Nursing: The Challenges Of Globalisation.

Dr D. M. Mazhindu, Reader In Clinical Practice Innovation. Buckinghamshire New University & Imperial College Healthcare NHS Trust.

Dr Lauren Griffiths Head Of School Advanced & Continuing Practice, Buckinghamshire New University

Dr Carol Pook, Head Of Pre-Qualifying Nursing, Buckinghamshire New University.

Abstract

We present background & contextual data for the development of the 'Nurse Match' Instrument, an innovation for enhancing Values Based Recruitment, (VBR) (Mazhindu 2014) for future selection & recruitment of nurses. One of the challenges facing professional nursing is in selecting the right recruits, with the right values & identities commensurate with contemporary professional nursing. Modern global healthcare requires nurses to demonstrate skills of effective decision making, be intelligent emotionally, innovative & deliver sustained, safe, compassionate, patient-centred care. High profile cases of poor care have challenged thinking around systems of care delivery, emphasising a review of the working culture of services. Discussions of nursing's professional identity & professional values are taking place worldwide in clinical, public & political arenas. Professional nursing is often accused of lacking professional identity & disregard for nursing values, but it's often difficult to define exactly what constitutes nursing's professional identity & values. A novel instrument; 'Nurse Match' was constructed & piloted to measure & explore the values of pre-qualifying nurses & the professional identities of post qualifying nurses, to clarify & closely align the values & identity attributes of pre-registration applicants with the professional identities & professional values of senior practicing nurses. 'Nurse Match' tool is based on an established approach to identity measurement: Identity Structure Analysis (ISA), & its associated psychometric tool; Ipseus, & have been employed in many applied areas, together with the 'Match System' for comparing the profile of a nurse applicant, with the desired profile of experienced & successful nurse practitioners.

References

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hee.nhs.uk/wp-content/blogs.dir/321/files/2014/.../VBR-Framework.pdf

Paper 2

What Does Good Look Like? Innovation In Selection & Recruitment For A Career In Professional Nursing

Dr D. M. Mazhindu, Reader In Clinical Practice Innovation. Buckinghamshire New University & Imperial Healthcare NHS Trust.

Dr Lauren Griffiths Head Of School Advanced & Continuing Practice, Buckinghamshire New University.

Dr Carol Pook, Head Of Pre-Qualifying Nursing, Buckinghamshire New University.

Abstract

We present data from research conducted between July 2013 – October 2014

Aims:

1. To review literature for tools, scales & methods of measuring key features of nursing's professional identity & professional values.
2. Identify key features of nursing's professional identity & professional values from practicing Clinical Nurses with over 5 years professional experience & compare with student nurses, years 2-3.
3. Pilot & refine the newly developed 'Nurse Match' Instrument

Methodology, methods and tools: Following successful Ethical approval from BNU & participating NHS Trusts, a co-participatory Action Research (Whyte 1991) elicited professional identities & professional values from a purposive, voluntary, convenience sample drawn from North West London. A wide variety of multi-cultural views from staff & service users were matched with pre-qualifying nurses on existing nurse education programs. 3 Focus Groups of practicing nurses & service users (n=20), Post Graduate Diploma Nurses in Mental Health (PG DIP) & third year adult mental health branch students (n=20), Adult & Child pre-registration nurses years two & three, (n=20) were facilitated using 'Sticky Note technique (Peterson & Barron 2007) to elicit KQI's concerning professional identity & nursing values.

Data analysis: Thematic analysis assisted by NVivo 10 (QSR International 2014) distilled Key Quality Indicators (KQI) & compared them to evidence from the preliminary literature review. KQI's were incorporated into the 'Nurse Match' tool, which measures several key features of nursing's professional identity & allows the comparison of values & attributes of new entrants to nursing to be compared with the values & attributes of professional identities of experienced & successful nurse practitioners. 'Nurse Match' was developed in response to the demand for assurance that only those candidates with the right value base are selected for nursing & that nurse education achieves its objective in developing these core values in students.

References

QSR International (2014) QSR International www.qsrinternational.com/ accessed 1-1-14

Paper 3

Recreating Nursing Idelogies: Evidence & Innovations In Recruitment & Selection Strategies.

Dr Carol Pook, Head Of Pre-Qualifying Nursing, Buckinghamshire New University. Dr D. M. Mazhindu. Reader In Clinical Practice Innovation. Buckinghamshire New University & Imperial Healthcare NHS Trust.

Dr Lauren Griffiths, Head Of School Advanced & Continuing Practice, Buckinghamshire New University.

Abstract

We present the findings of 'Nurse Match', to measure & explore the values of pre-qualifying nurses & the professional identities of post qualifying nurses, to clarify & closely align the values & identity attributes of pre-registration applicants with the professional identities & professional values of senior practicing nurses. An ISA/Ipseus instrument such as Nurse Match consists of a number of constructs & entities, which are bi-polar dimensions of thought. The bi-polar constructs are applied using a nine point scale for each judgment. The responses are inserted through an on-line program, & then analyzed by the Ipseus software to produce an identity profile using a number of ISA parameters, which include evaluation & identification of entities & the use of constructs. Nurse Match instrument is now being further developed on line, through Ipseus – Software for Identity Exploration following the completion of the initial phase for use in future nurse selection as from 1st April 2015, all NHS employing organisations are encouraged to, & all United Kingdom (UK) Higher Education Institutions (HEI's) are expected to adhere to the National Core Requirements of Health Education England Values Based Recruitment (HEE VBR) & ensure that local values can be mapped to those of the NHS Constitution. Health Education England (HEE) support these ideals & values (Francis, 2013). Nurses require uncompromising emotional integrity & enduring physical & mental resilience (Day et al 2011), to insulate against often appalling working conditions & emotional labour (Mazhindu 2003) & to withstand criticisms & blame, when healthcare systems go wrong. Nurses require attitudinal attributes, which indicate: willingness to think critically & be reflective, whilst interacting effectively with others & demonstrate support for corporate structures, whilst maintaining an individual identity attuned to the requirements of professional nursing. Nurse Match offers on line testing possibilities for future selection & recruitment.

References

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Francis, R. (2013) Mid Staffordshire NHS Foundation Trust Public Inquiry: www.midstaffspublicinquiry.com/ Accessed 1-1-14

Mazhindu, D. M. (2003) Ideal Nurses: The Social Construction of Emotional Labour. European Journal of Psychotherapy, Counselling & Health. 6 (3) September pp: 242-262.

Symposia 4-6

Wednesday 22 April 2015 13.40 – 15.10

Symposium 4

Developing nursing research capacity and capability in clinical settings: overcoming barriers and developing opportunity

Symposium lead: Prof Lesley Baillie

This symposium will be chaired by Professor Lesley Baillie and will comprise of five papers that focus on developing nursing research capacity and capability within clinical settings. The symposium will start with a paper that explores the contribution of the clinical academic role to building research capacity and capability amongst nurses in clinical practice and an analysis of the developments and progress made so far in the UK. The second paper will explain how a UK charity, the Florence Nightingale Foundation (FNF), which awards scholarships to advance the study of nursing and to promote excellence in practice, developed a model for academic chairs in joint appointments between Higher Education Institutions and National Health Service (NHS) Trusts. The FNF chairs have an explicit objective to support developments that will increase nursing research capacity and capability. In the three subsequent papers, presenters will share experiences, models and frameworks used to increase research capacity and capability of clinical nurses and the implementation of research into practice. The conclusion of the final paper will synthesize key aspects from each paper and draw conclusions.

Paper 1

Clinical academic roles and their contribution to increasing research capability and capacity of clinical nurses

Professor Christine Norton (Florence Nightingale Foundation Chair of Clinical Nursing Research, Kings College London & Imperial College Healthcare NHS Trust)

Debbie Carrick-Sen (Senior Lecturer/Head of Research for Nursing and Midwifery, Newcastle University)

Abstract

This paper will define and explore progress in clinical academic roles for nurses. Clinical academics have been proposed as a solution to increasing research capacity in nursing. They challenge practice, raise standards and make a significant contribution to evidence based practice. This is particularly important when there are challenges redesigning care pathways, moving care closer to home and coping with increasing complexity in healthcare demands. We know that research improves patient outcomes and experience, gives patients more treatment options and closer monitoring, and makes effective use of available resources. Clinical academics are ideally placed to facilitate the adoption and spread of best practice, innovation and new technology. Many policy documents endorse and encourage the development of the clinical academic workforce. The Association of UK University Hospitals Clinical Academic Group was established to act as an expert reference group to encourage and facilitate the growth of the clinical academic nurse, midwife and allied health professional (NMAHP) and to influence development of an optimal research rich environment. Outputs developed by the group include a Clinical Academic Training (CAT) and role pathway, a capabilities framework, a case study template to articulate outcome and impact on improved patient care and outcome. Despite some evidence of growth in the NMAHP clinical academic workforce, a tiny fraction of the NMAHP workforce is a senior clinical academic compared to 3% in the medical profession. The NIHR CAT scheme is valued and offers a research training pathway from pre Masters to Professor, although the total number of completed or current trainees at doctoral level or above is only 110. There is a need to continue the growth of the clinical academic and explore options for local as well as national schemes, as well as developing other routes to the development of research capacity and capability in nursing.

Paper 2

Establishing a collaborative network of clinical academic chairs: the Florence Nightingale Foundation model for increasing research capability and capacity of clinical nurses.

Professor Elizabeth Robb, Chief Executive, Florence nightingale Foundation

Abstract

This paper will explain how and why a UK charity, the Florence Nightingale Foundation (FNF), developed a model for a collaborative network of jointly appointed clinical academic posts. The FNF has a long history in providing research scholarships and encouraging novice and expert researchers undertaking clinical research that makes an impact on patient care and nursing practice. Despite the well-known achievements of Florence Nightingale that include her use of evidence to influence policy, practice and the knowledge base of healthcare, no Florence Nightingale Chair of Nursing had been previously appointed in the UK (Robb 2013). In 2010, the FNF set out a strategic vision to establish a geographically diverse virtual network of tripartite collaborative Chairs, with each post jointly appointed between the FNF, a Higher Education Institution and a clinical practice provider organisation.

The FNF Chair's role includes: 1) promotion, supervision and conduct of research into key areas of clinical practice that will impact on clinical care and professional practice; 2) the encouragement and further development of nursing research activity in practice environments and their local communities; 3) provision of support and supervision to researchers within their local areas and the promotion of scholarly research activity; 4) collaboration with other FNF Chairs as a group of independent experts able to give advice and promote evidence on key challenges in nursing; 5) the practical engagement at all levels in helping put evidence into practice; 6) promoting clinical academic roles .

The first Chair was appointed in October 2012 and six have now been appointed across England and Wales, with other such posts in discussion. The paper will provide a reflection and analysis of the implementation of the FNF model and how it has been received in practice. Subsequent symposium papers will provide some examples of the FNF Chair's role in practice.

Reference

Robb E. (2013) Guest editorial. Journal of Research in Nursing 18, 689

Paper 3

Applying a facilitative model for increasing research capability and capacity of nurses and midwives.

Professor Lesley Baillie (Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University & University College London Hospitals NHS Foundation Trust),

Kay Mitchell (Acting Managing Director

Centre for Nurse and Midwife led Research, UCLH and University College London)

Natasha Phillips (Assistant Chief Nurse, UCLH)

Abstract

This paper explains developments for increasing research capacity and capability of nurses and midwives within a large NHS Trust in London, where one of the FNF Chairs is based. Despite a world-wide reputation for research, the Trust had relatively few nurses and midwives actively leading research or focusing on research related to nursing and midwifery practice. Findings from an action research project in the Trust indicated a need for long term strategic planning and operational development including more Trust support (Bellman and Wiseman 2010). The project findings also revealed that involvement in research was perceived to be a struggle and there was a lack of visibility of nurse and midwife-led research in the Trust.

The Trust has since applied a facilitative model for increasing research capacity and capability of nurses and midwives. The facilitative model's key features are: research leadership, a designated unit that facilitates research activity, mentorship and resources, and a flexible approach to supporting individual nurses at every stage of the research process while developing the wider workforce through educational strategies (O'Byrne and Smith 2010). A Centre for Nurse and Midwife-led Research (CNMR) in the Trust is well established and continues to develop. The CNMR offers accessible support for research activities, promotes visibility of research being led by Trust nurses and midwives, and provides coordination and leadership for research capacity and capability building, which is helping to build a community of researchers and support the development of a research culture amongst nurses and midwives. In 2014, a revised research strategy included five key themes for nurse and midwife-led research; these are a focus for researchers to pool efforts and develop programmes of research as well as providing further support to individuals. An annual research conference provides opportunity to showcase research and provides networking opportunities.

References

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O'Byrne L, Smith S (2010) Models to enhance research capacity and capability in clinical nurses: a narrative review. Journal of Clinical Nursing 20, 1365–1371.

Paper 4

Cooke Framework for research capacity building.

Jo Cooke, Programme Director and Capacity Lead, NIHR CLAHRC Yorkshire and Humber STH NHS Foundation Trust

Abstract

Research capacity building (RCB) is an important aspect of any health services research and development strategy as it can promote problem solving in clinical care, reduce the gap between evidence and practice, and promote health gain.

This presentation will briefly describe the evidence-based 'Cooke' framework for RCB (Cooke 2005). It advocates that RCB takes place at multiple levels: in individuals, teams, organisations and within networks, and proposes that mechanisms for capacity building should be guided by six principles that operate on all levels. These are:

- building skills and confidence in applied research activity
- developing research 'close to practice'
- constructing supportive infrastructures
- establishing effective dissemination for practice
- nurturing linkages and collaborations
- and planning for sustainability

Although initially developed to support multiprofessional development in primary care, the framework has proved theoretically robust and transferable to different clinical settings, including uni-professional groups, and in international contexts. A tool for planning and evaluating research capacity at an organisational level has been developed from the framework (Sarre and Cooke 2009), which has been widely used in NHS organisations and research networks, and in other countries (Canada, Australia, Scotland and Finland).

This paper will explore the implications for research capacity building in clinical nursing from this comprehensive body of work. In particular, the learning will be shared from its use in the Collaboration in Leadership in Applied Health Research and Care for South Yorkshire. The presentation will focus on activities that build confidence and skills in research activity and 'boundary spanning', expand on the 'close to practice' principle to incorporate 'co-production', and highlight the emergence of 'actionable tools' as a mechanism for knowledge mobilisation. The development of an additional principle of 'leadership and culture' will be proposed for the next iteration of the framework. Understanding appropriate resources for such activity will also be explored.

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Paper 5

Adapting the Cooke Framework for Research Capacity Building

Professor Christi Deaton (Florence Nightingale Foundation Chair of Clinical Nursing Research, University of Cambridge and Cambridge University Hospitals NHS Foundation Trust)

Professor Angela Tod (Florence Nightingale Foundation Chair of Clinical Nursing Research, University of Manchester & Central Manchester NHS Foundation Trust)

Abstract

Challenges to developing research capacity in the nursing workforce are well documented. The NIHR Clinical Academic Training (CAT) scheme supports a small cadre of nurses and other health professionals (⇠ 20 doctoral fellowships per year, fewer at higher levels) in developing research careers. On its own the CAT pathway cannot develop research capacity across the nursing profession: 1) The focus in the CAT pathway is where the recipient engages with Higher Education Institutions (HEIs) – not NHS organisations. It is not clear how the newly acquired research skills and findings of NIHR CAT scholars can be best utilised and applied in clinical practice. 2) There is a need to develop research capacity in others who do not aspire to become research leaders or who are not successful in obtaining NIHR awards. 3) Research capacity building is broader than nurse investigators conducting research, but should include questioning practice and appraisal, synthesis and implementation of evidence. Nurses need to be supported in this broader research engagement activity to improve patient care.

NHS organisations need to adopt other strategies to develop and use research capacity across its nursing workforce. FNF Chairs employed across HEIs and NHS Trusts have a remit for strategic leadership in and support for the development of research capacity in nurses in their NHS organisations. This paper summarises the approach taken by two of the FNF chairs who adopted the Cooke Framework for research capacity building (RCB) as a strategy to facilitate research engagement and activity (Cooke 2005). The Cooke framework addresses RCB at multiple levels, and is adaptable to different environments. The paper will explain why the Cooke framework was adopted. The authors will describe the use of the framework to drive strategy and infrastructure development, summarise progress and the advantages of using this approach.

Reference

Cooke J. (2005) A framework to evaluate research capacity building in healthcare. BMC Family Practice 6:44 doi:10.1186/1471-2296-6-44

Symposium 5

EURECA: Exploring, Understanding and Reducing Emergency Cancer Admissions: a critical case study

Symposium lead: Dr Cara Bailey

Despite the substantial increase in emergency admissions for patients with lung cancer and Chronic Obstructive Pulmonary Disease (COPD), policy focuses on community care provision, rather than in the hospital. If the number of emergency admissions is to be reduced, there is a need to explore the admission process, understand the reasons for admission, and most importantly understand the patients' needs and experiences. Using a critical incident case study exploring emergency admissions amongst patients with advanced lung cancer and end stage COPD, the EURECA project aimed to understand the decision making process and patients' experiences of the time leading up to admission, the admission process and the immediate period following admission from the patients perspective and that of their carers, close persons and healthcare professionals. It has illustrated the complex nature of the situation patients face and the ways they try to avoid emergency admission.

The symposium will report the findings and discuss implications for practice identified from EURECA and a further study involving secondary analysis of the dataset. This is one of the few studies that have analysed the discussions between researchers and lay advisors, and explored the mechanisms of public and patient involvement in research which is also reported here.

The symposium presents the findings from 5 distinct stages in the project:

1. A systematic review of the reasons for emergency admissions amongst patients with cancer.
2. Complex decision making before emergency admissions by patients with lung cancer and advanced COPD.
3. Experiences of hospital care following emergency admissions at the end of life.
4. The role of community healthcare professionals in reducing emergency admissions of people with advanced COPD and lung cancer.
5. Patient and public involvement in the EURECA study

Paper 1

A systematic review of the reasons for emergency admissions amongst patients with cancer.

Daniel Munday, Nepal; Eleni Karasouli, United Kingdom;, Cara Bailey, United Kingdom; Alistair Hewison,United Kingdom; Roberta Lovick; United Kingdom, Sophie Staniszewska, S, United Kingdom; Frances Griffiths, United Kingdom.

Abstract

Aim: To systematically review the UK literature describing the reasons for emergency admissions of patients with cancer.

Methods: A systematic review was conducted including a search of Medline, Embase, Cinahl, PsycInfo and IBSS electronic databases between January 1990 to September 2011 using search terms relating to emergency admissions in combination with cancer. Keywords were identified by reviewing relevant papers and consideration of MESH headings and free-text terms. One reviewer initially screened titles and abstracts of papers, excluding irrelevant abstracts. Two reviewers independently read full-text papers for relevance and potential inclusion. Hand searches of relevant journals from 1990 to 2011 were conducted and reference lists examined.

Inclusion criteria: quantitative or qualitative design that presented empirical data related to the reasons for emergency hospital admission of cancer patients (articles looking at patients diagnosed with cancer as a result of emergency admission were excluded).

A data extraction form was used to record study details developed by the research team based on the Cochrane Collaboration, and the CRD) guidelines for systematic reviews (NHS Centre for Reviews and Dissemination, 2009). A narrative review was also conducted on the reasons and experience of emergency admissions amongst patients with COPD as a comparison group. A narrative analysis was conducted.

Findings: Out of 693 papers identified in the database search, 83 papers were potentially relevant but only three met the inclusion criteria. A further nine papers were identified through hand searching. All 12 studies included descriptions of the reasons for emergency admission into hospital of patients previously diagnosed with cancer. Only one study specifically aimed to explore the reasons for emergency admissions to hospital, the others explored reasons within a wider study using a variety of quantitative and qualitative methods. Reasons for admission were complex and resulted from a variety of physical, psychological social and organisation factors.

Paper 2

'Holding on or letting go' – complex decision making before emergency admissions by patients with lung cancer and advanced COPD.

*Daniel Munday, Nepal; Cara Bailey, United Kingdom; Eleni Karasouli, United Kingdom; *Alistair Hewison,United Kingdom; Roberta Lovick; United Kingdom, Sophie Staniszewska, S, United Kingdom; Frances Griffiths, United Kingdom; Daniel Munday, Nepal.*

Abstract

Aim: To understand the decision making process leading to emergency admission to hospital and to explore the experiences of patients and their carer's with advanced lung cancer or COPD, from the patient's and their family carer's perspective.

Methods: A qualitative, critical incident case study was conducted involving semi-structured interviews with 39 patients (15: COPD, 24: lung cancer), 50 health care professionals, and 20 informal carers. Patients were recruited from three National Health Service Trusts in England. An initial interview took place soon after emergency admission and a follow-up interview after discharge or admission onto a hospital ward. Each participant was asked to nominate a family member/informal carer and a community and hospital health care professional for interview. Data were analysed thematically.

Findings: Breathlessness was the most common reason for admission in both groups. Pain was also common in the lung cancer group. Most were admitted after worsening symptoms over hours or days. A descriptive model has been constructed to show the three sdisctint stages of the decision making process. It involves three distinct stages; self management, negotiated decision making and letting go. These were dynamic, characterised by a rapidly changing clinical condition, uncertainty and anxiety – what we have called unstable complexity. Patients used past experience to weigh up their options, trying to avoid admission into hospital until a threshold was reached and patients relinquished care to ambulance and emergency staff.

Conclusion: Patients use logical and complex decision making before emergency admission. Clinicians and policy makers need to understand this process in order to design and offer more effective services that address the needs in the complex and unstable trajectory.

Paper 3

'It seemed like a long wait!' – Experiences of hospital care following emergency admissions at the end of life.

Cara Bailey, United Kingdom; Eleni Karasouli, United Kingdom; Alistair Hewison,United Kingdom; Roberta Lovick; United Kingdom, Sophie Staniszewska, S, United Kingdom; Frances Griffiths, United Kingdom; Daniel Munday, Nepal.

Abstract

Aim: To explore the experience of patients with advanced Lung Cancer or advanced COPD following an emergency admission to hospital.

Design and methods: A qualitative, critical incident case study was conducted involving semi-structured interviews with 39 patients (15: COPD, 24: lung cancer), 50 health care professionals, and 20 informal carers. Patients were recruited from three National Health Service Trusts in England. An initial interview took place soon after emergency admission and a follow-up interview after discharge or admission onto a hospital ward. Each participant was asked to nominate a family member/informal carer and a community and hospital health care professional for interview. Data were analysed thematically.

Findings: Patients were satisfied with their initial emergency treatment; however they expressed concerns about the care received in the subsequent phase of their hospital admission. Thematic analysis revealed a lack of attention to everyday needs by nursing staff, lack of recognition of the potential contribution of the expert family, poor communication, and a lack of continuity between primary and secondary care.

Discussion: The complex nature of illness for patients with advanced respiratory disease makes emergency admissions to hospital likely. Whilst patients report good quality care during the acute phase of their admission more attention needs to be given to the organisation and delivery of care during the recovery phase and on discharge. Patients with advanced disease who experience a respiratory emergency are admitted to the ED in the spectacular trajectory of care (Bailey et al. 2011) but rapidly transition to the less attentive subtacular trajectory of care (Bailey et al. 2011) when rescue care is complete. Here we see a lack of attention to supportive and palliative care needs. This has implications for service development in the organisation and delivery of care in this phase of admission.

Paper 4

At the 'crisis point' – The role of community healthcare professionals in reducing emergency admissions of people with advanced COPD and lung cancer: a secondary analysis.

Gemma Chance, United Kingdom; Cara Bailey, United Kingdom; Alistair Hewison, United Kingdom; Daniel Munday, Nepal.

Abstract

Aim: This study investigates the role of healthcare professionals and community services in emergency admissions of advanced COPD and lung cancer.

Methodology: Secondary analysis of the healthcare professionals' transcripts within the Primary dataset collected in the EURECA study.

Findings: Understanding the scope of the role of healthcare professionals and community services in emergency admissions was complex, influenced by environmental factors. Some patients were subject to a change in normal support, gaps in service provision and being left with no alternative to hospital, contributing to emergency admission.

Discussion: An absence of key healthcare professionals or services triggered an admission. The perception of what home meant was different to patients, healthcare professionals and government. This study highlights the importance of consistency in care organisation within community settings. A risk of absence in key caregivers or fragmented care delivery has implications in triggering emergency admissions. Strategies need to be implemented to manage patient expectations and promote understanding of community support.

Paper 5

The 'glue' to insightful understanding in research – Patient and public involvement in the EURECA study

Sophie Staniszewska United Kingdom; S., Li Gunn, United Kingdom; Daniel Munday, Nepal; Roberta Lovick, United Kingdom; Eleni Karasouli,United Kingdom; Cara Bailey, United Kingdom.

Abstract

Background: Patient and public involvement has become an important element within healthcare research. It aims to enhance the relevance, acceptability and appropriateness of research (INVOLVE 2012, Staniszewska et al 2011). The EURECA study Patient and Public involvement (PPI) reference group had a significant and valuable contribution to the study, particularly to the data analysis.

Aims: To understand the impact of the EURECA Patient Reference Group, particularly in relation to the discussion, interpretation and synthesis of study data.

Methods: In total 3 EURECA Reference Group meetings were recorded and transcribed, in addition to the final meeting. Data analysis was conducted using NVivo qualitative analysis software to help organise the data. Codes were identified from the data, agreed in discussion between members of the research team, and applied across transcripts. Key themes were identified and confirmed after further discussion with the Reference Group.

Results: A number of themes were identified which reflect the different ways in which the Reference Group contributed to the study, particularly to the analysis of data. These include: Responding to presentation of specific emerging findings, identifying and considering solutions, raising additional concerns, providing a different perspective and contributing to patient and public involvement.

Conclusion: Overall, the Reference Group provided reassuring confirmation and validation of the researchers' developing understanding of the data. Discussions also allowed for a useful exploration of issues, anomalies, and potential recommendations. In addition, members of the group provided their own particular insights, based on personal experience and supported by interaction within the group.

Symposium 6

Exploring techniques and considering the potential of modelling and simulation in nursing and healthcare

Symposium Lead: Dr Ann McMahon

The potential of simulation and modelling techniques to offer insights into the 'wicked problems' facing nursing and health care is yet to be fully realised. This symposium offers 5 papers from a individuals who initially came together directly or indirectly under the auspices of the 'Festival of Evidence 2014', an event organised by the UK Cumberland Initiative – that seeks to transform the quality and cost of NHS care delivery through simulation, modelling and systems thinking. The symposium will explore a range of methodological approaches to modelling including problem structuring, conceptual modelling, mathematical modelling and simulation (RIGHT 2009, and consider their application in nursing and health care. Paper 1 by Jonathan H. Klein, University of Southampton examines problem structuring methods (PSMs), designed to represent complex problematic situations which generally present as 'messes' rather than as potentially tractable problems and considers their application in the care of frail elderly people. Paper 2 by Chih Hoong Sin, Office for Public Management and Ann McMahon Royal College of Nursing demonstrates how a whole systems approach to modelling nurse-led service innovation has underpinned a pragmatic approach to economic assessment in nursing. Paper 3, Douglas McKelvie, The Symmetric Partnership, unpacks the contribution of system dynamics and explores its contribution to 'whole systems' and strategic decision making. Paper 4, Claire Cordeaux, SIMUL8 Corporation and Elaine Maxwell, South Bank University demonstrate the applicability of mathematical modelling in order to simulate the impact of improvements in wound care treatments on community nursing workload and patient care and thus inform real time, operational decision making. In the final paper, Alison Leary, South Bank University and Tony Lezard University College Health Partners show how Affinity Analysis, a data mining technique, demonstrates the potential of mathematical modelling to understand and stratify the complexity of specialist nursing practice in the UK.

Paper 1

Models of messes: problem structuring methods

Jonathan H. Klein, (Senior Lecturer & Academic Resource Co-ordinator, Southampton Management School, University of Southampton)

Abstract

Problem structuring methods (PSMs) are modelling methods designed to represent complex problematic situations which generally present as 'messes' rather than as potentially tractable problems. Such messes are typically characterised not only by their complexity, but also by uncertainty and subjectivity. They resist straightforward solution, and they are generally not, at least in the first instance, amenable to 'traditional' quantitative modelling and analysis. PSMs are qualitative modelling methods, often centrally employing pictures and diagrams to represent their content. PSMs, when used as the basis for facilitator-led participative workshops, offer methods supporting the articulation and exploration of concerns and issues, negotiation of jointly-held views, and reflection on situations. Such methods enable the recasting of messes into better-structured representations which may either in themselves 'finish' problems or provide bases for more formal analysis. In the context of examples in the area of frail elderly care, this paper briefly introduces three general purpose PSMs: Soft Systems Methodology (Checkland & Poulter, 2006), an approach to designing (and redesigning) systems in which people are central; cognitive mapping (Ackermann, Eden & Brown, 2004), a method of representing complex and detailed knowledge about systems which forms the basis for approaches to supporting strategy-making; and the Strategic Choice Approach (Friend & Hickling, 2004), which offers a systematic approach to working with situations in which a number of inter-related decisions are required. All three approaches (and a few others) are described in an edited text (Rosenhead & Mingers, 2001) which has become the standard reference in the field.

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J. Rosenhead & J. Mingers (2001) (editors) Rational Analysis for a Problematic World Revisited: Problem Structuring Methods for Complexity, Uncertainty and Conflict. Second Edition. Wiley, Chichester, UK.

J. Friend & A. Hickling (2004) Planning Under Pressure: The Strategic Choice Approach. Third Edition. Routledge, Abingdon, UK.

Paper 2

Modelling as a technique for understanding and improving the value of nursing in a 'whole system' context

Dr Chih Hoong Sin, Director, Office for Public Management, United Kingdom

Dr Ann McMahon, Research and Innovation Manager, Royal College of Nursing, United Kingdom

Abstract

In the UK, the financial challenges confronting the National Health Service (NHS) is a major issue requiring urgent and sustainable solutions. The National Audit Office (NAO) repeatedly questioned the sustainability of savings made to date (NAO, 2012). The NHS made the easiest savings first through the pay freeze for public sector staff, reductions in the prices paid for healthcare, and cutting back-office costs. Savings have yet to be driven by fundamental service transformations (NAO, 2013).

This paper describes a programme developed by OPM, and refined and delivered in partnership with the RCN, aimed at building the capability of nurses to be able to model a whole system approach towards understanding the value of nursing innovations, and to model the likely impact of service improvements.

By drawing on specific case study examples produced by nurses who have completed the programme, this paper describes a simple 'pathways to outcomes' framework for helping nurses understand their innovations in a whole system and outcomes focussed manner. It then describes how this framework provides the basis on which nurses can audit for the range of direct and indirect costs as well as benefits, allowing them to better understand 'who puts in what', and 'who benefits from what' (HM Treasury, 2002). By better appreciating the interconnections within and across different parts of the system, the paper goes on to describe how nurses are able to formulate recommendations for how service quality and/or efficiency may be improved by modelling potential costs and benefits prospectively. It concludes by making the case that modelling can take the form of pragmatic approaches that are accessible to the nursing workforce, with direct applications to practice improvement (McMahon and Sin, 2013).

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Paper 3

System Dynamics – the Model as Integrator of Diverse Sources of Evidence

Douglas McKelvie, Partner, The Symmetric Partnership LLP

Abstract

System Dynamics is a type of simulation particularly applicable to 'whole systems' and strategic issues. Using a diagrammatic approach, processes are first mapped to show a high-level stock/flow/feedback structure. Then data and equations are entered / formulated to create a simulation model. The purpose is to discover how a complex system behaves over time. Practitioners explore how a system's behaviour depends on its structure; simulation enables a range of scenarios to be tested. SD is especially powerful when encountered in a structured group learning process.

The unique contribution of an SD model is as an integrator of a diverse range of evidence.

Stock/ flow chains can represent multiple processes, such as:

- People ageing
- People moving through states of ill health (acute or chronic), dependence or wellbeing
- Service pathways, including capacity, length of stay, waiting lists/times, service utilisation
- Multiple pathways where delays in one service create bottlenecks (e.g. delayed discharge)
- Financial flows, for example where costs are a function of service capacity and revenue is a function of service utilisation (pbr)

To explore how a whole system responds to a change requires a method capable of representing complexity rather than, say, linear-extrapolation. For example, a new intervention typically incurs costs before savings elsewhere are realised, or there might be 'limits to growth' (making the relationship between an input and an output non-linear).

Drawing on a range of studies across the health and social care fields, this presentation will show an innovative, generalisable approach to modelling economic impact of new interventions over time that integrates sub-models of:

- Population demand
- Use of existing service
- Impact of new service on population, changing existing service utilisation
- Costs of both services over time
- Summary measures of population wellbeing, and change in wellbeing/expenditure

References

For a summary of the author's approach to applying SD in the UK health and social care field,

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Paper 4

Simulating the impact of improvements in wound care treatments on community nursing workload and patient care.

Claire Cordeaux, Executive Director, Health and Social Care, SIMUL8 Corporation

Dr Elaine Maxwell, Principal Lecturer in Leadership, Faculty of Health and Social Care, London South Bank University

Abstract

A central tenet of quality improvement is that early adopters will trial and then diffuse effective interventions. However, it has been estimated that only 30% of organisations involved in collaboratives achieve significant improvements and another 30% drop out before the end (Øvretveit 2002). Demming's adage, if you are not measuring it you are not managing it, is essential to knowing whether a change is an improvement. Other safety critical industries use safety cases to model and test their system prior to implementation (Maxwell and Marciano 2013) thus adopting the philosophy of Hollnagel (2013) who draws a distinction between two approaches to safety. Safety 1 focuses on what goes wrong and assumes a linear cause and effect for any error and that the root cause can be put right. This has been the predominant paradigm in healthcare and remains the main driver in the NHS in England. Safety 2, on the other hand, recognises that healthcare is an open system and seeks to be vigilant and predict outcomes in order to build in system resilience. Simulation and modelling is used in high risk industries to test improvements in a virtual environment prior to implementation in order to predict impacts and provide an evidence-base for change. There is great potential for wider use of this technique to test and measure the likely outcome of improvement strategies in healthcare on patients as well as on cost and workload (Pitt 2008).We examine the potential of this approach using a simulation of a community nursing team which tests how an improvement in wound care could reduce length of stay, and what this means for nursing workload and patient care.

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Paper 5

Using mathematical modelling to understand and stratify the complexity of specialist nursing practice in the UK.

Professor Alison Leary, Chair of Healthcare & Workforce Modelling, London South Bank University and Tony Lezard

Abstract

There is no routine data collection on specialist nursing work in the UK apart from cancer (Macmillan 2014) however there have been recent doubts about the value of these roles based on misperceptions (Vidall et al 2011). This study seeks to clarify the role by examining the complexity of the work undertaken by this group of nurses. As there is no regulation of specialist or advanced practice in the UK there are also no minimal educational requirements thus job titles such as Clinical Nurse Specialist might not offer a consistent level of practice. The data from 12,042 specialist and advanced practice nurses across thirty specialisms and representing approximately fifty million hours of work was placed into a data repository for secondary analysis. These data have been collected since 2006 as part of forty eight national and local studies. Data from bespoke relational databases were collected in sets of interventions and then subjected to affinity analysis using RapidMinerTM. These data were then catagorised by complexity including areas where roles abut or blend in terms of complex nursing interventions. Affinity analysis is an association data mining technique which allows an understanding of associations and patterns in big data sets (Witten et al 2011). As a group there is little homogeneity in terms of complexity of practice. However there is a pattern or stratification to this work. The group can be divided into proactive case managers, consulting specialists and facilitative roles each group with its own attributes and subgroups.

This was a secondary analysis of previously collected data. The data varied by the study design. Although all intervention fields were constant others such as demographics were not. The work of specialist nurses in the UK can be stratified into varying levels of complexity. Understanding this could make studies such as impact more feasible.

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Posters

Monday 20 April 2015

Theme: Chronic illness

Poster number 1

Perceived breathlessness and psychological distress among patients with chronic obstructive pulmonary disease and their spouses

Ekhlas Al-Gamal, The University of Jordan, Jordan

Abstract

Background: Breathlessness is the most common and troublesome symptom experienced by people with chronic obstructive pulmonary disease (COPD).Family caregivers have been found to experience distress and a feeling of helplessness when caring for a loved one with COPD

Aim: The aim of this study was to describe the impact of breathlessness on Jordanian patients with COPD and their spouses' perception of the patients' breathlessness.

Methods: a cross-sectional, descriptive, correlational design was used with a sample of 67 Jordanian patients with COPD related breathlessness and their spouses.The Dyspnoea 12 Scale (D-12) and Hospital Anxiety and Depression Scale (HADS) were administered to both patients and spouses. There was a significant positive correlation between total patients' D-12 scores and total HADS scores. Spouses who perceived the patients to have more severe breathlessness affect (D-12 affect subscale) were more likely to experience a higher level of psychological distress (HADS total). Both patients and spouses reported clinically significant levels of anxiety and depression. There was no statistical difference in total D-12 and HADS scores between COPD patients and their spouses.

Discussion and Conclusion: The finding of this study indicates the importance of healthcare providers in supporting both patients with breathlessness and their spouses and the need to develop family-centred services.

Key words: breathlessness, chronic disease, COPD, Jordan, psychological distress, spouses.

Poster number 2

Exploring the Experiences and Perceptions of Current Out-Patient Care for Adult Patients with Stable Compensated Cirrhosis

Andrea Bennett, Master in Research Methods, Senior Research Nurse, NIHR Biomedical Research Unit in Gastrointestinal and Liver Diseases, Nottingham University Hospitals NHS Trust, E Floor, West Block, Nottingham University Hospitals, Nottingham, United Kingdom

Abstract

Chronic liver disease is the 5th leading cause of mortality in the UK and nationally, liver service provisions are reported to be in decline with no community follow up available. Following the decision to abandon plans for a national liver strategy, NHS England now advocate a local approach to healthcare and suggest services are tailored to meet the needs of the local population. In view of this approach, it was deemed appropriate to ascertain patient perceptions and experiences of current models of care for liver disease in Nottingham. The purpose for such inquiry was twofold. Firstly, whilst expert opinions have been widely publicised, there is no qualitative data that captures the experiences and perceptions of current models of care in Nottingham. In addition, it has been suggested that patients with stable compensated cirrhosis can have their health surveillance performed within the primary care setting if the requisite expertise is available and a fast track referral system for access to a liver specialist is made available (Sheron, 2009).

Eight semi-structured interviews were conducted in June 2014 with patients diagnosed with stable compensated cirrhosis. Data were collected, transcribed verbatim and analysed thematically. The data identified a preference for consultant-led care in a hospital setting and unearthed a gap in our current care model signifying a lack of relevant patient information regarding liver disease management and self-care. This significant finding led to a newly formulated research focus to ascertain an appropriate self-management educational program to meet the identified needs and expectations of patients living with stable compensated cirrhosis. This work is deemed necessary in order to provide patients with the information and skills to facilitate informed decision making to ensure best patient outcomes.

Poster number 3

Enabling patient-centred care in advanced COPD: identifying care and support needs

Dr Caroline Moore, RGN RSCN RHV BSc (Hons) MSc PhD, Research Assistant, University of Cambridge, Living with Breathlessness Study, Department of Public Health and Primary Care, Institute of Public Health, Cambridge, United Kingdom

Abstract

Introduction: Chronic obstructive pulmonary disease (COPD) is a chronic progressive condition with high symptom-burden, accounting for one death every 20 minutes in England and Wales. Patient-centred care takes into account patient needs and preferences but we lack fundamental research on needs in advanced non-malignant disease and the clinical practice tools required to enable such care.

Aim and Method: To describe unmet care and support needs in advanced COPD and identify mechanisms for need-identification to enable patient-centred care.

Mixed-method interviews with the population-based Living with Breathlessness study cohort of patients with advanced COPD, their informal carers and key clinicians. Validated patient measures of function, need and service use analysed using descriptive statistics. Purposively sampled multiple-perspective qualitative data on needs and experiences of care analysed using a framework approach.

Results: 235 patients recruited: mean age 71.6 years (SD 10.3), 61% male, mean MMRC dyspnoea scale 3.68 (SD 1.04) and CAT 23.4 (SD 7.5). Patients identified symptoms unreported to clinicians and unmet needs for support with practical tasks, personal care, psychological support and information. Patients' ability to spontaneously articulate need was limited. Descriptions of service contacts could be characterised as predominantly reactive: 'care' was invisible to some. Service contacts appeared to be driven by organisational and medical agendas rather than patient-centred.

Conclusion: Shifting the focus beyond organisational and medical agendas in advanced COPD to more patient-centred approaches requires the proactive identification of need, prompted by clinicians. This could be facilitated by a brief structured holistic tool, grounded in patient data, yet feasible for use in clinical practice.

Poster number 4

Advisement for Self-Management Support in Diabetic Kidney Disease

Dr Teresa Sakraida, PhD, RN, Associate Professor, Teresa J. Sakraida, PhD, RN, Associate Professor, Florida Atlantic University, Christine E. Lynn College of Nursing, 777 Glades Road, NU 339, Boca Raton, FL 33433, United States of America

Abstract

Background: A common theme in diabetes care world-wide is the provision of self-management support (SMS). In practice, the health care team implements standards for self-care. The Chronic Care Model (Wagner et al., 2001) includes brief advice as an intervention to evolve self-efficacy in patients (Bandura, 1997). The expanded 25-item Summary of Diabetes Self Care Activities (SDSCA) assesses SMS as advisement for diet, physical activity, self-monitoring, prescribed medication, and smoking.

Aims: This report seeks to characterize SMS in specialty ambulatory care clinics, and to evaluate the effectiveness of the SDSCA to measure brief advice as a SMS.

Methodology: A convenience sample (N = 29) from western United States ambulatory clinics with T2DM and stage 3 CKD conditions completed the SDSCA and a sociodemographic profile HgbA1c was retrieved from records. Descriptive analyses per SPSSv.18 in this one time retrospective self-report was employed.

Results: The participants (N=29) had a mean age of 66.6 years (SD=9.8), 72.4% male, with a White majority (58.6%). Participants were married (62.1%) or divorced/widowed (34.4%). All were educated â‰¥ 12th grade. For 14 participants, the duration of T2DM was 14.9 years (SD = 10.3) and HgbA1c as 6.8 mg/dl (SD = 1.2).

Only 5 participants (19%) smoked and they received no advice. For diet, advice about complex carbs was least likely to occur with 7 participants (17%) indicating none. For 25 participants (86.2%), no advice about self-monitoring occurred. For 27 participants (93.1%), no advice about exercise was provided. All participants received advice about medication.

Conclusions: Assessing and advising about lifestyle factors according to diabetes standards of care specifies advising about smoking, self-monitoring, and exercise. The SDSCA was useful to identify advisement deficits/strengths in care standards. Recommendations include expanding the measure to address related comorbidities, i.e. diabetic kidney disease and other SMS strategies.

Theme: Nurse leadership

Poster number 5

‘Empty Conformity?’ A Qualitative Account of Ward Sisters Views on Ward Level Leadership in the Current NHS Context.

Dr Anne Scott, DHsci/MA/RGN, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

Abstract

The role of the ward sister is sighted within governmental reports as a pivotal leadership role for ensuring quality care at ward level (DoH 2010,DoH 2013). However, research into nursing leadership has been inconclusive with regard to how this should be developed and supported within the current market-based healthcare management context.

This study explored leadership experiences from the ward sister perspective within one acute NHS trust in the UK, addressing inconsistencies of policy versus practice with regard to this role leading quality care and the future of ward leadership within the NHS. It also considered the impact of gender and identity on the enactment of nursing leadership at ward level, given the female dominance of the profession and the ethic of caring integral within nursing; drawing on the work of Carol Gilligan and Celia Davies to offer an underpinning theoretical framework.

A generic qualitative methodology was used, informed by an understanding of phenomenology. Using one-to-one in-depth interviews and some documentary evidence, personal accounts were explored with 15 ward sisters and 4 matrons from the study site.

Using thematic analysis, 3 main themes were generated from the data: ‘leader of quality’, ‘a struggle for balance’ and ‘the future of the role’. The findings demonstrate the passion of ward sisters operating at the ‘coal face’ of nursing leadership, continually striving to improve patient care.

However, the findings also offer a picture of role ambiguity, lack of authority, autonomy, support and preparation, with a failing capacity for leadership within the ward sister role. This study revealed that ward sisters had developed their own way of driving quality care; ‘leading by example’ coupled with a sense of ‘empty conformity’ to the political and organisational targets and performance challenges they faced.

I wish to present a poster presentation of my study.

Poster number 6

The effects of working 12 or more hours on a single shift in an acute care hospital setting on rates of error among nurses: a systematic review

Dr Jill Clendon, RN, BA, MPhil, PhD, 1. Nursing policy adviser/researcher 2. Adjunct professor, New Zealand Nurses Organisation, New Zealand

Abstract

Objective: to determine the effect of working 12 hours or more on a single shift in an acute care hospital setting compared with working less than 12 hours on rates of error among nurses.

Design: Joanna Briggs Institute Systematic Review

Methods: A three-step search strategy was utilized. An initial search of MEDLINE and CINAHL was undertaken. A second search using all identified keywords and index terms was then undertaken across all included databases (Embase, Current contents, Proquest Nursing and Allied Health Source, Proquest Theses and Dissertations, Dissertation Abstracts International). Thirdly, the reference lists of identified reports and articles were searched for additional studies. Studies published before May 2014 were included. Quantitative data was pooled in statistical meta-analysis using JBI-MAStARI.

Findings: Following review of title and abstract of 5429 publications identified using the initial search strategy and removal of duplicates, 26 studies were identified as suitable for review and selected for full retrieval and assessment for methodological quality. Of these, 13 met the inclusion criteria and were included in the review. Six studies reported significant rises in error rates for nurses working greater than 12 hours on a single shift, three reported no difference, and four reported higher rates of error on shifts of up to eight hours. Meta-analysis of five of the studies where data could be extracted indicates that the risk of error is significantly higher for nurses working greater than 12 hours than for those working less than 12 hours (risk ratio = 1.51, 95% CI, 133, 172; z=6.30, p=⇠0.0001).

Conclusion: Hospitals and units currently operating 12 hour shift systems should review this scheduling practice due to potential negative impact on patient outcomes. Further research is required to consider factors that may mitigate the risk of error where 12 hour shifts are scheduled and this cannot be changed.

Theme: Acute and critical care

Poster number 7

Pharmacokinetics in critically ill adult patients receiving a long-term propofol infusion ⤑ 72 hours

Jung Hyun Ryu, Dip Bsc Msc, Critical Care Research, T03 University College Hospital, UCLH NHS Foundation Trust, London, United Kingdom

Abstract

Propofol is a commonly used sedative on the Critical Care Unit. It is easy to titrate, metabolised by the liver into inactive metabolites and highly lipophilic. Following termination of a prolonged infusion, the lipid rich, and poorly perfused tissues in the critically ill may act as a reservoir to maintain plasma levels. Altered protein binding and hepatic blood flow may also impact on the kinetics of propofol during critical illness.

The aim of the study was to determine the elimination profile of propofol following the termination of a long-term infusion in critically ill patients.

This is an observational prospective cohort study. The target population was adult patients who received a continuous propofol infusion ⤑ 72 hours.

Blood sampling obtained during the infusion: 1-2 samples q 12-24 hours, and following termination of the infusion: 10, 30, 60, 90, 120 min and q 12-24 hours until propofol was undetectable or sampling lines were unavailable. Propofol concentration was measured using the Pelorus 1500 (Sphere Medical, UK).

Total 21 patients were enrolled into this study between Jan 14 and May 14. 12 patients were included in data analysis. The median duration of the infusion was 93 hours (IQR, 72-143 hours). The concentrations decreased by 50% within the first 10 minute in 42% of the patients), and much steady decline thereafter. No correlation between the concentration and sedation score (rho = -2.98%, p=0.778).

This data is preliminary but reveals a longer projected elimination time for propofol from the plasma of critically ill patients and a marked variation in half-life. Very low concentrations in the elimination phase represents the slow return of propofol from the poorly perfused tissue compartment. Although patients were rapidly awoken following termination of infusions, it remains unclear the neurological impact of low concentrations may have on higher functions, warranting for further investigation.

Poster number 8

PC6 acupressure to prevent postoperative nausea and vomiting. A randomized clinical trial

Hrønn Thorn, Department of Gynaecology and Obstetrics, Horsens Hospital, United Kingdom

Abstract

Context: The effectiveness of stimulating the PC6 acupoint on reducing postoperative nausea and vomiting (PONV) after hysterectomy is still not clarified.

Objective: Effectiveness of bilateral PC6 acupoint stimulation and rescue medication compared with rescue medication alone on PONV.

Design: Randomized controlled non-blinded, single centre trial. The patients were randomized using a computer generated sequence.

Setting: Teaching hospital in Denmark. November 2013 to July 2014.

Participants: Seventy-two patients scheduled for vaginal or laparoscopic hysterectomy of benign indication, were allocated either to PC6 group or to control group.

Interventions: The PC6 group wore Sea-BandÂ® wristband bilaterally for 24 h. The Sea-BandÂ® is a single sized elastic wristband with a plastic button to apply pressure on the PC6.

Main outcome measure: Complete response, i.e. no PONV and rescue medication. PONV was determined by self-assessment on a oâ ‘100 mm VAS-scale (where 0 = no nausea, 100 = worst imaginable nausea). Consumption of antiemetic was recorded from the medical record. Follow-up was 24 h.

Result: Sixty-two participants (PC6 n=32; control n=30) were analyzed. 10 participants were excluded from the analysis because of conversion to abdominal hysterectomy (n=6), missing data (n=3) and re-operation (n=1).There was no statistically significant difference in complete response between the groups [PC6 group, 43% (95% CI 25;53) versus control group 44% (95% CI 26;62) P=0,9] or the incidence of non - PONV within the first 24 h postoperatively [PC6 group, 53% (95% CI 35;71) versus control group 43% (95% CI 25;63) P=0,6] or time to oral food intake [PC6 group 146 min. (95% CI 116;175) vs. control group 284 min. (95% CI 132;436) P=0,3].

Conclusion: The Sea-BandÂ® did not result in significant preventive effects in PONV through patients undergoing hysterectomy effective in preventing PONV in patients undergoing hysterectomy.

Keywords: PC6, acupressure, alternative therapy, postoperative nausea and vomiting

Poster number 9

An exploration of the patient's experience following an acute myocardial infarction and participation in a clinical research study.

Paula Rogers, RGN, BSc (Hons), Royal Brompton and Harefield NHS Foundation Trust, United Kingdom

Abstract

Background: Emergency admission to hospital with a myocardial infarction (MI) is a frightening, life-changing event (Astin et al, 2009). It is recognised that delivering a high quality clinical service which provides a meaningful patient experience, is the responsibility of all NHS care providers. Similarly it is widely acknowledged that research is a core business of the NHS. Few studies have explored the patient experiences of suffering a MI and participating in a research study during the same admission.

Aim: To explore the emotional journey of patients, post MI who agree to participate in a research study during the same admission.

Methods: Eleven patients hospitalised for an acute MI agreed to participate and were interviewed four to six weeks after discharge (May - Oct 2014). Interviews were conducted in a private room, by a research nurse outside of the original study and audio taped. An emotional touchpoint framework (Dewar et al, 2010) was used to allow patients to share their experience of chest pain, hospital arrival, angioplasty, research participation and discharge preparation. Narratives were analysed using Interpretive Phenomenological Analysis (Smith, Jarman and Osborn, 2003).

Results: Four main themes were identified from the analysis; intensity of chest pain, fear and lack of control, relief following angioplasty procedure and a desire to help others through research participation. Patients were well prepared and grateful to be going home.

Conclusion: This study has identified four factors important to patients throughout their MI journey. Research participation appears to be helpful for some patients. Areas for future consideration should explore the issue of fear.

Poster number 10

Emergency Department Research Nursing: Time and Motion – A Pilot Study

Rachel O'Brien, BA, BN, Lead Research Nurse, EMeRGE, NHS Lothian, United Kingdom

Abstract

Aims: This is a prospective observational study with the aim of exploring the effectiveness and efficiency of patient recruitment by Emergency Department (ED) research nurses. Challenges to recruitment and methods to optimise processes were also explored.

Methods: Research staff recorded the length of time they believed it took to recruit patients with and without a template of recruitment activities for three studies. The actual time taken to recruit patients was also recorded. Three comparisons were made between: 1) Perceived recruitment time with and without the template, 2) Perceived time and actual time using the template and 3) Total time from screening to completion and actual recruitment time. Interruptions during recruitment were also documented.

Results: In recording perceived time, five estimations were made for the studies with and without the template. Study 3 was an exception where ten estimations were made with the template. The actual length of time taken to recruit seven participants was recorded for studies 2 and 3, and for three participants in study 1. There was a difference for all studies between the mean perceived time with and without the template and between the mean perceived time and actual time. In study 2 and 3 there was a wide range in the time taken to recruit individual participants. The differences shown between 'time from screening to completion' and actual recruitment time show that the interruptions to recruitment were lengthy.

Conclusion: This small pilot study showed that the perceived time versus the actual time of recruitment can vary dramatically. This finding will influence budgeting for research nurse time in the future. The range in actual recruitment times and the number of interruptions recorded reflect the challenging environment of the ED and the heterogeneity of the patients involved. From the results, ways were identified to optimise recruitment.

Theme: Workforce

Poster number 11

Level Of Hepatitis B Virus Protection Of First Year Medicine And Nursing Students In Mbarara University

Samson Wakibi, Mbarara University, Mbarara Uganda, Uganda

Abstract

Background: Worldwide 2 billion people are exposed to hepatitis B virus (HBV) infection, 65 million in sub Saharan Africa. In Uganda the prevalence of hepatitis B Infection is estimated at 11%. A 2010 Ugandan study found that 60.1% of healthcare workers had evidence of hepatitis B infection and only 6.2% of the health workers were vaccinated. A 2005 Makerere University study in Uganda indicates an exposure rate of 79.6% in medical students during their first clinical year. Therefore health students, in clinical rotation are at high risk of acquiring HBV infection. Although HBV immunization for students is recommended, it is not available at the university. **Aim:** To examine the level of HBV protection of current first year medical and nursing students at Mbarara University. Methods An exploratory study in Mbarara University of Science and Technology, Uganda, convenience sample of first year medical and nursing students, used questionnaire. Results Data was entered into excel. 73 students completed the questionnaires, 29 females, 44 males, average age 23.2 years, 49 first year medicine and 24 first year nursing students. 78.1% had never been vaccinated (n=57), 2.7% had received one dose (n=2), 6.8% had received two doses (n=5), and 12.3% were fully immunized with three doses (n=9).Reasons for not receiving vaccine included: lack of information (n=20), lack of access (n=29), lack of money (n=4) and indifference (n=2).

Discussion: Only students who had a prior diploma in medicine or nursing had received any HBV vaccine. Of those the majority had not been fully immunized. The data indicates that entering medical and nursing students had inadequate HB protection.

Conclusion: There is need to fully vaccinate all first year medical and nursing students in Uganda. Additional examination of HB vaccination status of entering medical and nursing students throughout Sub Saharan Africa is needed.

Poster number 12

Body weight perception and dietary control methods among Egyptian university students

Dr Doaa yacout, PHD of Community Health Nursing, Lecturer, Community Health Nursing Department, Faculty of Nursing, Damnhour University Egypt, Egypt

Abstract

Background: Most countries in the Middle East are becoming part of the global obesity pandemic, and becomes significant when the trend towards a more 'Western' lifestyle is considered in developing countries. Body weight and its perception play an important role in the well-being of a person. Weight perception is found to be a better predictor of weight management behavior as compared to actual weight. The aim of the study was to explore relationships between body weight perception, actual weight and weight control measure among students of Alexandria and Damnhour universities

Methods: A cross sectional study was carried out during year 2013/2014, 400 college students from two Egyptian universities Alexandria and Damnhour ,aged 18 to 24 years male and female students were participated. A structured questionnaire used to collect demographic ,weight perception and weight control practices history . Height, weight and waist circumference were measured, overweight and obesity was calculated according to body mass index (BMI) WHO standard 2002. Descriptive statistics included means, standard deviations, and frequency. Pearson test used to measure the significance.

Results and discussion: A high percentage of college students consider themselves overweight or obese, despite having a BMI in the normal range. More than one third of them was practicing Dieting reducing measures. And were more prevalent among female than male students. Reducing fat and sugar intake, stop eating for a period of day, were the most commonly reported methods to lose weight.

Conclusion: Body weight perception was poorly associated with actual weight status. Gender difference was observed in body weight perception

Key words: body weight and image ,university students

Theme: Women's health and midwifery

Poster number 13

Breast or cervical cancer screening? Preventive behavior of Hong Kong community-dwelling Chinese Women

Besty Pui Ying Cheng, RN, The Chinese University of Hong Kong, Hong Kong

Abstract

Purpose: The aims of this study were to explore factors associated with the likelihood of undergoing a breast(mammogram) and cervical(Pap-test) cancer screening among Hong Kong community-dwelling Chinese women aged 50 years or above and examine factors associated with the disparity between these two screening utilization.

Methods: The study was based on a cross-sectional population-based cancer screening telephone survey conducted in Hong Kong in 2007. Random-digit-dialing was used to recruit participants. A structured questionnaire was used to collect socio-demographics information, perceived health status, use of complementary therapy, family history of cancer, perceived susceptibility to cancer and their cancer screening behavior. Logistic regressions were used to examine factors associated with an uptake of mammogram and Pap test and disparity between two screening utilization.

Results: Total 1002 women aged 50 or above completed the survey with a response rate of 67%. Of them, 45% had neither had a mammogram nor Pap-test, 9%, 21% and 25% had ever had a mammogram only, a Pap-test only and both tests respectively. Educational level, marital status, family history, recommendation from health professionals were common factors significantly associated with both screening tests. Age and smoking status were significantly associated with Pap-test uptake. Logistic regression revealed that age and recommendation from health professionals were independently associated with the choice of two screening tests between those who had ever had a mammogram only and those who had ever had a Pap test only. Younger age group(50-59 years) was more likely to have Pap test only. The effect of health professionals' recommendation was more promising in Pap test than mammogram.

Conclusion: Although uptake rates of mammogram and Pap-testing in this study population were low, results of this study allow us to understand more thoroughly the factors influencing their cancer screening behavior. The findings of this study can help formulating effective tailor-made cancer-screening promotion strategies.

Posters

Tuesday 21 April 2015

Theme: Child Health

Poster number 14

The impact of a school-based asthma health education programme on quality of life, knowledge and attitudes of Saudi children with asthma

Nashi Alreshidi, University of Salford, United Kingdom

Abstract

Asthma is especially common in Saudi Arabia, affecting 13% of children aged 6-10 years. This makes asthma one of the most common illnesses among children in Saudi Arabia (Al Frayh et al, 2001; Ministry of Health, 2010). Little emphasis has been placed on educating Saudi children themselves to learn more about their asthma and its control. This study was designed to assess the impact of a school-based, nurse-delivered asthma heath education programme on asthmatic children's knowledge and attitude towards asthma, quality of life, anxiety level, and school absenteeism.

A quasi-experimental, non-equivalent group, pretest-posttest design was used. The education programme was developed from existing evidence. The Paediatric Asthma Quality of Life Questionnaire, Spence Anxiety Tool, Asthma Knowledge Questionnaire, and Asthma Attitude Questionnaire were employed for data collection in 2013. Intervention (n=130) and control (n=98) groups were drawn from 10 schools in Hail region, Saudi Arabia. Both descriptive and inferential statistics were used to examine differences between groups.

The level of asthma knowledge was increased significantly more in the intervention group than in the control group, but there was no significant effect on children's attitudes toward asthma. The programme led to significantly decreased anxiety and absenteeism from school in children of the intervention group compared to those on the control group. Quality of life increased significantly more for children who experienced the programme.

Why the asthma educational programme impacted positively on students' knowledge, anxiety, quality of life, and school attendance, but not on attitudes towards the condition requires further investigation. Asthma education will now be integrated into the national child health programme, emphasising the provision of health education directly to children as well as measures to inform their parents.

Poster number 15

Making and revising end-of-life care decisions: Parents' experiences

Emma Popejoy, Master of Nursing Science, Master of Research Methods, The University of Nottingham, United Kingdom

Abstract

Background: The number of children with life-limiting illnesses (LLI) is increasing (Fraser et al., 2012). Having a plan of care regarding what type of life-sustaining treatment, if any, is to be provided and where care is to be delivered at the end of the child's life ensures that families are aware of the appropriate options for care and that professionals are aware of families' preferences (ACT, 2004).

Aim: To explore the experiences of parents in making and revising end-of-life care decisions for their child with a LLI.

Methods: Semi-structured interviews were conducted with three bereaved parents of children with LLI between April and July 2014. Data were analysed using Interpretative Phenomenological Analysis. Eligible families were invited to participate by the child's main consultant. Approval for the study was granted from the National Research Ethics Service and written informed consent was obtained immediately prior to the interview.

Results: Two themes were identified: 'Making Decisions' and 'Revising and Implementing Plans'. These included issues related to the preferred time for initiating discussions, who should make the decisions, the importance of family values, changes to plans and barriers and facilitators to planning.

Discussion: Some important findings were identified that have not been previously reported. Firstly parents reported having thoughts or informal discussions about end-of-life decisions prior to formal discussions, which may suggest that they are ready to have these discussions earlier than professionals currently initiate them. Secondly parents identified difficulty in verbalising the decisions they want to make, suggesting that professionals should consider making some decisions on the parents' behalf. These require further investigation.

Conclusion: There is a lack of research internationally into paediatric palliative care and specifically paediatric end-of-life care decision making. This research provides information regarding families' experiences in end-of-life care decision making and identifies additional areas in need of research.

Poster number 16

A timeline of personal grooming behaviours over the lifespan.

Jan Woodhouse, M.Ed. PGDE, B.N. (Hons), Dip.N., FETC, SRN, OND, Visiting Lecturer, University of Chester, Chester, United Kingdom

Abstract

The poster will display the one of findings drawn from a PhD study entitled 'Personal grooming: beyond hygiene needs'. The study, which followed a grounded theory methodology, used selective coding to identify a timeline of personal grooming. The findings are synthesised from data taken from 4 focus groups (parents of school-aged children; males 18-45; females 18-45; and individuals aged over 45 and employed) and 12 one-to-one interviews with retired persons. The created timeline (which is adapted from Kroger's/Erikson's life-stages [Kroger, 2007]) highlights personal grooming behaviours, from pre-school, through the various life-stages, to old age and into death.

Information about the study (Aims, methodology, data analysis and discussion) will provide a framework for the poster and appropriately chosen images will highlight aspects of the research.

Poster number 17

Comparison of the expressed experiences of survivors of childhood medulloblastoma with measures of health & quality of life, and with issues identified during consultations: improving rapid and proactive response to problems

Professor Tony Long, SRN, RSCN. RNT, BSc (Hons), MA, PhD, Professor of Child & Family Health, University of Salford, United Kingdom

Abstract

Background: Children diagnosed with a central nervous system tumour experience many survivorship problems with neurological functioning, epilepsy, vision, hearing, short stature, and endocrinopathy, and they face many challenges that relate to psychosocial functioning (Anderson et al, 2001). For children with medulloblastoma, the cognitive sequelae of therapy are well-documented, with problems of attention, memory and intellectual functioning all leading to poorer educational attainment, adverse employment prospects and peer relationships an inactive lifestyle and poorer health-related quality of life (Maddrey et al, 2005; Mulhern et al, 2004).

Aim: To identify discrepancies in family narratives; measures of health, quality of life and psychological wellbeing; and hospital records to provide for the development of an informatics-based system that can inform more effective follow-up strategies.

Method: Twenty-one patients aged 11-39 years of age (6 months to 12 years at diagnosis of medulloblastoma) attending follow-up clinic were recruited. Seven were between 11 and 16 years, and seven were between 18 and 24 years to ensure inclusion of issues at times of transition such as changing school or starting employment. The remaining seven patients were from other age ranges.

Health status (HUI), health-related quality of life (PedsQL for children; EORTC QLQ-C30 for adults) and psychological wellbeing (PI-ED for children and HADS for adults) were measured. Patients and their parents or carers were interviewed to elicit the problems experienced since diagnosis, and digital recordings were professionally transcribed. Relevant clinical and medical records (discharge summaries, psychology reports, etc) were scanned into electronic format. All data was then subjected to text mining in order to inform decision-support software for clinicians in follow-up clinics.

Selected outcome: This presentation focuses on unexpected problems identified from the measurement and interview data. A role is proposed for nurses in eliciting more information periodically than can be gathered in time-limited clinic appointments.

Poster number 18

The challenges and reality of patient and public involvement (PPI) with teenagers and young adults

Anita Solanki, BSc, University College London Hospitals, United Kingdom

Abstract

Patient and public involvement (PPI) is central to health research, considered imperative to improve the quality and relevance of evidence-based studies (Thomson et al, 2013). With this in mind, BRIGHTLIGHT (the national evaluation of cancer services for 13-24 year olds in England) set out to adopt a multi-pronged approach to our PPI strategy, working collaboratively with young people to maximise engagement. While much of the literature stresses the benefits of PPI with young people (Moore and Kirk, 2010), in reality working with this population presents many practical challenges, which requires alternative strategies, encourage sharing and evaluation of methods used.

Based on our experience of involving young people in research this poster aims to outline how the BRIGHTLIGHT team have adopted PPI in all stages of the study and the practical implications involved.

The following challenges were identified as key barriers to involving young people in study development and management:

- Supporting PPI takes unexpectedly large amounts of time and resources
- Relevance and contribution made clear, i.e. what young people get out of it
- Identifying appropriate methods of contact and engagement
- Explaining and understanding the difference between participation and involvement
- Measuring impact to the study and to young people
- Incorporating diversity- hard to reach populations
- Low or unpredictable engagement rates
- Reporting PPI activities

Our poster will discuss practical strategies employed to overcome some of these challenges.

Conclusion: Working with young people is rewarding but requires significant resources to overcome the challenges we have encountered. We argue the need for increased dissemination of peer-reviewed PPI articles to enable other researchers to overcome barriers and improve the academic credibility of PPI activities. Dissemination should include exploration and sharing of novel innovative methods, inclusive and effective ways of implementing PPI, how to make PPI sustainable, and measuring impact.

Theme: Workforce development

Poster number 19

The Obstacle Course: An exploration of the obstacles to BME health care support staff accessing training opportunities

Sarah Rutherford, MSc; BAhons; RMN; RGN, Senior Lecturer, Manchester Metropolitan University, Manchester, United Kingdom

Abstract

This paper will present the data, key conclusions and consequent recommendations from a completed study funded by a Mary Seacole Development Award. 25-30% of support workers identify as BME, however their representation on the Trainee Assistant Practitioner programme at a university in North-West England is less than 2%. The study explored the factors that affect the access of BME healthcare support workers from a Foundation Trust in the North-West of England to the Assistant Practitioner Training programme.

Mixed methods were used. The paper will present the results of a survey with both white and BME support worker staff, and focus groups with BME support workers. The study investigated their knowledge and experiences of the Assistant Practitioner training programme, and explored the key issues and barriers to access to the training

Quantitative data was analysed with Microsoft Excel using simple cross tabulations. Qualitative data was analysed using thematic analysis. Five key themes emerged from the data:

- A lack of Information about opportunities.
- A lack of transparency about recruitment.
- Unintended & inadvertent racial discrimination
- A fear of 'getting into trouble'.
- A need for BME role models in senior positions

Support workers from BME backgrounds are as keen to develop as their white colleagues but are hindered by barriers to progression. The study found that the issue of patronage is a significant factor in imposing a barrier to development for the BME community. BME Staff need additional support to access recruitment opportunities. In the interests of equality, staff well-being and care delivery, NHS Trusts, Higher Education Institutions and Health Education North-West need to collaborate to ensure that there is open advertisement and dissemination of information about training and development. Key Recommendations arising out of the study will be presented

Poster number 20

Cognitive Behavioural Therapy: initial orientation and training for undergraduate mental health nursing students in the UK.

Stephen Bates, B.Sc, RMN, MA (Education)., Lecturer, Mental Health Nursing, Faculty of Health Studies, School of Nursing, University of Bradford, Bradford, Yorkshire, United Kingdom

Abstract

Cognitive Behavioural Therapy: initial orientation and training for undergraduate mental health nursing students in the UK.

It is recognised that there remains a national shortage of therapists delivering Cognitive Behavioural Therapy (CBT), though the evidence of its success in the treatment of a variety of mental health problems such as depression and/or anxiety has become increasingly clear (Clark, 2011).

It has been suggested that some of the principles of CBT can be incorporated into every day mental health nursing practice (Currid, 2011). There is evidence to suggest that CBT based strategies may be effective in other clinical areas such as pain management (Ehde et al 2014).

In order to provide student mental health nurses with CBT based skills, which could safely be implemented within their practice, a programme of CBT education and assessment was designed and implemented within an undergraduate mental health nursing pathway in a higher education institution in the north of England.

This programme emulates a post registration M.A. level CBT course and is adapted to fit into the pre-registration programme, using a combination of seminars, skills sessions and video work. In the final year of the programme the work has been evaluated by a summative objective clinical skills examination using an adaptation of a well-established CBT assessment method used in CBT training courses. In addition to this the participants complete a reflection and action planning work sheet to evaluate the usefulness of the skills workshops in clinical practice.

This poster presentation provides evaluative evidence and examples from the implementation of this project. It will advocate for the incorporation of the teaching and assessing of CBT in undergraduate mental health nursing programmes, and suggest the incorporation of CBT strategies in everyday mental health nursing practice.

Poster number 21

The implementation of evidence based practice among mental health nurses

Dr Evridiki Patelarou, King's College london, United Kingdom

Abstract

Introduction: The implementation and dissemination of evidence-based practice (EBP) are closely related to the quality of care provided in health services. However, EBP has not been routinely adopted in mental health organizations despite the support of scientific evidence towards the importance of EBP.

Methods: To address this issue we carried out a systematic literature search of MEDLINE and EMBASE databases with the aim of summarizing and evaluating the results of studies regarding the implementation of EBP in mental health nursing settings. Bibliographies of all retrieved studies and reviews were also checked by hand for additional studies.

Results: A comprehensive literature review yielded 463 studies for further consideration. After reading titles and abstracts and following the application of eligibility criteria, 8 independent studies were deemed relevant for further review. All 8 studies were cross sectional studies conducted between 1997 and 2010 in 6 different countries (Canada, Sweden, Ireland, USA, Finland, UK). Sample size ranged from 101 to 1889 and total response rate varied between 21.3% and 98 %. Among the parameters that were evaluated in these studies included the awareness of the concept of EBP, the frequency of research utilization, the most frequent sources of knowledge and the nurses' attitude to research. Our results indicated that most mental health nurses consider themselves as a beginner in reviewing research findings, and only about one third of them reports frequent use of nursing journals. Interestingly, an increase in the awareness of the concept of the EBP is also remarked. Conclusions: This review highlighted the lack of research on this field and the urgent need of future intervention studies to increase nurses' knowledge, awareness and therefore implementation of EBP in mental health care settings, which will therefore enhance the provision of high quality nursing care.

Poster number 22

What is meant by quality nursing care for people with dementia in a day hospital setting?

Darren Prince, University of South Wales, United Kingdom

Abstract

As the United Kingdom sees growth in the older adult population, there is an expected increase in numbers of individuals with dementia (Alzheimer's Society 2014). This client group are often highlighted as a vulnerable group whose views are often not sought in identifying what constitutes a quality care encounter and are frequently cited as recipients of poor quality care. As the majority of individuals with dementia reside in the community, day hospital services are often cited as one means of helping this client group remain in their own homes for as long as possible. However, little is known about how day hospitals achieve this or how the care-givers or care-receivers view a quality care encounter within this setting. This project seeks to address this gap.

The approach was qualitative and the methodology was interpretive. The method used was Situational Analysis (Clarke 2005), a postmodern interpretation of the Grounded Theory Method developed originally by Glaser and Strauss (1967). This provided high compatibility with the theoretical underpinnings which were learning from the experiences of service users, carers, and nursing staff. Data collection was carried out by unstructured in-depth interviews with nine individuals with dementia and eight family carers utilising day hospital service provision and seven qualified nurses working within this setting. The participants were interviewed over three years covering five day hospital services within three different health boards as part of theoretical sampling.

A reframing of a quality care encounter as being more than an adherence to prescribed quality care standards is proposed. The articulation of a theoretical understanding gained in this project has the potential to influence practice and provide important elements to consider in the education and training of nurses seeking to provide care for this client group.

Theme: Older People

Poster number 23

Oral health care in nursing homes and nursing education

Kurt Arild Krokmyrdal, Assistant Professor, Sogn og Fjordane University College, Department of Health Studies, Norway

Abstract

Background: Several studies indicate poor oral health care in patients living in nursing homes. Studies show that nursing educations do not give nurses competence to provide professional dental and oral health care.

Aims: To report on a Norwegian study examining the quality of oral care provided to elderly living in nursing homes, and to evaluate if the teaching in oral health in the nursing program at Sogn og Fjordane University College holds professional level.

Methods: A descriptive cross-sectional survey design was employed. Data were collected in December 2012 and January 2013 using a self-administered questionnaire. Sample selection was determined by purposive sampling. Sample size was 106 nurse managers, and the response rate was 50 %.

Results: More than 50 % of nursing home units did not have routines to ensure that nursing staff were given training in dental and oral care. Sixty-five percent of the respondents said that elderly's dental and oral status were not examined when they were admitted to the nursing home. Fifty-percent of nursing home units documented patients' dental care and oral health, while 37 % complied with the procedures for dental and oral care provided by the Public Dental Health Service.

Discussion: Our study shows that elderly living in nursing homes are provided inadequate oral health care. That is consistent with previous studies. Insufficient focus on oral health care in our nursing education may be a factor contributing to nurses not focusing sufficiently on oral health and providing inadequate oral health care.

Conclusion: Our study shows shortcomings in oral health care provided to elderly living in nursing homes. The nursing program does not give students the necessary skills and competence to provide professional dental and oral care. Thus, oral health care must be given more focus in nursing education.

Poster number 24

Moderately increased day time activities for elderly women do not change sleep quality in nursing homes

Dr Keiko Tanida, College of Nursing Art & Science, University of Hyogo, Japan

Abstract

Seniors with dementia and low activities of daily living (ADL) in long-term care facilities tend to sleep during the daytime and wake frequently during the night. Nighttime waking can lead to delirium. This study evaluated the effects of moderately increased daytime activities on sleep quality among elderly women in a Japanese nursing home.

Six seniors aged ï, 85 with mild dementia participated in this study. After a 1-week pre-interventional period, we increased their afternoon activities by introducing 60â ‘90-min conversations, paper weaving, and picture colouring at least four times weekly to their usual recreation activities for 2 weeks.

Sleep/wake patterns were observed by nursing staff and analysed using a wrist actigraph, a sheet-type sleep-assessment instrument. In addition, we collected 24-h heart rate variability data at each period with a Holter ECG monitor to assess autonomic nervous system activity by frequency-domain analysis of heart rate variability.

The results showed no differences in total sleep time, sleep/wake patterns, time and length of wake after sleep onset, or autonomic nervous activity rhythm between pre-intervention and intervention periods. This study identified some obstacles in this type of intervention methods and in sleep assessment in this population.

In conclusion, moderately increased daytime activities were not effective in improving nighttime sleep in elderly individuals with dementia and low ADL.

Poster number 25

Sorted study: Enabling older people to take part in a clinical trial

Lorna Ingoe, PG Dip, BA (Hons), RGN, Gateshead Health NHS Foundation Trust, United Kingdom

Abstract

Recruitment of elderly patients in RCTs is difficult and factors that influence decision-making are not well known or understood. SORTED 1 study is a dual centre single blinded RCT of people aged over 80 years diagnosed with an underactive thyroid treated with levothyroxine. SORTED 2 is a qualitative sub-study of SORTED 1 which sought to understand participant's willingness to take part in the RCT.

The aim was to explore patient's perception of the design of the RCT study through face to face interviews with 18 patients aged between 80 and 93 years who accepted as well declined randomisation.

Findings

Additional travel requirements

Flexibility of appointment dates and times

Anxiety of attending hospital

Numerous other non-trial appointments

Difficulty walking and afraid of falling

'A waste of my time'

Many patients mentioned the impact that age and co-morbidities has on their general health.

Impact on significant others varies from being reliant on others for transportation to requiring a companion for support.

Conclusion: If we want to enable older patients to take part in clinical trials we must address these perceived modifiable barriers.

In the SORTED 1 RCT we offered home visits to participants. We were flexible in our appointment system and most took place in the late morning or afternoon. We paid taxi fares from the study budget for those wishing to attend the hospital.

Participants who took part in the follow-up interviews said that having home visits was a significant factor in deciding to agree to take part in the RCT.

It is important to consider the potential burden to patients of participation in a clinical trial at the design stage and minimise the impact of the intervention where possible.

Poster number 26

Ward discharge planning program on medication management for older patients admitted to acute medical unit

Hiu Kiu Leung, The Chinese University of Hong Kong, China

Abstract

Background: Medication-related problems are an important cause of admission in Hong Kong related to monitoring and adherence and much of them are preventable. Discharge planning in acute hospital has been promoted in the past few decades to facilitate efficient utilization of resources and improvement of care.

Objectives: The objectives were to conduct a comprehensive review of the related literature to the significance of promoting early discharge planning in acute hospitals to meet the post-discharge needs of older patients and to identify the implications of new evidence for development of medication education program in acute hospital settings.

Design: A search of the recent literature related to issues of medication discharge management and education at acute hospital were undertaken to review findings published in the past ten years.

Data sources: Electronic databases: MEDLINE and PubMed, reference Library of The CUHK.

Review methods: Keyword searches were conducted for literature published in 2004 or later that examine the medication adherence and the designs, tools and strategies of patient education programme or model currently available. Literature findings are presented using a table format to report individual studies.

Results: From about 1100 abstracts that were initially searched for content relevance, 16 studies were included in this review. The predominance of studies focuses on predisposing factors of elderly discharge medication errors and the benefits of early discharge planning. Studies provided insights into factors that should be considered in strategies to develop medication education program during acute hospitalization.

Conclusions: Many studies suggested that nurses act an important initiation role in providing education to carry out a comprehensive discharge plan. The development of a medication management program can be a way of better transition of care from acute hospital to home. Further study can be carried out to determine whether such program will reduce hospital re-admissions related to medication-related problem.

Theme: Research issues

Poster number 27

Development of a Hospice Research Strategy through organisational consensus

Dr Elizabeth Reed, RGN BSc PhD, Princess Alice Hospice, United Kingdom

Abstract

Background: A strategic approach to the development of a portfolio of research gives direction and enables an organisation to plan and conduct research systematically (Payne et al, 2013). At Princess Alice Hospice a strategic approach to research development was tailored from the organisational 5 year strategy which in turn aims to translate into quality of palliative and ends of life care locally as well as contributing to the wider evidence base.

Aims:

- Identify gaps in palliative and end of life care evidence
- Develop an organisational research strategy

Methods: A gap analysis of evidence in palliative and end of life care was undertaken though a review of literature on areas identified through the organisational strategy. This was circulated to staff, and staff from different disciplines were recruited to attend a workshop. The workshop was convened with multiprofessional representation to determine the focus for research over the next 2-3 years through consensus decision making.

Results: Priorities identified in order were: partners and families; non-malignant disease and health promotion. Through discussion in the workshop, compassion and dignity were highlighted as topical so were added to the research priorities.

Conclusions: By undertaking a gap analysis an overview of current evidence in palliative and end of life care research allowed us to focus on organisational research priorities. A multiprofessional consensus approach allowed diversity and representation which translates into a richer decision making process as well as interest and engagement throughout disciplines in future research activity at the Hospice.

Poster number 28

Increasing research capacity and capability: The role of the research assistant

Rhian Bull, Research Assistant, Chelsea and Westminster Hospital, London, United Kingdom

Abstract

Introduction: In 2013, a 1 week review of the Research Associate (RA) workload was conducted whereby research nurse and midwife activity was recorded in a tracker to highlight how much time was being allocated to patient recruitment, patient follow-up, administration and education.

The review highlighted that the administrative component associated with the RA role had become overburdening, often taking these health professionals out of the clinical environment, resulting in missed participant recruitment, reduced time spent with patients and less integration with multidisciplinary teams. This led to the appointment of 2 research assistants.

The Research Assistant Role

The role commenced initially with a remit to support the administrative component, centring on data management, investigator site file maintenance and general administrative support for RA's. However, through the provision of increased professional development and the utility of the RCN research competency framework, the roles developed to become more diverse, now also including duties such as patient recruitment, clinical assessments and laboratory support.

Benefits include increased flexibility enabling deployment of research nurse and midwife support to complex and high risk studies only, varied skill mix and increased professional development of these nurses and midwives (which is rare within research roles) through supervision/mentorship of the research assistants. In addition there was an increase in patient recruitment (research assistants alone contributed to 10.5% of organisations overall recruitment to NIHR portfolio adopted studies in 1 year) and cost savings were made.

Challenges include the under-recognition of the role by industry or other research teams and hospitals and the risk of a heavy workload due to these roles being a minority within a big team.

Conclusion: Since the first research assistant role was advertised within our organisation, it received 73 applications and has remained invaluable. There is clear scope for further development and such can be adopted elsewhere.

Posters

Wednesday 22 April 2015

Theme: End of life care

Poster number 29

Where are the voices? Advance Care Planning and Black Asian and Minority Ethnic Communities in the UK: A Critical Review of Research

Dr Zoebia Islam, LOROS Hospice, Groby Road, Leicester, United Kingdom

Abstract

Background: Little is known about the end of life care experiences of Black Asian Minority Ethnic (BAME) groups although it seems that key outcomes such as place of death, access to palliative care and perhaps intensity of treatment are different and most likely worse.

Aim: This critical literature review collates and analyses existing knowledge about the factors that have been identified to influence accessibility and acceptability of advance care planning (ACP) in BAME groups. The literature on the explanatory models of illness, death and dying held by BAME groups is also discussed.

Method: Data searches were conducted between May to November 2013. Five databases were searched: EMBASE, Medline, PsycINFO, CINAHL, IBSS under 8 broad categories. A separate scoping exercise was also conducted by information specialists on the topic: 'End of life care for Black and Ethnic Minorities' searching additional eight databases. Selected/excluded articles were appraised by authors and checked until consensus was reached to achieve consistency of approach and ensure consensus about inclusion.

Results: 2581 abstracts were screened for inclusion out of which 14 UK based studies were selected. The studies included suggest barriers to accessibility and acceptability of ACP for BAME groups include: reluctance to think about dying and cultural construction of disclosure; lack of knowledge and understanding of specialist palliative care services available, or their function; cultural explanatory models held on death and dying, as well as professional's perceptions and lack of understanding of these.

Conclusion: The voices of BAME patients and their carers in research exploring ACP is almost absent in the UK. The few studies available suggest their experience is very different from the indigenous White British population.There is a need for further research to explore the experience of BAME patients and their families in order to meet their particular needs in discussions about future deterioration.

Theme: Health promotion

Poster number 30

Secondhand smoke exposure in smokers' family: Nursing instructor role

Dr Vimolpun Nitipong, Nursing instructor, Community health and psychiatric nursing, Boromarajajonani College of Nursing, Ratchaburi, Thailand, Thailand

Abstract

Background: Exposure to secondhand smoke is the important information to be used for health promotion planning for people in the community. Educational program must be launched to prevent the problems consistent with life style of smokers and non-smokers living in the same family.

Aim: This research was conducted to study smoking behavior and exposure to secondhand smoke in smokers' family.

Methods: Purposive samplings of 39 families were selected from a community in Ratchaburi province, Thailand, between January and December 2013. A qualitative research was conducted using questionnaire to assess smoking behavior and secondhand smoke exposure by interview and participatory observation.

Results: Most smokers were not aware of the effects of secondhand smoke to other people as well as smokers. Smokers visited many houses where most of them are relatives of one another, in which most exposure secondhand smoke occurred. Non-smokers found it was difficult to avoid exposure to secondhand smoke because they had to carry children, most less than 5 years old, to places where smokers got together.

Discussion and Conclusions: Nursing students should be encouraged to emphasize on providing knowledge to the community about secondhand smoke exposure and its effects, and advocate for quitting smoking. Nursing instructors should use the information on secondhand smoke exposure in smokers' family to implement programs on smoking initiation prevention, to assist in smoking cessation, and surveillance of health status of smokers and non-smokers who are exposed to secondhand smoke. Thus, nursing instructor role should include coordinating with health workers, community health volunteers, and community leaders to establish team work to provide health education on harmfulness of secondhand smoke and counseling on cessation to the people in the community.

Poster number 31

Intimate Partner Violence: Exploring the Perspective of Practitioners Dealing with IPV Victims from Muslim Community

Dr Parveen Ali, PhD, School of Nursing and Midwifery, University of Sheffield, United Kingdom

Abstract

Background: Intimate Partner Violence (IPV) is a major public health and social problem. To develop any strategies against IPV for any specific population, it is important to gain insight in to the perspective of that population

Aim of the study: This study sought to explore perspectives of practitioners dealing with the issues of IPV within Muslim community, in a city in the North of England. The study explored the practitioners' perceptions of the factors considered to produce IPV, and ways through which culturally sensitive services can be provided. One key outcome of the study was the development of appropriate strategies to support IPV victims in a culturally appropriate and sensitive manner.

Methods: This study adopted participatory research methodology. Data was collected through fifteen individual interviews and three focus group discussions with Muslim men and women, religious leaders, interpreters, practitioners such as community workers dealing with IPV in this community. In addition, three participatory workshops were conducted to develop culturally sensitive information resources for victims as well as practitioners to help them culturally appropriate and sensitive services to the IPV victims. A novel approach 'Personas' was used to facilitate discussion and development of resources according to reflect the needs of the practitioners. Following development and testing cycles, the developed information resource was incorporated in to existing guidelines used by local organisations to ensure sustainability and maximum impact of the project findings.

Study Findings and Conclusion: Four themes emerged from the data. These include 'Is it IPV', 'Who will help', 'Barriers to access help', and 'Strategies to overcome barriers'. Findings highlight the importance of improving awareness about IPV for not only general public, and victims but for the practitioners, who at times, may not feel prepared to deal with IPV related issues in marginalised groups such as Muslim communities in UK.

Theme: Cardivascular disease and stroke

Poster number 32

Use and access of primary healthcare services in rural areas in Southern Greece

Professor Zacharenia Androulaki, RN, PhD, Technological and Educational Institute of Crete, Greece

Abstract

Introduction: In Greece there is a lack of knowledge regarding the frequency and aetiology of use of primary healthcare services. We aimed to evaluate the most frequent reasons for seeking healthcare advice and help by accessing a healthcare center in district areas of Greece and to explore other factors that may act as determinants of this use.

Methods: For the purposes of this study a random sample of 6 primary healthcare centers serving the wider rural areas of Crete was selected. Data collection was performed retrospectively from May to June 2013 and medical records for the years 2010-2013 were reviewed by two independent reviewers. A data collection form was established following an experts' consensus. The International Classification Primary Care was used to classify cases into broader disease categories based on the information available. This study was approved by the Ethics Committee of the Cretan Health Region. The Statistical Package for the Social Sciences (version 19.0) was used for the analysis of our data.

Results: The symptoms from the respiratory system and the symptoms from the musculoskeletal system represent the most frequent reasons for seeking for healthcare in rural healthcare centers. Other reported symptoms of high frequency are the digestive symptoms and the skin related symptoms. Significant differences in the distribution of the main syptomatology and related diseases in different age and sex groups were observed. Spatial and temporal variations particularly for occupational and traffic accidents were found. Furthermore, the increase of the number of people who visited health care centers due to neurological symptoms from 2010 to 2013 raises issues related to the impact of economic crisis on human's health.

Conclusion: A deeper understanding of the epidemiological profile of users in primary health care is recommended and the urgent need for the adaptation of electronic health records is highlighted.

Poster number 33

Arrhythmias perceptions, quality of life, and associated factors of cardiovascular patients before pacemaker implantation

Professor Shu-Fen Su, PhD, MSc, RN, CCN, Associate Professor, Hungkuang University, Taiwan

Abstract

Background: Cardiac arrhythmias might become life-threatening emergency,resulting in cardiac arrest or death. Arrhythmias,such as bradycardia,atrioventricular block, sick sinus syndromes,atrial fibrillation with slow ventricular response,need pacemaker implantation as a treatment for saving life. However,very little study is conducted in this field in Taiwan.

Objective: This study aimed to examine arrhythmias perceptions,quality of life,and associated factors of cardiovascular patients before pacemaker implantation.

Methods: A cross-sectional study was carried out on cardiovascular patients in a 1000-bed teaching hospital in Taiwan. 90 arrhythmias patients were recruited between July 2012 to July 2014. Before they received pacemaker implantation,3 reliable questionnaires; arrhythmias perception questionnaire, quality of life questionnaire (SF-36),and demographic questionnaire were used to collect data. Data were analysed through Correlation coefficient,Independent T-test,One-Way ANOVA.

Results: 37% of the participants are female, 63% are male within an average age of 73 years old. 52.2%pariticipants (n=47) often perceived dysrhythmias,and 55.6% participants (n=59) had continuous tachycardia,resulting in dizziness,headache,sweating, fatigues,or trouble concentrating. Physical health scores (PCS) was positively related to mental health scores (MCS)(r=0.744*). Arrhythmias perception was positively related to suffering from arrhythmia period (r=-0.248*),and negatively related to physical health scores (PCS) (r=-0.503*) and mental health scores (MCS)(r=-0.650*). Age was negatively related to arrhythmias perception (r=-0.248*). Also,ANOVA confirmed a significant difference in different age classes and arrhythmias perception(F=2.365*,t=-1.607).

Conclusions: Arrhythmias influenced cardiovascular patients' quality of life and caused uncomfortable symptoms,such as dizziness, headache,sweating,fatigues,or trouble concentrating. The older the patients, the more arrhythmias they perceived. The more arrhythmias the cardiovascular patients perceived,the less physical health and mental health they felt themselves. We suggest that doctors and nurses need to provide sufficient arrhythmias knowledge to patients for preventing arrhythmias and its complications.

Theme: Workforce issues

Poster number 34

The use of 'pop-up education' to raise nurses' awareness of research being conducted in the emergency department

Harriet Couper, Bachelor of Nursing (Hons), Clinical Research Nurse (Emergency Department), King's College Hospital NHS Foundation Trust, United Kingdom

Abstract

This abstract examines how a pop-up research event increased awareness amongst clinical staff in an Emergency Department (ED). The intention is to share one means of integrating research into the culture of a busy clinical area.

Research must be undertaken in EDs: without it, practice in certain clinical situations and patient groups cannot develop. Research nurses working in EDs often rely on 'bedside' staff to refer eligible patients (Reimer et al 2012): if nurses and doctors lack knowledge of research or perceive no value in it, recruitment suffers, to the detriment of individual studies and the wider advancement of practice. Staff may associate research with increased workload or interference with patient care (DeVon et al 2013). These barriers can be overcome through education; education of nurses, a more constant workforce than regularly-rotating junior doctors, is crucial to effecting change in culture. However, in a busy clinical environment where nurses' priorities are subject to constant competition, a novel approach to education is required.

The ACET (anaesthetic, critical care, emergency and trauma) research team applied this principle to a week-long research awareness event: a pop-up stall was wheeled around each area of the ED. Trial-branded biros proved a powerful incentive to attend the stall and quizzes focused attention on key information, presented on posters and through teaching. Referrals from clinical staff increased significantly following the pop-up event.

Arguably, clinical staff who engage in research, and, therefore, with the development of the evidence base supporting their area of practice, are more likely to employ that evidence base in their practice. This informal, cheerful approach circumvented the difficulty of taking nurses away from patients for teaching and brought research into the clinical area, where, in its various forms from recruitment to results, it belongs.

Theme: Acute and critical care

Poster number 35

Exploration the process in applying sedation guidelines to critical care patients among ICU nurses

Chiung-Fen Shih, Head Nurse, Taichung Veterans General Hospital, Taiwan

Abstract

Background: Studies revealed proper implementation of sedation in critically ill patients can reduce time of mechanical ventilator use and length of hospital days. However, there is a lack of related research in exploring the process in applying sedation guidelines in the ICUs (intensive care units).

Aims: This study aimed to investigate the process in applying the sedation guidelines for critically ill patient among ICU nurses.

Methods: Qualitative research of grounded theory was used as the design for this study. A total of 25 ICU nurses from 6 ICUs were recruited from a 1000-beds hospital in Taiwan participating in the semi-structured interviews. Data were analyzed by using Strass and Corbin's grounded theory analysis. Methods of asking questions, reviewing references, constant comparison, and theoretical sampling were utilized throughout the data collection process for achieving theoretical saturation and research trustworthy.

Results: Seven categories, 12 subcategories and 20 concepts emerged from study to explain the sedation guideline applying processes. 'Strong leadership' and 'ward cultural' were found to increase nurses' intentions in using sedation guidelines. Various strategies were developed by the participants to improve nurses' guideline applying motivation, such as fully authorization, providing continuous education, and effective communication. The barriers of implementing sedation guidelines were found as the indicators, including effect of outcome expectation, lose control of patients, fear of responsibility, and lack of clear task allocation. Good evidence levels, computer-assisted tools developments, and standard order guidelines were found to enhance the compliance of sedation guideline.

Discussion and Conclusion: Consistent and successful sedation guidelines implementation can improve patient safety and quality of nursing care. We recommend that strong nursing leadership, sufficient nurse continuing education, and use of guidelines standard orders can facilitate ICU nurses in applying sedation guidelines.

Poster number 36

Findings from a global peripheral intravenous catheter prevalence study

Gillian Ray-Barruel, RN, BSN, Grad Cert ICU Nursing, BA(Honours), Senior Research Assistant, NHMRC Centre for Research Excellence in Nursing (NCREN), Centre for Health Practice Innovation, Griffith Health Institute, Griffith University, Australia

Abstract

Background: More than one billion peripheral intravenous catheters are inserted each year in hospitalised patients worldwide. Despite being one of the most common procedures performed in the hospital setting, international data on the prevalence and management of these devices is lacking, particularly in developing countries.

Objective: To conduct an international observational pilot study and assess the feasibility of conducting a large, international, multi-centre investigation on the prevalence of peripheral intravenous catheter use.

Methods: Pilot sites were sourced through international vascular access networks. During the study conducted in December 2013Â¬-January 2014, hospital sites were asked to screen adults patients in general wards with or without a peripheral intravenous catheter. Data collected included demographics, catheter characteristics, site assessment, and dressing and securement details. Multiple language options were provided.

Results: A total of 479 patients from 14 hospitals in 13 countries were screened for the presence of a peripheral intravenous catheter. Of these, 59% (n = 281) had at least one peripheral intravenous catheter (95% CI 54.2â '63.0); 16% (n = 76) had another vascular access device (95% CI 12.9â '19.4), and 25% (n = 122) had no vascular access device (95% CI 21.7â '29.6). The majority of peripheral intravenous catheters were inserted by nursing staff or a specialist team, and 90% were inserted in the general wards. The prevalence of intravenous catheters in place with no fluid or medication order was 17%. The majority (89%) of peripheral intravenous catheter sites assessed had no symptoms of phlebitis or infiltration.

Conclusion: More than half of hospitalised patients screened had a peripheral intravenous catheter in place. The findings suggest that a larger global study is warranted to assess differences in practice for peripheral intravenous devices and complications associated with their use.

Poster number 37

Facing life's realities after the stroke

Rochelle Colas, Saint Louis University, Philippines

Abstract

The quality of life of a stroke survivor is reduced by permanent neurological disability. Associated health problems further diminish quality of life and worsen over time. The complaints of stroke survivors are manifold and a challenge for health care providers.The study aimed to determine the lived experience of post-brain stroke clients. The study utilized qualitative phenomenological research design using unstructured interview. The research had 9 participants who were chosen using purposive convenience referral method.The Colaizzi method was used. The rigor of the study was also established. Credibility, dependability, confirmability and transferability were observed. The major themes of the study are 'Struggling with the disability', 'Dealing with emotional baggages', 'Complying with lifestyle changes' and 'Finding meaning and hope.' They have undergone ups and downs emotionally and psychologically. Their positive outlook toward life and presence of support system motivated them to continue life through their compliance to their own treatment regimen, aiming to have balanced nutrition and to be cautious in all their moves and activities.It is concluded that post-brain stroke participants have diverse experiences. They constantly need the support system in order to meet their physical and financial needs. Their diverse experiences made them strong in their search of hope through their faith in God, always trusting the significant other and exercising the attitude of thankfulness.It is recommended that the family members enhance their caring behavior by implementing interventions and getting involved in the therapy of the client. Holistic reinforcement of the skills and knowledge of nurses in the care of these clients should be done. Provision of health education and referrals should be continued in the community. Importance of health teachings for clients should also be reiterated to nursing students. Government and Non-Government organizations can extend help in the continuous rehabilitation of the clients and provide seminars.

Poster number 38

Effectiveness of nurse-led person-centered behavioral risk modification on secondary prevention of coronary heart disease: A systematic review.

Chung Yan Chiang, RN, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong

Abstract

Background: Person-centered care (PCC) is beneficial to enhance the patients' outcomes in secondary prevention of coronary heart disease (CHD). However, the effectiveness of PCC intervention varies among studies and this may be related to variations in intervention modalities and design or different emphasis on outcome evaluation.

Aim: The aim of this review was to identify, appraise, and evaluate the effectiveness of nurse-led person-centered interventions in changing behavioral risks and cardiac physiological parameters in patients who have CHD.

Methods: A three-step search strategy was used to identify both English and Chinese published and unpublished trials which evaluated the effect of nurse-led PCC on secondary prevention of CHD. A computerized search was conducted on 23 English and 7 Chinese databases for published trials and 20 electronic databases for grey literature from their inception till April 2014.

Results: 13 randomized controlled trials were identified comprising with 2,305 CHD patients. The pooled results showed that PCC has improved patient's smoking cessation (RR: 1.36; 95% CI: 1.14 to 1.63; p=0.0008), reduced smoking prevalence (OR: 0.60; 95% CI: 0.40 to 0.89; p=0.01), and improved adherence to physical activities advice (OR: 1.96; 95% CI: 1.35 to 2.85; p=0.0004). For the physiological outcomes, the pooled result showed PCC with medical regime optimization was favorable in improving patients' total cholesterol level (MD: -0.61; 95% CI: -0.76 to -0.45; pï œ0.00001). Due to variations in reported measures and considerable statistical heterogeneity, pooling of patients' alcohol consumption, exercise frequency, diet, blood pressure and body mass index was impossible.

Discussion: The results showed a promising effect of nurse-led PCC in secondary prevention of CHD. Therefore, intervention actively engaged patients' in healthcare planning according to one's needs is necessary to be adapted in services providing cardiac care.

Conclusion: This review provides complementary information to support the favorable effects of PCC in secondary prevention of CHD.

Poster number 39

Documentary analysis of 100 palliative day-care records provides complex baseline data

Professor George Kernohan, BSc PhD, Professor of Health Research, Ulster University, United Kingdom

Abstract

People living with advanced diseases report palliative day care to be a positive experience (Kernohan et al, 2006), find benefit in engaging with others and tend to feel supported (Hyde et al, 2011). This innovative outpatient service incorporates interventions provided by nurses, doctors, allied health and social care professionals (Jones et al, 2012). These very diverse interventions include initial assessment and review, symptom management, psychological support, creative therapy, referral to other services and carer respite.

Hence, to better understand the model of palliative day care provided by a regional hospice, following ethical clearance, documentary manifest content analysis was applied to the complete anonymised records of 100 patients, referred for weekly outpatient palliative care, over 12 months.

We present data on gender, age, diagnosis and interventions. All received a holistic assessment by nursing staff with follow up care provided as required. Most common physical concerns were dyspnoea (42), pain (47) and mobility difficulties (52). Staff liaised with patients' families, and other health care professionals. Almost all cases (94) received psychological support.

The service aims to maintain or improve quality of life of patients via the provision of multi-disciplinary holistic care and this is comprehensively addressed. However, the data betrays a complexity of patients' needs and the number of interventions required to address them (total for 100 cases 6,671).

In spite of commonly held belief, day care is more than a venue for social support of patients and carers as a range of holistic interventions take place to meet the complex needs of patients. Further research will explore the appropriateness and efficacy of individual interventions.

Poster number 40

Assessment of safe prescribing in final year undergraduate medical students

Selina Jarvis, BA, MA Psych, BSc (Hons), MSc Nursing, Kings College Hospital, London, United Kingdom

Abstract

Background: Medication errors are a major concern with ~50,000 medication-related incidents reported by the NPSA.1 Safe prescribing is complex requiring attention to detail. The GMC highlights the urgent need to test prescribing skills during medical training.2 Poor prescribing has implications for nursing staff adversely affecting workload. 19% of nursing time is spent on medication tasks with interruptions for prescription clarification affecting time spent with patients. 3

Aims and Objectives: To assess prescribing behaviour in final year medical students using clinical scenarios after a pharmacist-led teaching session.

Methods: A senior pharmacist delivered a focused 1-hr teaching session to medical students approaching the final 1-2 months of training followed by a safe prescribing test 24-hrs later allowing access to the BNF. Accuracy of completion of a range of sections in a standard hospital prescription chart, with particular emphasis on antibiotics, anticoagulants, insulin and appropriate dose adjustment for renal dysfunction was tested.

Results: 118 students attended the course and sat the test (3x15 min questions). The majority of students correctly documented allergy status with type of reaction (99%) and prescribed medications in correct sections (80%). Antibiotic prescribing errors were observed in 42.3% in terms of administration frequency. Dangerous incorrect spelling of insulin (3.8%), route of administration (7.7%) or timing i.e. with meals or bedtime (14.6%) were seen. Low molecular weight heparin was written incorrectly by 20.3% (either wrong route, incorrect preparation or dose). Notably 44% of students inappropriately prescribed ACE inhibitors in a scenario involving acute kidney injury, dehydration and hypotension.

Conclusions: Despite relevant structured teaching, senior medical students struggle with prescribing common medications. Drug rounds are lengthy and time spent on these problems may increase with an aging population with multiple co-morbidities and poly-pharmacy. Intensive integration of safe prescribing at earlier stages of training and national standardised prescription charts may reduce error.

Poster number 41

Saudi Students' Perceptions of the Nursing Profession

Hammad Alroqi, PHD Candidats, Student, Angalia Ruskin University:
Supervisor 1 Professor Sharon Andrew.
Supervisor 2: Dr. Mansour Mansour.
Supervisor 3: Sara Burch, United Kingdom

Abstract

Background: The Kingdom of Saudi Arabia (KSA) has a chronic and severe shortage of Saudi trained nurses, accompanied by high rates of turnover. Expatriate nurses comprise the majority of the nursing workforce in Kingdom of Saudi Arabia (KSA). This provides challenges in healthcare delivery.To formulate strategies to promote and encourage Saudi students to choose nursing as their career path it is imperative to understand community attitudes and perceptions toward the nursing profession.

Aim: The overall aim was to explore the perception of the Saudi community towards the nursing profession in Riyadh City, KSA. This presentation will focus on secondary school students' perceptions.

Methodology: A sequential exploratory mixed method study. The quantitative aspect of the study is the topic of this presentation. Final year secondary school students in Riyadh were surveyed by a questionnaire, in Arabic, that comprised: demographic items and a 43 item Likert-scale about nursing as a career choice.

Results: 554 (86.6%) of students completed the questionnaire in October 2014. While school students had a respect for the nursing profession, they indicated a lack of awareness in the community about nursing. Students concerns about nursing were around potential of marriage, the risk of infection and the lower financial remuneration compared to other professions.

Discussion: The findings of this study support the previous studies, which reveal that the poor image of nursing and choosing nursing as a career affected by society and family attitude towards nursing in KSA.

Conclusion: Saudi Policy makers must set up plans encompassing high schools, the community, media and religious leaders to improve the image of nursing profession and encourage Saudi nationals to consider nursing as a career option to increase the delivery of nursing by a KSA derived workforce.

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