

Tuesday 24 – Friday 27 March 2009, Cardiff City Hall, Cardiff, Wales



The 2009 RCN International Nursing Research Conference

Celebrating 50 years
of nursing research:
Looking back, moving
forward

Book of Abstracts

Contents

Keynote abstracts	3
Vipers	6
Poster sessions	10
Symposiums	30
Concurrent sessions	47 - 115
Tuesday 24 March	47
Wednesday 25 March	64
Thursday 26 March	85
Friday 27 March	107
Workshop abstracts	116

Keynote abstracts

Tuesday 24 March 2009

Opening address:

Dr Peter Carter OBE, Chief Executive and General Secretary, Royal College of Nursing

Biography:

Dr Peter Carter OBE is the Chief Executive & General Secretary of the Royal College of Nursing (RCN); the world's largest professional union of nurses and health care support workers. The RCN has a membership of 400,000 nurses, midwives, health visitors, nursing students, cadets and health care support workers.

Before assuming the post of RCN Chief Executive and General Secretary in January 2007, Peter spent almost twelve years as the Chief Executive of the Central and North West London NHS Trust (CNWL). It is one of the largest mental health trusts in the UK, with an operating budget of over £200 million and an international reputation. In Peter's final year the Trust was awarded a rating of excellent for quality of care and good for use of resources. The Trust was the recipient of several awards related to standards of patient care and innovative staff initiatives. In January 2007, CNWL was voted in a poll by readers of the Nursing Times as the best mental health trust to work for in the UK.

Peter commenced his career by training as a psychiatric nurse at Hill End Hospital in St Albans for six years. He moved on to work at the then regional adolescent unit at Hill End Hospital, where he undertook further training in family therapy and crisis intervention. Peter is also a general nurse and trained at St Albans City Hospital and the Institute of Urology in London. In addition, he has held a number of clinical and managerial posts in Hertfordshire, Bedfordshire and London.

Peter is a graduate and a member of the Chartered Institute of Personnel and Development. He has a Masters Degree in Business Administration and a PhD – both from the University of Birmingham.

Peter has medico legal experience in a wide range of health related litigation issues, specialising in bio-mechanical injuries, homicides and suicides. Peter's PhD thesis is entitled 'Understanding reasons why nurses abuse patients in their care' and has lectured extensively on this issue. He has also lectured on leadership issues.

Peter was awarded the OBE for services to the NHS in the 2006 New Year's Honours List.

Since becoming Chief Executive and General Secretary of the RCN, Peter has restructured his top team and re-focused the organisation to address outstanding issues.

Nursing excellence through evidence

David C Benton RGN, RMN, BSc, MPhil, FFNF, FRCN, Chief Executive Officer, International Council of Nurses

Abstract:

In recent years we have witnessed a growing interest in nursing research and in evidence-based care driven by the quest for quality and cost-effectiveness from within the profession as well as growing societal demands and expectations. This trend is partly due to the current landscape of socio – economic situation affecting the health care environment – globalisation, health care reform, new and emerging health problems, changing demographics, and rapid advances in science and technology.

Nurses as key professional health care provider are more than ever challenged to be in the forefront of knowledge production, continual validation and application of knowledge in the service of our communities and populations. We are challenged to find new and better ways of promoting health, better ways of preventing disease, and better and cost-effective way of caring, curing and rehabilitation. This is nursing's contract with society and the road map for excellence in care.

ICN places high importance on nursing research, its development, dissemination and application to improve quality and cost-effectiveness of care.

The aim of this presentation is to showcase nursing's efforts in evidence-based care from a global perspective. More specifically the presentation aims to:

- Provide a context and background for evidence based care.
- Argue for using the power of evidence to achieve excellence in care.
- Share ICN's efforts in promoting and supporting evidence-based care.

Biography:

David Benton took up post as Chief Executive Officer of the International Council of Nurses (ICN) on the 1st of October 2008. Immediately prior to this he worked with ICN for three years where he held the role of consultant nursing and health policy and specialised in regulation, licensing and education.

He qualified as a general and mental health nurse at the then Highland College of Nursing and Midwifery in Inverness, Scotland. His MPhil research degree focused on the application of computer assisted learning to post-basic nurse education and has over the past thirty years had articles published in relation to research, practice, education, leadership, and policy topics.

David has held senior roles for twenty years across a range of organisation. These roles have included working as Executive Director of Nursing at a health Authority in London; as a senior civil servant in Northern and Yorkshire Region; as Chief Executive

of a Nurse Regulatory body in Scotland and as Nurse Director of a University Trust Health System.

David has travelled widely looking at various aspects of different health systems and was delighted to receive a Nuffield Policy fellowship in 1999. This enabled him to look at both America and Spain so as to understand how the professional voice might be best heard within the new constitutional arrangements in Scotland.

David is the recipient of several awards and honours. He is particularly proud of being awarded the inaugural Nursing Standard Leadership award in 1993. He was presented with Fellowship of the Florence Nightingale Foundation in 2001 and awarded Fellowship of the Royal College of Nursing in 2003 for his contribution to health and nursing policy.

Wednesday 25 March 2009

Looking back, moving forward: Pursuing the science of nursing interventions

Professor Dame Jill Macleod Clark DBE, PhD, BSc, RGN, FRCN, Deputy Dean, Faculty of Medicine, Health & Life Sciences, University of Southampton, Southampton, UK

Abstract:

Looking back, it is clear that the discipline of nursing has made great strides over the past 50 years. There has been an exponential growth in both the quality and quantity of research endeavour and output. There has also been professional acknowledgement of the need to ensure that education is linked to the best available evidence and that this evidence should be thoroughly embedded in practice. The discipline now has a confident and mature international research profile with many nurses leading world class programmes and multi-disciplinary academic teams.

However, whilst there is much to celebrate, a critical look at these achievements reveals some areas of weakness. The rhetoric advocating evidence-based practice is persuasive but, in reality, the evidence base for many nursing interventions is, at best, patchy. Even where an evidence base exists, it is often not consistently applied in practice. Possible explanations for this phenomenon are explored in this paper. There is a paucity of major programmes of research which examine measures and/or test the science of core nursing interventions. These are the interventions which are central to the nursing care agenda and include the management of symptoms, medicines management, maintaining skin integrity, managing continence and enhancing mobility and independence. There also remains a continued pattern of individual, one-off projects rather than cohesive researching group activity and an emphasis on 'endogenous' research addressing questions about nurses or the profession rather than on 'exogenous' questions related to real practice issues.

Moving forward it is crucial, therefore, that future energies redress this balance by shifting the centre of gravity of research to the examination, measurement and testing of common interventions which are located at the heart of nursing practice. Much will need to be done to achieve this goal including learning lessons about focus and cohesion from international examples of good practice and investing in capacity building and appropriate infrastructures for clinical academic careers. By capturing and owning the science of nursing interventions, the profession will be more empowered to influence research priority setting and funding policy. Pursuing the science of nursing intervention will also provide significant leverage at a time when the measurement of quality and cost effectiveness is a priority. Most importantly, generating a robust scientific evidence base to inform all aspects of

nursing practice will enhance the patient experience and improve patient outcomes. It will also provide the basis for identifying quality metrics which will allow the profession to clearly define and evaluate the outcomes of its contribution to patient care.

Biography:

Dame Jill qualified as a nurse at University College Hospital, London and worked in a variety of clinical posts in the hospital and the community. She gained a BSc Hons in Social Psychology from the London School of Economics and completed her PhD in 1982. She has an extensive research track record and has published widely. Her professional and academic interests lie in health promotion, the continued development of professional nursing roles and interprofessional education, and her current research focuses on promoting the health and wellbeing of people with long term conditions.

Dame Jill is currently Deputy Dean of the Faculty of Medicine, Health & Life Sciences at the University of Southampton. She has spearheaded the development of interprofessional learning and non-medical clinical academic careers within the Faculty. Dame Jill was a member of the 2008 RAE panel for nursing and midwifery. She is contributing to a number of national research and education policy initiatives and working parties linked to modernising nursing careers and the changing NHS workforce.

Her husband is Dr Will Bridge, Deputy Rector of the University of Arts, London. They have two married sons and 2 baby grandsons.

Thursday 26 March 2009

The contribution of research to health improvement

Professor Martin McKee CBE MD DSc FRCP(UK) FRCPI FFPH FMedSci, European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, London, UK

Biography:

Martin McKee qualified in medicine in Belfast, Northern Ireland, with subsequent training in internal medicine and public health. He is Professor of European Public Health at the London School of Hygiene and Tropical Medicine where he co-directs of the European Centre on Health of Societies in Transition (ECOHST), a WHO Collaborating Centre that comprises the largest team of researchers working on health and health policy in central and eastern Europe and the former Soviet Union. He is also research director of the European Observatory on Health Systems and Policies, a unique partnership of universities, national and regional governments, and international agencies. He has published over 440 scientific papers, 30 books, and 75 book chapters. He is one of the editors of the European Journal of Public Health and a member of numerous editorial boards, as well as being an editorial consultant to The Lancet.

He has given many endowed lectures, including the Milroy Lecture (Royal College of Physicians), the Cochrane Lecture (UK Society for Social Medicine), Ferenc Bojan Lecture (European Public Health Association), and DARE Lecture (UK Faculty of Public Health). He sits on a number of advisory boards in Europe and North America, in both the public and private sectors. He is a Fellow of the Royal Colleges of Physicians of the UK and Ireland and the UK Faculty of Public Health. His contributions to European health policy have been recognised by, among others, election to the UK Academy of Medical Sciences, the Romanian Academy of Medical Sciences, and the US Institute of Medicine, by the award of honorary doctorates from Hungary and The Netherlands and visiting professorships at the Universities of Zagreb and Belgrade and the London School of Economics. He was a distinguished international scholar at the University of Pennsylvania. In 2003 he was awarded the Andrija Stampar medal for contributions to European public health and in 2005 was made a Commander of the Order of the British Empire (CBE) by HM Queen Elizabeth II.

Friday 27 March 2009

**Nursing research in the trenches:
Continuity during transitions for
individuals with chronic conditions**

Professor Margaret B. Harrison, School of Nursing, Community Health and Epidemiology, Project Lead, Canadian Partnership Against Cancer Collaboration, Director, Queen's Joanna Briggs Collaboration and Senior Scientist Practice and Research in Nursing Group, Queen's University, Ontario, Canada

Abstract:

People with chronic conditions present complex challenges across the spectrum of health care. Maintaining continuity is of primary importance in their partnership with the health care system and those providing care. Typically they access multiple sectors for the care they need (e.g. hospital, ambulatory and home care), undergo shifts in their independence with therapeutic and self-care, and must adjust with the trajectory of their condition(s) between diagnosis, treatment, management and rehabilitation. The presentation will highlight a planning and evaluative framework for nursing research that bridges health services and practice paradigms. A reflection on the challenges and lessons learned over the 15 years of research program will be highlighted.

Thursday 26 March 2009

Masterclass:**Research and conceptualization
for effective implementation of
evidence (finding a way)**

Professor Margaret B. Harrison, School of Nursing, Community Health and Epidemiology, Project Lead, Canadian Partnership Against Cancer Collaboration, Director, Queen's Joanna Briggs Collaboration and Senior Scientist Practice and Research in Nursing Group, Queen's University, Ontario, Canada

Abstract:

Using the Canadian Institutes of Health's (formerly MRC) framework 'Knowledge to Action' explore the research methodologies that may be used on the journey to evidence-based practice. Topics could include how research and quality processes help form the alliance, pragmatic planning studies, who's decision is it at various stages? Ideally the audience will participate and contribute their experience through various formal and informal enquiries undertaken to plan and evaluate an evidence implementation.

Wednesday 25 March 2009

V₁

We should be able to bear our patients in our teaching in some way: Revisiting Menzies to understand the consequences of nursing's move to higher education

Helen Allan, Centre for Research in Nursing and Midwifery Education, Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK

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Abstract:

This paper explores the experience for nurse lecturers in supporting learning for student nurses in both the university and clinical practice. It draws from data in a two year study funded by the General Nursing Council Trust for England and Wales, which focused on leadership and learning in clinical practice. This was a two stage multi method study. Stage 1 included a literature study and stakeholder interviews with educational leaders nationally. Using four HEIs in four regional areas, Stage 2 included an E-Survey of 4000 students/717 response rate in England; participant observation of clinical shifts where student and mentor activity was observed; informal interviews with students, mentors, nursing managers and practice educators as well as formal focus group and individual interviews with mentors, ward managers, practice educators, a director of nursing, clinical placement facilitators, link lecturers, modern matrons, practice development nurses.

Using a comment on the move of nursing colleges to higher education and the desire of nurse education leaders to become members of academic departments of nursing by Fabricius (1996), we revisit Menzies (1959) paper to argue that the patient has become more and more excluded from the classroom; with the result that nurse tutors find it difficult to bear the patient in their teaching. We see this exclusion as a development of the institutional defence mechanism described by Menzies and discussed by Fabricius and argue that the move to higher education has altered the location and manifestation of the defence mechanism but not caused the exclusion.

Recommended reading:

Menzies, I. E. P. (1970) *The Functioning of Social Systems as a Defence Against Anxiety: A Report on a Study of a Nursing Service of a General Hospital*. London: Tavistock.

Fabricius J (1995) *Psychoanalytic Understanding and Nursing: A Supervisory Workshop with Nurse Tutors*, *Psychoanalytic Psychotherapy* 9(1):17-29

Fabricius J (1996) *Has Nursing Sold its Soul? A Response to Professor Banks*, *Nurse Education Today* 16:75-77

V₂

The relevance of the empirical research experience

Fiona Baguley, The Department of Nursing, Midwifery and Social Sciences, The Robert Gordon University, Aberdeen, Aberdeen, UK

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Abstract:

The subject chosen for this proposed ViPER has arisen from my own research experience as a nurse/podiatrist who completed an MSc in Health Care in 2007. As part of that educational experience I had to carry out a piece of empirical research that met with the standards set by the Research Governance Framework introduced by the Department of Health (2001). I now work as a Research Assistant in an academic institution. I intend to display the information for discussion on a comparison diagram. In an environment where few nurses who are qualified at Masters level go on to complete any further research, I will pose the question, 'is carrying out empirical research at Masters level in nursing relevant?' The Research Governance Framework is in place in an attempt to ensure research is conducted ethically in health and social care settings i.e. research must 'maximize the good and minimize the harm' (Crookes and Davies, 2003, p215). It is a framework which is designed to improve research standards and is significant in a climate where the nursing profession is expanding and offers degrees to a Masters level and beyond, while the emerging nurse consultant role matures and there is a certain weight attached to evidence based practice. However, there is a line of thought which suggests that the Clinical Governance Framework may have a negative influence on the research experience of the nurse (Howarth.M, 2005). The ViPER will identify the possible positive and negative educational implications for nurses of completing an empirical research study that adheres to the Research Governance Framework at MSc level. The practical and methodological implications of the Research Governance .

Recommended reading:

Crookes. P and Davies. S, (2003) *Research into Practice* Published by Beilliere Tindall, Edinburgh.

Howarth. M and Kneafsey. R, (2005) *The Impact of Research Governance in Healthcare and Higher Education Organizations* *Journal of Advanced Nursing Practice* Vol 49 (6) p675-683.

Research Governance Framework for Health and Social Care. Department of Health (2001).

V₃

What do you mean 'Feminist'? Implications of using the F word in research

Angela Cotton, Faculty of Health, Edge Hill University, Ormskirk, UK

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Abstract:

Claiming to be doing feminist research invariably raises many issues for both the researcher and the audience of the academic and professional nursing community. Such issues may relate to the epistemological and ethical subject positions being taken, but also important are the responses of the listener – whether this is a colleague or a student in an informal setting, or the more public arena of the conference paper or written publication. This paper develops and explores the identity of 'feminist researcher' and, drawing upon auto-ethnographic reflexive narratives, considers assumptions about what this might mean. Uses of feminist theory within nursing research will be considered, along with an analysis of how such theory may be located within the postmodern. The paper will draw upon my recent post doctoral experiences of being required to disseminate 'findings' from an experimental ethnographic PhD thesis which purports to be a 'feminist' study. This study was concerned with women's narratives of heroin use /abuse, and drew upon feminist and critical discourses.

The paper presented here will explore the tensions inherent in representing women's stories, some of the difficulties in 'doing feminist research' – along with a consideration of the implications of the identity of 'feminist researcher'. In developing an exposition of such implications, the paper will endeavour to address some of the assumptions which are invariably made when the 'F' word is mentioned.

V₄

Data saturation in qualitative interviews – when do we stop?

Naomi Reay, School of Healthcare Studies, University of Leeds, Leeds, UK

Co authors: Alan Tennant; Jackie Hill; Claire Hale.

Abstract:

A common method of qualitative data collection is one to one interviews; a common tool for analysis of such data is that of thematic analysis (Miles and Huberman 1994). Data saturation is the term applied to the point at which no new data are generated (Parhoo 1997). Prior to commencement of a study, the point of data saturation is not known, and estimates of the number of interviews required to achieve data saturation are often made based on factors such as previous similar studies, or on fulfilment of a sample frame of interviewees with required characteristics

This abstract reports results of a study of thirty-one, one to one interviews, conducted in a study

of the Quality of Life of patients with a connective tissue disease. The sample frame for the interviewees consisted of characteristics including age, gender, disease sub-type and disease duration. Following analysis of the themes identified, it was found that no new themes were generated after the first four interviews. Therefore, in this study, data saturation of themes was reached after four interviews. Previous research identified twelve interviews, from a study consisting of sixty interviews, as the point at which data saturation of themes was reached (Guest 2006). These two studies suggest that researchers may conduct more interviews than required to achieve data saturation of themes. However, the studies do not provide consensus on the number of interviews required to achieve the point of data saturation of themes. This may be due to the many variables in each of the studies including differences in researchers, interviewees, process of thematic analysis and interview topics. A larger study of data saturation of themes in qualitative research is required in order to explore the relationship of these variables on the point of data saturation of themes.

Recommended reading:

Miles, M. and A. Huberman (1994). *Qualitative Data Analysis*. London, Sage.

Parahoo, K. (1997). *Nursing Research. Principles, Process and Issues*. London, Macmillan.

Guest, G. (2006). 'How Many Interviews Are Enough?' *Field Methods* 18(1): 59-82.

Biography:

Naomi Reay comes from a professional background as a District nurse, an RSCN and an Allied Health Professional. She is currently a doctoral student with the School of Healthcare and School of Medicine at the University of Leeds, and her research interests are Patient Reported Outcomes (PROMs), specifically the study of Quality of Life. She currently works in a PCT as Allied Health Professional and Healthcare Scientist Commissioning and Quality advisor, and is also lead clinician with the Primary Care Research Network (PCRN) in West Yorkshire.

V5

Computerised multi-media guided on line self help programme

Steve Cottrell, Consultant Nurse, Clinical Governance Department, Royal Alexandra Hospital, Rhyl, Wales, UK

Co-author: Gary Slegg

Abstract:

Mental illness can affect the country's economy, reducing output through time-off sick and unemployment. Mental health conditions are now the biggest single cause of both absence from work and people claiming incapacity benefit (Hain 2007). Similarly, periods of unemployment may result in increased mental illness (Dooley, Fielding and Levi 1996; Murphy and Athanasou 1999; Paul and Moser 2006). This may create a vicious circle

whereby an individual with mental health problems becomes unemployed, and as a result becomes further incapacitated.

A pilot study of a computerised multimedia Guided Online Self-Help programme for anxiety disorders, Outreach-online, was trialled on a cohort of eight participants enrolled on the Welsh Assembly Government and Job Centre Plus' Want 2 Work scheme in Rhyl, North Wales. Outreach-online (www.outreach-online.co.uk) was awarded a Welsh Innovations in Healthcare Award in 2006, and was recognized in the RCN 'Nurse of the Year' awards in 2007 and the British Journal of Nursing Awards, 2007. It was developed in North Wales by the North Wales NHS Trust).

The results of our study indicate that there may well be a problem of undiagnosed anxiety and depression within the long-term unemployed, and that Outreach-online is an acceptable and useable tool to address this unmet need. There is some evidence that job-seeking behaviour improves as a result of participating in this programme, reducing the beneficiaries distance from the labour market.

We recommend that a larger study is carried out to produce more robust findings, and to include a cost-analysis to look at the cost-effectiveness of using Outreach-online as a tool for supporting the long-term unemployed.

The proposed poster presentation will summarise the findings of the study and, if permissible, could allow participants to use the Outreach-online programme first hand (should a computer facility exist).

References

Hain, P. (2007). *Mental Health and Employment – Meeting the Challenge*, House of Commons Hansard. 468.

Dooley, D., J. Fielding and L. Levi (1996). 'Health and Unemployment.' *Annual Review of Public Health* 1996(17): 449-465.

Murphy, G. C. and J. A. Athanasou (1999). 'The Effects of Unemployment on Mental Health.' *Journal of Occupational and Organizational Psychology* 72: 83-99.

Paul, K. I. and K. Moser (2006). 'Incongruence as an Explanation for the Negative Mental Health Effects of Unemployment: Meta-analytic evidence.' *Journal of Occupational and Organizational Psychology* 79: 595-621.

V6

Undertaking palliative care research in developing countries: Ethical implications

Barbara Jack, Faculty of Health, Edge Hill University, Ormskirk, UK

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Abstract:

There is a growing need for palliative care research in developing countries to evaluate initiatives and identify areas for expansion of services. However it is acknowledged that undertaking palliative care research is not without both practical and ethical dilemmas due to the vulnerable population involved (Bever et al 1999). Within the western world there are formally established research ethics processes that act to provide quality mechanisms and to protect participants. In developing countries there are limited formal systems in place, coupled with low literacy rates that may prevent truly independent informed consent and could potentially result in exploitation. It is widely accepted that the key principles inherent in undertaking research in developing countries include the duty to alleviate suffering, to show respect for people and to avoid exploitation of the vulnerable. Although the Nuffield Council on Bioethics (1999) provide guidance regarding clinical research that clearly highlights issues for consideration, in particular surrounding gaining informed consent, there is limited guidance available for palliative care researchers on the practical implementation of key ethical principles.

The aim of this paper is to discuss how palliative care researchers can transfer good practice surrounding ethical principals to developing countries. Practical issues surrounding recruitment, obtaining informed consent, the use of interpreters, payment for participants and the role of the researcher once the project is completed will be discussed. Examples from palliative care research undertaken in sub-Saharan Africa will be given to illustrate examples of good ethical practice.

Recommended reading:

Beaver K, Luker K, Woods S (1999) *Conducting Research with the Terminally Ill: Challenges and Considerations*. *International Journal of Palliative Medicine* 5(1) 13-17

Nuffield Council on Bioethics (1999) *The Ethics of Clinical Research in Developing Countries: A Discussion Paper*

V7

Invisible birth technology: Post doctoral research reflections

1999-2009

Marlene Sinclair, School of Nursing, Faculty of Life and Health Science, University of Ulster, Jordanstown, UK

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Abstract:

Exploring the use of high technology in the labour ward was the subject of doctoral research using multiple –methods in 1999. Ten years later the data remains powerful and subsequent research has confirmed many emerging assumptions. However, it is the life journey of the ten years following the original research that offers valuable insights for doctoral students and post doctoral researchers. The conclusion that modern childbirth is a high-tech business was muted at the beginning of the research journey and ten years later it is irrefutable.

The overall aim of this paper is to share the doctoral research journey, the post doctoral life and the insights learnt from ten years of doctoral research supervision. Objectives include describing the journey from PhD to post doctoral researcher and supervisor; synthesising new data and making decisions at the crossroads. The approach is autobiographical and the sample is self. The data is descriptive and includes a synopsis of original research and snapshots of post doctoral research undertaken in the past ten years. Data will be presented as narrative and illustrated with multimedia. Discussion will be centred on the unknown life journey of the doctoral student to the unknown career pathway for the post doctoral researcher. Examples from doctoral research students' will be used to illuminate key issues. Recommendations for guidance and supportive strategies to facilitate transition from doctoral student to post doctoral researcher will be presented for consideration.

Recommended reading:

Ihde, D. (1990) *Technology and the Lifeworld: From Garden to Earth*. Bloomington, Indiana University Press

Heidegger, M. (1977) *The Question Concerning Technology*. In: Krell, D.F. (Ed) *Basic Writings*. Harper & Row, New York

Biography:

Marlene Sinclair holds a personal chair for midwifery research at the Institute of Nursing Research, University of Ulster.

Thursday 26 March 2009

V8

Using reflection to teach research concepts in a Chinese nursing school

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Abstract:

Helping undergraduate nursing students grasp the key concepts of nursing research in a way that stimulates their interest is key to developing and inspiring the next generation of nursing researchers. However research lectures may often be perceived as grappling with abstract and seemingly irrelevant details which smother rather than spark interest in the topic. There has been much discussion of how to improve this situation (Parahoo 1999). Learning by engaging in actual projects in the real world is far more stimulating but ethical requirements rightly place limits on the degree to which novice researchers can be allowed to make mistakes and learn from them. The ability to reflect and learn from mistakes plays an important part in learning; reflective models help us to do this in a more organised and systematic manner (Burton 2000) This presentation reports on the use of a reflective model to help Chinese nursing students understand research concepts. It builds on the author's experience of using experiential learning and simulation to enhance student understanding of abstract research concepts in the UK. An analysis of students' reflective evaluations will be presented hopefully supported by a Chinese user/co-presenter. China's developing nursing research faces many challenges (Li & Acorn 1996) similar to those faced in the UK such as perceived inadequacy and medical dominance; additional challenges come from Confucian based thinking which does not question the status quo. Teaching by reflection, while common in the West, is very new in China and is extremely useful for crossing linguistic and cultural barriers. It can be usefully applied to health care staff in any culture to enable students to explore the knowledge embedded in experiential learning, prior to embarking on actual research projects.

Recommended reading:

Burton A.J. (2000) Reflection: Nursing's Practice and Education Panacea? *Journal of Advanced Nursing* 31 (5) 1009 – 1017

Li X. D. & Acorn S. (1996) Nursing Administration in China, *Journal of Nursing Administration* 26 (2) 12 – 13

Parahoo K. (1999) A Comparison of Pre-project 2000 and Project 2000 Nurses' Perceptions of their Research Training, Research Needs and of their Use of Research in Clinical Areas, *Journal of Advanced Nursing*, 29 (1) 237 – 245

V9

Using method to find methodology: Reflexivity as a mirror and window

Elaine Allan, Aberdeen City CHP, NHS Grampian, Aberdeen, UK

Co author: Colin McDuff

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Abstract:

This ViPER presentation focuses on a dilemma faced by many researchers, presents one possible solution, and opens up the issue more generally for conference contributions. The dilemma in question is how to choose an appropriate qualitative methodology from the many available (Knafl 1985), and how to relate this theoretically and practically to research method. As this is often particularly difficult for new and/or less experienced researchers, the presentation of the dilemma and solution will be led by a doctoral student. The particular context is that of an experienced professional nurse researching her peers' experiences and perceptions of change, and related processes of leadership and teamworking. The poster, produced in concert with colleagues in Art and Design, will use the image of the researcher looking into the window of a large shop which is replete with methodologies such as phenomenology, narrative approaches and critical theories. Her face is reflected in the shop window, to illustrate the point that will be developed in the presentation i.e. that reflexive methods (Clarke 2006) can be used as both a mirror and a window for methodological development.

Specifically the researcher will summarise a journey of self discovery, enabled through:

- self reflection
- literature search
- being interviewed with her own interview schedule by an academic colleague, and receiving feedback and analysis from both the interviewer and her supervisor
- carrying out a small number of preliminary interviews to test method and render visible assumptions-in-action

Through these means greater clarity about appropriate methodology has been achieved before starting the main study. The paper suggests this strategy may be useful for other qualitative researchers, especially those researching peers. Moreover, in opening up the issue for subsequent debate, the paper will contribute by challenging 'scientific fairy tale' reporting (Mitroff 1974) portraying methodology as necessarily preceding method.

Recommended reading:

Clarke, A (2006). *Qualitative Interviewing: Encountering Ethical Issues and Challenges*. *Nurse Researcher* 2006;13 (4): 19-29

Knafl, K.A. (1994). *Dialogue: Clarifying Phenomenological Methods*. In J. Morse (Ed), *Critical issues in qualitative research methods*. (p. 134). Thousand Oaks, CA: Sage.

Mitroff, I (1974) *The Subjective Side of Science: Philosophical Inquiry into the Psychology of the Apollo Moon Scientist*. Amsterdam: Elsevier

V10

Sunbeams and cucumbers? Developing a programme to research wisdom in nursing

Colin Macduff, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, UK

Co authors: Peter Wimpenny; John Gass; Sylvia Wilcock

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Abstract:

The idea of wisdom in nursing has received increasing study in recent years, both as manifest within nursing practice (Benner 2000; Uhrenfeldt and Hall 2007) and in terms of nursing education (Haggerty and Grace 2008). Nevertheless it remains a somewhat elusive concept that seems to have been subject to little sustained, programmatic investigation. This ViPER presentation presents initial ideas and reflections from a group of nursing researchers who are developing a programme to research wisdom within nursing. The presenters will outline approaches that are being developed to research the nature, acquisition and effects of wisdom in nursing. In particular there will be consideration of the ideas of evidence-informed wisdom and clinical wisdom. This brief overview will be facilitated by consideration of an accompanying poster which will be produced in concert with colleagues in Art and Design. The poster will schematise the research programme in terms of its three developing themes and their integrative nature. This positive portrayal will be counterpointed by a more critical image derived from Jonathan Swift's classic novel 'Gulliver's Travels'. This image will reflect Swift's satirical portrayal of an academy of scientists labouring for years on a project to extract sunbeams from cucumbers so that they might warm the air in poor summers.

Through this combination of words and images there will be overview of:

- the concept of wisdom in nursing
- approaches to researching wisdom in nursing
- related critical considerations

This will make initial contribution to development of knowledge about what wisdom in nursing is, and what its study may involve. Moreover, it will set the scene for subsequent facilitated discussion that can yield further insights by integrating perspectives from conference delegates.

Recommended reading:

Benner P (2000) The Wisdom of Caring Practice. *Nursing Management*. 6(10); 32-37

Haggerty LA and Grace P (2008) Clinical Wisdom: The Essential Foundation of 'Good' Nursing Care. *Journal of Professional Nursing*, 24(4); 235-240

Uhrenfeldt L and Hall EOC (2007) Clinical Wisdom Among Proficient Nurses. *Nursing Ethics*. 14(3); 387-398

Friday 27 March 2009

V11

The management of patients with diabetes by nurse prescribers: Nurses views

Nicola Carey, School of Health and Social care, University of Reading, UK

Co authors: K Stenner, M Courtenay
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Abstract:

Aim: To explore the views of nurse prescribers on how nurse prescribing has affected work patterns, and the provision of care for patients with diabetes.

Background: Approximately 14,000 nurses across the UK have undergone training which has provided them with virtually the same prescribing rights as doctors. Nearly 80% of these nurses work in primary care (Courtenay & Carey 2008a) and over 30% prescribe medicines for patients with diabetes (Courtenay & Carey 2008b). Nurse prescribing is expected to optimise the role of nurses in contributing to the improvement of services for patients with diabetes. There is little evidence on the how nurse prescribing is being implemented or its impact on the provision of care for patients with diabetes.

Method: A qualitative study involving semi-structured interviews and a purposive sample of 10 nurses (4 diabetes specialist nurses and 6 nurses working in general practice) who prescribed for patients with diabetes. Data was collected September 2007-September 2008. A thematic analysis was conducted on the interview data.

Results: Whilst the roles of diabetes nurses continued to evolve, prescribing did fit well within existing work arrangements and established mechanisms for support. A number of benefits were reported: including the ability to deal with comorbidities, increased efficiency, continuity of care, maintaining long-term relationships, and providing consistent health messages. Initial problems restricting prescribing practice (i.e. lack of prescribing pad, inability to prescribe electronically, formulary restrictions) were now resolved.

Conclusion: Nurses believed that the capacity to prescribe had a substantial effect on improving efficiency and the quality of care patients with diabetes received. These benefits were ameliorated by the established nurse-led services, and support structures that nurses were able to access. Thus highlighting that pre-established nurse-led services, and having access to good quality support appear to facilitate the successful implementation of nurse prescribing.

Recommended reading:

Courtenay, M., Carey, N. (2008a) Nurse Independent and Nurse Supplementary Prescribing Practice: National Questionnaire Survey, *Journal of Advanced Nursing*, 61, (3), 291-299.

Courtenay, M., Carey, N. (2008b) Preparing Nurses to Prescribe Medicines for Patients with Diabetes: Findings from a National Questionnaire Survey, *Journal of Advanced Nursing*, 61, (4), 403-412.

V12

Evidence based commissioning – respite services for older people with mental health needs

Annie Topping, Nursing, University of Huddersfield, Huddersfield, UK

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Abstract:

Recent reforms in health and social care puts particular emphasis on service commissioning based on the needs of local communities. This presents a particular challenge when a population is ill-defined or invisible as is the case for some older people with mental health needs. An individual with declining cognitive function may be unknown to specialist services, alternatively they, or their carer may be fearful or indeed ignorant of what support might be available. The issue for those commissioning and providing care services for this population is how to model resources to meet population needs, whilst ensuring individual needs are met. The various stakeholders frequently hold different opinions about how services should be configured and prioritised. Lack of robust evidence to estimate the effectiveness of different elements of mental health services for older people creates further problems for strategic planning.

This aim of this mixed methods study was to examine the appropriateness, effectiveness and cost of existing respite and primary care services for older adults with mental health needs and their carers, served by a primary care trust in the North West England. A range of stakeholder informants (n=90) participated in a series of focus group or individual interviews to assess appropriateness of services. Carers (n=50) supporting service users completed the Zarit Caregiver Burden Scale¹, Client Service Receipt Inventory [CSRI]², and Hospital Anxiety and Depression Scale [HADS]³ to assess caregiver burden, and amount and cost of services received. Navigation of services and organisations emerged as the greatest challenge to all stakeholders. Knowledge of, and intelligence about services appeared to be organisationally bounded with consequences for service users, carers and providers. Defining support as health or social carried implications and burdens and often served only to limit support. This paper will discuss these findings against the future landscape of personalised care.

Recommended reading:

Zarit, S., Stephens, M. A. P., Townsend, A., Greene, R. (1997) Adult Day Care Collaborative Study, Study Measures. Penn State University. (developed for National Institute on Ageing (US) Ro1 AG11354-02 Mental Health of Caregivers of the Elderly – Day Care

Beecham, J., & Knapp, M. (1999) Costing Psychiatric Interventions. Personal Social Services Research Unit, University of Kent at Canterbury. Discussion Paper 1536.

Zigmond A S, and Snaith RP (1983) The Hospital Anxiety and Depression Scale *Acta Psychiatrica Scandinavica* 67: 361-70

Theme: Midwifery and women's health issues

1

An innovative approach to facilitating nursing and midwifery research

Victoria Sellick, Clinical Investigation and Research Unit, Brighton and Sussex University Hospital NHS Trust, Brighton, UK

Co-authors: Professor Valarie Hall; Nicky Perry; Eileen Nixon; Ben Skinner; David Crook; Sarah Young; Jackie Portsmouth; Jane Butler; Karen Wright

Abstract:

The promotion of research career opportunities for nurses and midwives is fundamental to achieving the aspirations contained in Modernising Nursing Careers the Darzi workforce proposals and the National Health Research Strategy. Research active health professionals will increase the evidenced base, ultimately contributing to high quality health services and patient care. To date, investment in nursing and midwifery research capacity has been limited. There remains a culture within clinical nursing that sees research as intimidating and difficult to access

One of the key aims of the newly launched Brighton and Sussex University Hospitals NHS Trust Nursing and Midwifery Research Strategy is to develop a culture which encourages nurses and midwives to engage in research.

The strategy steering group, made up of Trust senior clinicians and academics from the University of Brighton and the NHS Library service, implemented an inclusive and participatory process to achieve this aim. A questionnaire designed to find out about research ideas and experiences was disseminated throughout the Trust generated 180 responses. Research ideas were also gathered from the Trust Nursing and Midwifery Conference and other meetings. The research ideas were collated and two potential research questions that matched Trust priorities, were identified. All those who had suggested research ideas were invited to a preliminary workshop to vote on the question to be adopted. Attendees were invited to participate in a series of workshops which mirrored the research process. The intention was to demystify the research process and enable development of research skills by participation in a group project. We anticipate that involving clinicians in a live research project of genuine interest to them, facilitated by experienced researchers will overcome some of the blocks to research.

Recommended reading:

DH Modernising Nursing Careers – Setting the Direction, 2006. London: DH

DH NHS Next Stage Review: A High Quality Workforce, 2008. (Darzi Report) London: DH

Promoting Excellence in Care Through Research and Development: an RCN position statement, 2003. London: Royal College of Nursing

2

A qualitative study of abortion care: Perceptions of patients and staff

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Abstract:

Background: Abortion is the most common gynaecological procedure performed in the UK, 1 in 3 women by the age of 45 experience abortion (Argent 2006). Inequitable service provision and lack of standardised care is prevalent (Kumar et al 2005). Scotland has 99.8% NHS abortion provision, parts of the UK 46% NHS provision and parts of Wales has no service at all. Abortion is illegal in Northern Ireland (RCOG 2004)

Aims: To explore women's and staffs perceptions of abortion care. To explore why care is not standardised. Understanding women's experiences along their abortion journey, may help to inform future services which meets women's needs and, may help prevent the experience of repeat abortion (32% repeat abortion).

Methods: A qualitative study, using face to face in depth interviews with 25 participants (17 patients and 8 staff.) Because anomalies exist in the four countries of the U.K. Northern Ireland was excluded as abortion remains illegal there except under certain circumstances. Scotland was excluded, as statistics collected on Scottish abortions are not included in the Department of Health data.

Results: Key themes relating to abortion care emerged from the data analysis. Results indicate that abortion care remains variable. Women who reported poor care were mostly affected by judgemental attitudes, delays, access and travel issues, lack of information, insufficient follow up and inadequate facilities. Women who reported good care received fair and non judgemental care, a speedy and efficient local service, good information, adequate facilities and follow up. Staff were often inclined to self praise and not recognise judgemental care. Staff also complained about the lack of appropriate facilities and felt this impacted on the care they were able to provide and this in turn caused distress for staff who felt they were working in less than adequate circumstances.

Recommended reading:

Argent, V. (2006) How Can Abortion be Made Simpler for Women? The Journal of Family Planning and Reproductive Health Care, Vol.32, (2), p.51-54.

Kumar, U. Baraitser, P. Morton, P. and Massil, H. (2004) 'Decision Making and Referral Prior to Abortion: A Qualitative Study of Women's Experiences'. The Journal of Family Planning and Reproductive Health Care, Vol.30, (1), p.67

Royal College of Obstetricians and Gynaecologists (2004) The Care of Women Requesting Induced Abortion. Evidence-based Guideline No. 7. RCOG Press London

3

Access to health care services for women and children living with domestic abuse

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Co authors: Thilo Kroll; Julie Taylor

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Abstract:

Background: Approximately 26,000 incidences of domestic abuse (DA) are reported each year in Scotland. Most research has focused on screening for domestic abuse in primary care and maternity services. The health impacts of living with domestic abuse are well documented (WHO 2002) making it imperative that appropriate care and support is available and accessible.

Aims: This study aimed to identify barriers and facilitators to access to health care services for women and children experiencing domestic abuse.

Methods: For this study, we used a mixed-methodology, including qualitative and quantitative study components. Women's experiences of access to health care services were explored in semi-structured interviews (n=22), analysed using a thematic framework (Ritchie and Spencer 1994). Community nurses (n=10) participated in a series of concept mapping meetings (Kane & Trochim, 2006), an innovative approach which maximises the direct involvement of participants in identifying problems and formulating solutions.

Results: Analysis of the data suggests that there are three key areas, reported by both women and practitioners, which significantly affect access to health care services: psycho-social factors, health system-related factors and geographical factors.

Discussion: The extent to which the experience of living with domestic abuse can impair a woman's ability to negotiate healthcare for herself and her children was found to be significant. Health systems which rely on permanency of residence, GP registration and high levels of patient compliance fail to adequately meet the needs of this population. When women and children are able to remain living in their own homes, free from abuse, and maintain established links with health providers, access difficulties are greatly reduced.

Conclusions: Nurses have an important role in ensuring that women and children experiencing domestic abuse have their health needs identified and access to appropriate healthcare services.

Recommended reading:

Kane and Trochim (2006) Concept Mapping for Planning and Evaluation, Thousand Oaks, CA

Ritchie J and Spencer L (1994) Qualitative Data Analysis for Applied Policy Research IN Bryman A and Burgess R G eds Analyzing Qualitative Data, Routledge London

World Health Organisation (2002) World Report on Violence and Health WHO Geneva

4

Women's experiences of supportive care in early pregnancy following recurrent miscarriage

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Abstract:

Background: Women with a history of recurrent miscarriage may show signs of increased anxiety in subsequent pregnancies. Supportive care is offered to these women in early pregnancy and usually includes regular early ultrasound scans and emotional support. The research explored women's experiences of supportive care in a large teaching hospital.

Aims: To investigate women's experiences of supportive care in early pregnancy

Methods: In 2005, 133 women were invited to take part. Quantitative and qualitative analysis was carried out on the data collected.

- Postal Structured Questionnaire (32)
- Semi-structured interview (8).

Results: Five main categories: The Impact of Pregnancy Loss – Following miscarriage the majority of women felt sadness, alone, frustration and had concern for future pregnancies. The need for support – Women reported that supportive care was not routinely offered to eligible women who may have benefited. In subsequent pregnancies initial excitement was overshadowed by anxiety focused on 'waiting for the miscarriage to happen'. Technical surveillance – Many of the women expressed the importance of monitoring pregnancy progress and talked about how there was an increased level of hope when reaching each gestational milestone.

Why has it happened again?

Women felt a strong desire to discover their reason for recurrent miscarriage and had a difficulty understanding why investigations weren't carried out after their second miscarriage. Trying again

There was inconsistent advice about trying again – some women were keen to 'just get on with it' and wanted permission to try again

Conclusions: Supportive care was not routinely offered, requiring women to demand increased support. Ultrasound provided reassurance by confirming 'signs of life' but women did not welcome false hope. Most women had received good care from an efficient and caring service and welcomed individualised care.

Recommended reading:

Clifford, K. Rai, R. and Regan, L. (1997) Future Pregnancy Outcome in Unexplained Recurrent First Trimester Miscarriage. *Human Reproduction*. 12, pp 387 – 389

Brigham, S.A. Conlon, C. and Farguharson, R.G. (1999) A Longitudinal Study of Pregnancy Outcome Following Idiopathic Recurrent Miscarriage. *Human Reproduction*. 14 (11), pp 2868 – 2871.

Liddell, H.S. Pattison, N.S. and Zanderigo, A (1991) Recurrent Miscarriage – Outcome After Supportive Care in Early Pregnancy. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 31 (4), pp 320 – 322

5

Experiencing breastfeeding and sexuality in motherhood: Separating yourself between motherhood and being a woman

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Abstract:

The interface between breast feeding and feminine sexuality is an aspect of crucial importance in a woman's life. Nevertheless, it is not well known by the professionals who assist them, and for this reason an investigation was begun as to how that self-expressiveness happens throughout the woman's point of view. This study has, as its principle, the theoretical model "Pesando Riscos e Beneficias" (Silva, 1997) Comprehending the meaning of the sexual interface of breast feeding for women experiencing this process and to comprehend how this dimension attributed the sexual interface is shown in a woman's behavior. It was taken as theoretical and methodological referential symbolic interactions and theory based on data and it's analysis respectively, and was obtained by interviewing 13 women who have been living in Sao Paulo's municipal district, that were either breast feeding or have already had this experience. From these results emerged three observations: Feeling the body's change; taking on new duties, and neglecting the relationship and separating themselves between motherhood and relationships.

The study revealed that for these women the breast feeding experience and its interface with the feminine sexuality happens throughout motherhood, by trying constantly to separate themselves from motherhood and being a woman. She wants to mediate the breast feeding and her sexual life by trying to conciliate these new functions with the others; understanding, however, that in this phase of her life the priority is the child and its needs.

Recommended reading:

ABUCHAIM, E. de S.V. Experiencing Breastfeeding and Sexuality in Motherhood: 'separating yourself between motherhood and being a woman'. [Thesis] São Paulo (SP): Escola de Enfermagem, Universidade de São Paulo; 2005.

6

Exploring the use of the internet for breastfeeding advice: A descriptive survey

Maria Herron, *School of Nursing, Institute of Nursing Research, University of Ulster, Belfast, UK*
Co-authors: Marlene Sinclair; George Kernohan; Janine Stockdale
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Abstract:

Background: This is the first stage of a Doctoral Study that sets out to explore women's perceived value of the internet as a support system for breastfeeding mothers. Women are increasingly turning to the internet for health information and as a source of advice to support decision making in pregnancy (Lagan 2007). However, the content of some websites may not always provide relevant responses to health queries (Benigeri and Pluye, 2003) and the internet could play a greater role in motivating women to breastfeed. (Stockdale et al., 2007)

Aims: The aim of this work is to explore and understand the searching processes undertaken by women who seek information about breastfeeding from the internet.

Objectives: This paper will describe internet search volume trends on breastfeeding at national and international levels.

Methods: Internet Surveillance has been undertaken using various Google tools and Data Capture Software. Data analysis will provide a breakdown of internet search volume on breastfeeding and associated terms and will be presented as a global overview of breastfeeding traffic online. Analysis will also include an overview of the main internet sites commonly featured in relation to the key breastfeeding search terms identified. Findings will be presented using simple frequencies, bar charts and figures. Data is analysed using SPSSV14. Discussion will focus on the usage of breastfeeding search terms, breastfeeding rates, breastfeeding search profiles for individual countries and an overview of websites accessed using key search terms identified by internet users. This information will contribute to the development of understanding of women's use of the internet in relation to health and health care.

Recommended reading:

Benigeri M, Pluye P. (2003) Shortcomings of Health Information on the Internet. *Health Promotion International* 18 (4): 381-6

Lagan B. (2007) Womens' Decision Making in Pregnancy: The Role of the Internet (unpublished PhD dissertation). University of Ulster: Jordans-town, Northern Ireland

Stockdale J, Sinclair M, Kernohan WG, Keller JM. (2007) Exploring the Potential of the Internet to Motivate Breastfeeding. *The Royal College of Midwives. Evidence Based Midwifery* 5(1): 10-5

Theme: Child health

7

Developing a caregiver quality of life score for wheezy preschool children

Catherine Olden, Respiratory Care, Brighton and Sussex University Hospital NHS Trust, Brighton, UK
 Co-authors: Paul Seddon; Elizabeth Juniper; Cathy Olden

Abstract:

Assessing asthma control in the preschool age group is problematic. Lung function is difficult to measure and may not be closely related to the quality of life (QOL). Validated QOL tools exist for caregivers of school-age asthmatic children (Juniper 1996).

We aim to develop a QOL tool for wheezy preschool children and their families. As the first stage, we have explored QOL issues as perceived by caregivers and health professionals. We interviewed 10 individual parents of children aged 1 to 5 years with recurrent wheezing, ran 2 parent focus groups involving a further 9 parents, and interviewed 5 health professionals.

Parents were asked open-ended questions about how wheezing illness affected:

- a) their child's QOL
- b) their own QOL.

Professionals were asked what aspects of QOL were most likely to be affected by wheezing disease in:

- a) preschool children
- b) their carers.

Prominent themes which emerged were as follows: Parents on their child's QOL : Missing fun activities, need to limit exercise, sleep disturbance Parents on own QOL: Anxiety about child catching respiratory infections, worry about spotting deterioration, missing work/college, concern about not being listened to by professionals Professionals on child's QOL: Sleep disturbance, restriction of activity, upset about taking medications Professionals on caregiver QOL: Stress of remembering to give medication, disturbed sleep, employment prospects. Although there was considerable overlap, professionals focussed on the problems of medication impinging on quality of life, whereas caregivers rarely mentioned this. Compared to items in the Juniper caregiver QOL questionnaire for school-age asthma, issues about acute attacks, as opposed to chronic symptoms, predominated.

Recommended reading:

Juniper, E.F., Guyatt, G.H., Feeny, D.H., Ferrie, P.J., Griffith, L.E., Townsend, M. Measuring quality of life in the parents of children with asthma. *Quality of Life Research* 1996; 5: 27-34

8

Do carers transfer DNA innocently to children during day to day contact? Preliminary results from 20 children

Diane Nuttall, Department of Child Health, Cardiff University, Cardiff, UK

Co-authors: Sabine Maguire; Alston Kemp; W John Watkins; Zoe Lawson; Frank Dunstan; David Fone; Guy Ruddy; Eleanor Graham; Chloe Swinfield
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Abstract:

1 in 800 children are abused every year in Wales, with bruising being the commonest presenting feature. A systematic review of literature spanning 40 years reveals little robust scientific evidence for assessing bruising in children. Such assessments are made with the naked eye and rely heavily upon the experience of the examining doctor. Small amounts of DNA can be obtained from touched surfaces and an interpretable profile obtained. Work with adults suggests that DNA left on skin, in simulated strangulation can be profiled in the same way (Lowe et al).

Aims: We hypothesise that this technique may be valuable in identifying the perpetrator of physical child abuse.

We will

Establish background levels of DNA transferred from parent/carer to the head and neck of infants. Assess whether the level of background transfer is inconsequential.

If so DNA analysis of inflicted bruises has potential application in the assessment of suspected physical abuse in infants.

Methods: Using established methods swabs were taken for DNA from 12 specified areas of the head and neck from a cohort of 20 non-abused children under 5 years of age (Maguire et al). Buccal swabs were taken from both child and close contacts to establish full DNA profiles. These were sent to the East Midlands Forensic Pathology Unit, University of Leicester, for DNA extraction and amplification. The SGM Plus PCR Amplification system was used at 28 and 34 cycles for DNA profile production.

Results: Initial results show that only partial exogenous DNA profiles are seen. A fuller analysis will be presented with the final version of this paper along with suggested future investigations.

Conclusions and discussion: Results suggest that background skin DNA contamination is negligible. It may be possible therefore to develop this technique to explore the potential of obtaining DNA profiles from abusive bruises that may identify the abuser.

Recommended reading:

Maguire S, Ellaway B, Bowyer VL, Graham EAM, Ruddy GN. (2008) Retrieval of DNA From the Faces of Children aged 0-5 years: A Technical Note. *Journal of Forensic Nursing* 4 (2008) 40-44.

Maguire, S., Ellaway, B., Bowyer, V. L., Graham, E.A.M., Sibert, J. Kemp, A., and Ruddy, G.N. (2006) Measurement of DNA Found on the Faces of 30 Children Aged 0-5 Years: A Pilot Study Relevant to Child Protection Assessments. *Royal College of Paediatrics*

Lowe A, Murray C, Whitaker J, Tully G, Gill P, The Propensity of Individuals to Deposit DNA and Secondary Transfer of Low Level DNA from Individuals to Inert Surfaces. *Forensic Science International*. 2002, 129: 24-34.

Theme: Mental health

9

Symptoms and depression are predictors of health-related quality of life in both Taiwanese and American heart failure patients

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 Co-authors: Debra K. Moser; Shioh-Li Hwang; Hsieh, Yeu-Sheng; Gau, Bih-Shya; Chiang, Fu-Tien; Terry A. Lennie; Misook L. Chung; Martha Biddle; Seongkum Heo

Abstract:

Background: Health-related quality of life (HRQOL) in heart failure (HF) patients is a multidimensional construct perceived through the lens of culture. The HRQOL of HF patients is well known in Western society, but little is known about HRQOL in Asian countries. It is important to examine the diversity of HRQOL in different countries in order to improve HF patients' outcomes.

Specific Aims: To compare HRQOL between American and Taiwanese HF patients and determine predictors of HRQOL in American and Taiwanese patients.

Methods: HRQOL was compared between 87 Taiwanese (64.3±12.1 age; 69% male; 43% NYHA III/IV) and 96 Americans with HF (61.6±11.7 age; 74% male; 42% NYHA III/IV). HRQOL was measured using the Minnesota Living with Heart Failure Questionnaire, and symptoms using the Pulmonary Function Status and Dyspnea Questionnaire. Hierarchical regression analyses were used to examine demographic (age, gender), disease severity (ejection fraction, NYHA), symptoms (dyspnea, fatigue), and psychological (depression) predictors of HRQOL.

Results: The HRQOL of HF patients in the U. S. (33.8±23.4) was poorer than in Taiwan (22.4±18.8, p<.05). Age, symptoms and depression significantly impacted on HRQOL, accounting for 48.1% (p<.05) of the variance of HRQOL for full sample. Symptoms and depression were powerful predictors affecting HRQOL, accounting for 18% and 5% of the variance in HF patients.

Discussion: Interventions for improving HRQOL of HF patients in Taiwan and the U.S. need to consider the symptoms of dyspnea, fatigue, and depression

as essential targets. Reasons for the worse HRQOL in Americans are unclear and further study is needed to determine the impact of this difference.

Conclusions: The HRQOL of American HF patients is more impaired than Taiwanese. Age, symptoms of dyspnea, fatigue, and depression are dominant predictors of HRQOL in both groups. Despite marked cultural differences, factors predicting HRQOL in Americans and Taiwanese HF patients are similar.

10

The relation between individual learning, team-based learning, learning climate and ward characteristics and implementation of the Neuman System Model in two mental health institutions in the Netherlands

Olaf Timmermans, Division of Nursing Science and Midwifery, Bachelor of Nursing, University Antwerp, Hogeschool Zeeland, Vlissingen, The Netherlands

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Abstract:

Introduction: This study explores the relation between team learning and implementation-effect of Neuman Systems Model (NSM). Near it, knowledge is generated about team learning in nursing teams and innovation.

Design: In this cross-sectional, correlational, survey study, a structured questionnaire of the type Likert-scale was used. In January and February 2008, 170 questionnaires were disseminated among nurses in nursing teams, of two organisations for mental health in the Netherlands. The response rate was 109.

Methods: Collection of data took place during team-meetings of the nursing teams. No patients were involved in this study. Nurses completed the team learning instrument, the learning climate instrument, the Self Directed Learning Readiness Scale, the instrument for Perceived Organization Characteristics and the Jopp Neuman Model Evaluation Instrument. Quantitative analysis was performed with the Statistical Package for Social Science (SPSS), to calculate means and to determine relations and degree of association between variables.

Findings: The organization in the Southwest reached higher scores on the NSM instrument (knowledge). A significant influence of learning climate towards team learning was determined. Team learning and parts of ward context, team learning and NSM (use and knowledge) showed a significant relation. Data showed a linear negative relationship between team learning and age & experience. In most cases, the scores of team G were significant higher, than the other teams.

Conclusions: In this study, a significant relation between team learning and implementation-

effect of NSM was found. Despite that, the scores achieved by the organizations don't indicate a high intensity of team learning and a rich learning climate. The reciprocity of the team learning-model is marking. A significant influence of team learning on implementation-effect was determined and next to it, a significant influence of the innovation on team learning was found.

Recommended reading:

Berta, W., Teare, G.F., Gilbert, E., Soberman Ginsburg, L., Lemieux-Charles, L., Davis., Lowry, L. (1998). The Neuman Systems Model and Nursing Education: Teaching Offenbeek, M. van (2001). Processes and Outcomes of Team Learning. European

Theme: Management of long term conditions

11

Validation and reliability of the Dyspnoea-12

Janelle Yorke, Salford Centre for Nursing Midwifery and Collaborative Health Care, IHSCR Salford University, Salford, UK

Co-authors: Janelle Yorke; Anne-Marie Russell; Shakeeb Moosavi; Carol Haigh; Paul Jones

Abstract:

Background: We previously developed the Dyspnoea-12, a unidimensional instrument that quantifies breathlessness using descriptors of dyspnoea that incorporate its physical and emotional components. Unlike the majority of similar instruments, Dyspnoea-12 is not linked to activity or situation. This study (preliminary results reported here) examines its validity and reliability.

Methods: 78 patients (asthma n=30, COPD n=26, interstitial lung disease n=22), 54% male, mean age 60(SD 14), were recruited from out-patient clinics. Forced expired volume-1 (FEV₁), 6-minute walking distance (6MWD), and MRC dyspnoea scale (MRC) were measured at baseline, together with the Dyspnoea-12 (scaling range 0-36, high score indicates worse dyspnoea). The Dyspnoea-12 was also measured 14.9 mean days later, together with a global health change score. Reproducibility of Dyspnoea-12 scores was assessed using Intra-Class Correlation Coefficient (ICCC). Correlations between Dyspnoea-12 and FEV₁, 6MWD and MRC were tested (Spearman's r). Responsiveness to within group change in patients reporting a global score improvement, n=53 (75%) and a 'no-change' global score, n=15 (19%) was examined.

Results: The Cronbach alpha (a measure of internal consistency) for the Dyspnoea-12 was 0.95, and ICC for repeatability was 0.7 (95% CI 0.54-0.78). Correlations with FEV₁ were $r = -0.44$ ($P < 0.01$), 6MWD $r = -0.53$ ($P < 0.01$), and MRC score 0.62 ($P < 0.01$). In patients who reported a global improvement, the mean change in Dyspnoea-12 was -4 points; SD 9.9, $P = 0.007$ and in those who

were unchanged it was -0.53 points; SD 6.2, $P < 0.05$.

Conclusions: The Dyspnoea-12, a patient-reported measure of breathlessness severity, can measure breathlessness across several disease groups. In patients with a chronic respiratory condition, the Dyspnoea-12 has been found to be reliable, valid, and responsive.

Recommended reading:

Yorke J. (2008) Dyspnoea and Pain: An Interesting Analogy *Journal of Clinical Nursing*. 17(7):841-42

Yorke J & Russell AM. (2008) Interpreting the Language of Breathlessness. *Nursing Times*. 104(23): 36-39

12

Factors that influence the use of physical assessment skills by cardiac nurse; results from a longitudinal qualitative descriptive research study

Susan Ward, School of Nursing and Midwifery, Cardiff University, Cardiff, UK

Co authors: Rhian Barnes; Linda Edmunds

Abstract:

Background: There is a growing opinion that physical assessment skills of inspection, palpation, percussion and auscultation should be an integral part of a nursing assessment (Massey 2006, Scott and McInness 2006, West 2006). However it is unclear as to what extent cardiac nurses utilise these physical assessment skills as part of their role.

Objectives: 1. To establish what advanced physical assessment skills are being used by cardiac nurses in their clinical practice after undertaking a clinical patient assessment module. 2. Explore the factors that influence the use of advanced physical assessment skills by the cardiac nurses.

Methods: A longitudinal descriptive approach, using convenience sampling was employed. Qualitative data was obtained from individual interviews, non participant observation within the participants' clinical environment and self reported activities log.

Results: Five key themes emerged from seven participants

- 1 Use of advanced physical assessment skills varied
- 2 Use and development of skills was linked to personal characteristics
- 3 Use influenced by perceptions of role boundaries, permission and co-operation
- 4 Use influenced by their perception of nursing and development of own nursing practice
- 5 Use influenced by the physical environment and the human support within it

Discussion and conclusions: Cardiac nurses selectively use physical assessment skills, predominantly related to the cardio respiratory systems.

Organisational structure and professional relationships appear to play a significant part in the use of physical assessment skill by these cardiac nurses. These findings have implications firstly, for those who provide the education, in terms of what should be taught and facilitated. Secondly for those who manage clinical areas and the nursing staff within them to ensure appropriate staff have assessment skills relevant to their role.

Recommended reading:

Massey, D. (2006) Cardiac Assessment part 1: Inspection, Palpation, Percussion. *British Journal of Cardiac Nursing* 1(1):7-11

Scott, C and MacInnes, J. (2006) Cardiac Patient Assessment: Putting the Patient First. *British Journal of Nursing* 15(9); 502-508

West SL (2006) Physical assessment: whose role is it anyway? *Nursing in*

13

Cardiovascular and renal function influence ability to wean from mechanical ventilation

Susan Frazier, College of Nursing, University of Kentucky, Lexington, KY, United States

Co-authors: Amani Khalil; Lizbeth Sturgeon; Ashley Wellman; Maggie Roberts; Melanie Hardin-Pierce; Jessie Bafford; Sarah Kelly skfrazz@email.uky.edu

Abstract:

Background: Cardiovascular dysfunction is associated with and worsened by excess fluid volume, a result of complex hemodynamic and neurohormonal interactions and renal dysfunction in ventilated patients. Few studies have evaluated the association of cardiovascular and renal function with ventilator weaning success.

Purpose: The purpose of this study was to compare clinical indicators of cardiovascular function and renal function during the first week of ventilation in intensive care patients who successfully weaned during their first weaning trial and those who failed.

Methods: This retrospective medical records review included a random sample (n= 70) of critically ill patients who received care at the University of Kentucky Chandler Medical Center between January 1 and June 30, 2007. Data were abstracted in 2008 from these medical records. Independent t tests and Chi square analyses compared the groups (weaning success and failure, with and without renal dysfunction as determined by creatinine → 1.5 mg/dl).

Results: Patients were male (57%), Caucasian (96%) with a mean age of 54.14 years and were ventilated for 7.8 ± 11 days. Patients whose initial weaning trial was successful exhibited greater cardiac output, higher mean arterial pressure and lower heart rate and central venous pressure compared to those who failed (p < 0.05). Patients with renal dysfunction were more likely to fail the initial weaning trial (p = 0.05) and there were

different patterns of cumulative fluid balance during the first week of ventilation between the groups. Those who failed weaning increased their cumulative fluid balance by 9 liters; those who were successful increased their cumulative fluid balance by 3.5 liters.

Conclusions: Prior to ventilator weaning, evaluation of cardiovascular function and cumulative fluid balance may provide the opportunity to optimize cardiovascular function and improve the likelihood of weaning success.

14

The distribution and severity of pain in subjects with kidney disease

Kate McCarthy, Warwick Medical School, University of Warwick, Coventry, UK

Co-authors: Robert Higgins; Neil Raymond

Abstract:

Background: Pain is a fundamental ‘warning sign’ of illness and pain that appears to emanate from the kidneys is a common reason for referral to a Nephrologist. There are few studies of the epidemiological characteristics of pain in renal failure patients.

Aims: To investigate and analyse the experience of pain and its relationship with renal disease.

Methods: 462 patients were enrolled. Mean age 57 + 16yrs, mainly White Europeans (85.5%). 65% of participants reported a problem with pain. Demographic data and medical history were obtained. Patients were evaluated using the Brief Pain Inventory (BPI), giving composite pain severity and interference scores, the SF12v2 quality of life (QoL) health survey and an adapted version of the Margolis Body Score.

Results: Dialysis patients had significantly more pain interference and severity (p.009), worse QoL (p.000) and greater pain distribution (p.029) than chronic kidney disease (CKD) and transplanted patients, who had similar results to one another. Analysis of underlying renal disease found diabetics to have significantly more pain severity (p.011) and interference (p.032), worse QoL (p.000) and greater pain distribution than the comparison interstitial and glomerulonephritis group. Hypertension and renal vascular disease produced significantly lower QoL (p.009) by comparison. Analysis of diabetic and non-diabetic found CKD and transplanted diabetics had significantly poorer QoL and transplanted diabetics suffered greater pain interference.

Discussion: Increasing comorbidity resulted in increased pain severity and interference, declining QoL and greater pain distribution. BPI, SF12v2 and Margolis scores became significantly worse with declining renal function. Progressive renal failure, increasing comorbidity, diabetes, hypertension and renal vascular disease are associated with increased pain severity and interference, poorer QoL and greater pain distribution.

Conclusions: Dialysis patients have far poorer results than CKD and transplant patients, the higher levels of comorbidity and end stage renal failure status, are further compounded in the diabetic dialysis patients.

Recommended reading:

Davison, SN., 2005. Chronic Pain in End-stage Renal Disease. *Advanced Chronic Kidney Disease*, 12(3), pp.326-334

Murtagh, FE., Addington-Hall, J., Higginson JJ., 2007. The Prevalence of Symptoms in End-stage Renal Disease: A Systematic Review. *Advanced Chronic Kidney Disease*, 14(1), pp.82-99

Davison, SN., 2007. Chronic Kidney Disease: Psychological Impact of Chronic Pain. *Geriatrics*, 62(2), pp.17-23

15

Learning to care for patients with end-stage alcohol liver disease: A phenomenological study

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Abstract:

Current healthcare strategy in the UK emphasises that all patients with a life-limiting illness have the right to access a high standard of care, which will support a quality of life and a peaceful, dignified death (DOH, 2008: Scottish Government, 2008). Education for healthcare professionals is regarded as playing a key role in delivering this agenda, by supporting application of the principles of palliative care in clinical practice within all care settings. Recent studies have however, questioned the use of traditional educational approaches based on the hospice model of palliative cancer care, in preparing professionals to meet the needs of patients with advanced non-malignant life-limiting illnesses in general care settings.

This hermeneutic phenomenological study explored registered nurses’ experiences of caring and learning to care for patients with End-stage Alcohol Liver Disease. Mortality from this life-limiting illness now surpasses many cancers, yet little is known about what caring for this group of dying patients’ means and how nurses acquired the knowledge inherent to their practice.

The majority of patients die within the acute setting therefore a purposive sample of six nurses was recruited from two university teaching hospitals in Scotland. Data collected via in-depth interviews was analysed using the Fleming, Gaidys and Robb (2003) strategy for hermeneutic phenomenological research.

Findings suggest that the phenomena of caring and learning to care for patients with ESALD may be inter-related and inter-dependant. Themes will be presented, which portray the development and expression of nursing knowledge as embodied ways

of knowing within caring practice; including dimensions not previously identified in relation to palliative nursing. The implications of study findings in relation to existing knowledge and practice in nursing and nurse education will be discussed and recommendations for future research made.

References:

Department of Health (2008) End of Life Care Strategy http://www.dh.gov.uk/en/Publications-andstatistics/Publications/PublicationsPolicy-AndGuidance/DH_086277 [accessed July 2008]

Fleming, V., Gaidys, U., & Robb, Y., (2003). Herme-neutic Research in Nursing: Developing A Gadame-rian – based Research Method, *Nursing Inquiry*, 10 (2), pp.113-120

Scottish Government (2008) Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland <http://www.scotland.gov.uk/Publications/2008/10/01091608/o> [accessed Oct 2008]

16

Oral health assessments and protocols for patients following stroke

Marian Brady, Nursing, Midwifery and Allied Health Professions Research Unit, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow, UK

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Abstract:

Introduction: Supporting oral health care (OHC) may be a complex issue with many stroke related impairments including physical, sensory, and cognitive difficulties impacting on patients' ability to conduct independent OHC. Pre-existing poor oral health, swallowing difficulties (including problems with oral clearance) and reduced nutritional intake will also impact on patients' oral health. Stroke nurses receive little support in providing OHC to this specialist group.

Methods: We systematically searched electronic databases (Medline, CINAHL) and contacted specialist stroke care settings across Scotland for examples of OHC assessments and protocols in current use. We then independently appraised the assessments and protocols identified, extracting data on a number of elements including their relevance to stroke care settings, quality, linkage to the available evidence base, use of training procedures and piloting arrangements.

Results: We identified 22 published assessments (plus two assessments published within guideline documents) and retrieved six examples from clinical sites. We found 18 published protocols (plus one guideline and one best practice statement). We will report the findings of our review including the origins of these tools, the evidence base, training and relevance to stroke patients and specialist stroke care settings. The components addressed varied across tools but included con-

sideration of the teeth, dentures, soft tissues, lips, saliva, tongue, gums, palates and pain. Few tools addressed all these components of OHC. Less than half the tools reported a pilot phase, with fewer still piloted on patients who had suffered a stroke.

Conclusions: We failed to identify an oral health assessment or protocol tool specifically designed for the delivery and support of OHC in specialist stroke care settings. There is an urgent need for a comprehensive, evidence based, stroke specific OHC assessment tool to support nurses in assessing stroke patients' oral health. This would in turn inform the development of a detailed OHC plan.

17

Efforts to prevent a recurrence of ischemic heart disease in patients at 6 months after undergoing CABG

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Abstract:

Background: The continuing self-control of their lifestyle is necessary for patients who have undergone coronary-artery bypass grafting (CABG) to recover and maintain their health without suffering a recurrence of ischemic heart disease (IHD). Previous studies reported that patients who had received CABG were highly motivated to change their lifestyle¹). On the other hand, difficulty to encourage them to change their lifestyle as well as the fact that postoperative patients live with various physical pains persistently after discharge have been demonstrated²). When these patients try to rebuild their lives with attention to preventing a recurrence of the disease, their families are likely to experience certain hardships and troubles in helping them continue their efforts³). The purpose of this study was to describe efforts to prevent a recurrence of IHD in patients at 6 months after undergoing CABG.

Methods: A semi-structured interview was conducted to 8 adult patients. Collected data were subjected to qualitative, inductive analysis.

Results: 7 categories regarding efforts to prevent a recurrence of IHD were identified: find and practice their own methods, have time to relax to continue their efforts, shake off temptations, seek support from people around them, be sensitive to burdens placed on the family, objectively review the current situation to maintain a positive mental state, and rediscover their feelings to change their view of life.

Discussion: While making efforts to continue their lives with attention to avoid a recurrence of IHD, these patients even considered how changes in their lifestyle would affect people around them, indicating that their life-reconstruction process was already in the maintenance phase at 6 months after the operation. Thus, patients in this phase should be cared for with their efforts being closely monitored. It was suggested that support for their

life-reconstruction process should be emphasized by 6 months after the operation.

Recommended reading:

Gaw, B.(2004) Motivation to Change Life-style Following PTCA. *Dimensions of Critical Care Nursing* 11(2) 68-74

Jaarsma, T. and Kastermans, M. (1995) Problems of Cardiac Patients in Early Recovery. *Journal of Advanced Nursing* 21 21-27

Goldsmith, J., Lindholm A., Bute J. (2006) Dilemmas of Talking about Lifestyle Changes among

18

The experiences of stroke patients and carers following discharge home: A preliminary study

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Abstract:

Stroke has been recognised as the most common cause of complex disability in the community (Adamson et al, 2004). A literature review (Pringle et al, 2008) identified that not only has there been limited research into experiences during the early days at home, particularly in the UK, but also that patients with aphasia have frequently been excluded from stroke research.

The aim of this presentation is to describe an preliminary study carried out in 2007-2008 into the experiences of stroke patients and their carers during their first month at home following discharge from hospital. A purposeful sample of 4 patients and 4 carers took part in the study, which was carried out in East Scotland. The research design and method, including the use of in-depth interviews and participant diaries, will be detailed giving individual examples from the study. The planning and tools used to facilitate the inclusion of participants with communication difficulties will be outlined.

The presentation will give details of the analysis process using Interpretative Phenomenological Analysis (Smith et al, 1999) and discuss the findings, which include the main themes of 'Fathoming Out', 'Adapting to Stroke' and the 'Value of Support'. This preliminary study allowed the research approach and format to be trialled ahead of a more in-depth study, currently underway. The findings will serve to further inform those involved in discharge planning and follow-up services in the community.

Recommended reading:

Adamson J, Beswick A, Ebrahim S 2004 Is Stroke the Most Common Cause of Disability? *Journal of Stroke and Cerebrovascular Diseases* 13 (4) 171-177

Pringle J, Hendry C, McLafferty E 2008 A Review of the Early Discharge Experiences of Stroke Survivors and their Carers *Journal of Clinical Nursing* 17 (18) 2384-2397

Smith J A, Jarman M, Osborn M 1999 Doing Interpretative Phenomenological Analysis. In: Murray M, Chamberlain K (Eds) *Qualitative Health Psychology: Theories and Method* Sage, London 1999, p219-240

19

Future research priorities for stroke service delivery and rehabilitation

Alex Pollock, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, Glasgow, UK

Co-authors: Fiona Coupar; Graham Ellis; Peter Langhorne; Lynn Legg; Jonathan McRea; Peter Sandercocock; Cameron Sellars; Brenda Thomas alex.pollock@gcal.ac.uk

Abstract:

Aims: To develop an objective method to assist the setting of future research priorities, and to use this to explore future research priorities for stroke service delivery and rehabilitation.

Methods: A comprehensive list of stroke rehabilitation topics was developed using multifaceted methodologies, including focus groups, a Delphi process and systematic literature searching. Cochrane systematic reviews and randomised controlled trials (RCTs) were identified from the Cochrane library and Cochrane stroke group, screened by two independent reviewers and assigned to appropriate topics. Categories of evidence of effectiveness were determined and recommendations for future research were extracted from associated reviews. A simple system for categorising the priority level and recommended priority action, based on an objective assessment of the data-set, was developed and applied.

Results: 75 topics covering all aspects of stroke service delivery and rehabilitation were determined. 37 out of 75 topics had associated completed Cochrane reviews. 19 of the Cochrane reviews recommended further RCTs only; 13 recommended further RCTs plus 'other' primary research; 5 recommended 'other' primary research but not further RCTs. 35% of topics had fewer than 5 RCTs assigned; 35% had between 5 and 24 RCTs assigned; 21% had between 25 and 100 RCTs assigned; and 9% had more than 100 RCTs. The effect of 16 out of 87 interventions were categorised as 'beneficial' or 'likely to be beneficial', 2 out of 87 interventions were categorised as 'likely to be ineffective or harmful' and 72 out of 87 interventions were categorised as 'unknown effectiveness'.

Discussion and conclusions: An objective method, based on knowledge of the existing evidence-base, has successfully recommended future research action for priority topics. This objective approach could be successfully used to assist the setting of future research priorities in other areas of health-care.

Theme: Students attitudes, experiences and attributes

20

Do nurses really care? Confirming the stereotype with a case control study

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Co-authors: Geraint Williams; Elisabeth Keir

Abstract:

Background and aims: The Royal College of Nursing emphasise the importance of caring in their definition of nursing. There is little more than anecdotal evidence that qualified staff nurses are more caring and compassionate than average individuals. The purpose of this study was to objectively test this hypothesis using a case control study.

Methods: Using the Ten Item Personality Inventory questionnaire a statistical comparison was made between from 174 volunteer female qualified nurses and data for 760 adult female controls extracted from the instruments original validation study. The questionnaire measures each of the five major facets of personality (openness, extroversion, conscientiousness agreeableness and neuroticism). Agreeableness: a tendency to be compassionate, considerate and cooperative and was used as a proxy measure for 'caring'. Results were analysed using unpaired students tests.

Results: Female staff nurses scored significantly higher than female controls concerning the personality traits; extroversion, agreeableness, conscientiousness and emotional stability ($p < 0.05$).

Discussion and conclusions: Individuals demonstrating high levels of extroversion, agreeableness and conscientiousness in continuity display highly organised cooperative behaviour ideally suited to professional team working. In direct comparison to normal adult females, staff nurses are significantly more caring, conscientious and resilient. The personality traits found in female nurses compliment their profession and to some extent justify the caring compassionate nursing stereotype. Modern nursing often involves exposure to human suffering, busy working environments and occasionally physical or verbal abuse. This may explain why nursing staff demonstrate such high levels of emotional stability in comparison to female controls. Conscientiousness is highly desirable nursing trait the importance of which cannot be overemphasised for all aspects of patient care and specifically for the avoidance of pharmaceutical error. Whether career nursing self selects these qualities or nursing staff develop certain aspects of their personality as a product of experience is a subject for debate.

21

An examination of nursing students' attitudes about intimate partner violence and experiences of physical and sexual victimization

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Abstract:

The purpose of this study was:

- 1) to examine nursing students' preconceptions about domestic violence (IPV),
- 2) to examine nursing students as victims of childhood and adult physical and sexual violence

The sample for this study consisted of all female nursing students enrolled in an associate degree nursing program at a Midwestern community college. 157 students anonymously completed a 22-item questionnaire that measured childhood exposure to domestic violence, beliefs regarding women involved in relationships in which battering occurs, and their personal experiences of violent victimization. Initial data analysis revealed: 25% of students (as children) witnessed a female parent being abused by a partner; 65% experienced physical violence themselves before the age of 18; 20% experienced sexual violence before age 18; 35% experienced physical violence by a partner since age 18; 16% experienced sexual violence by an intimate partner since age 18. Regarding attitudes, 21% felt that 'battered women can always leave the relationship,' 20% felt that 'a man who batters has probably been provoked by something the woman said,' and 3% felt 'women who stay in battering relationships like to be treated that way.' Finally, 38% of students felt the need for training on IPV. Data analysis continues with the remaining 13 items. Nurses, by virtue of their relationship with patients, are in a key position to screen women for violence and make referrals to appropriate agencies/resources, thereby empowering women living with violence. This study suggests, however, that some students still adhere to myths regarding battering. Furthermore, these nursing students experienced a higher incidence of victimization than the literature suggests for women in the USA. Both of these findings should be of concern to nurse educators. The authors plan on expanding this study to include associate and baccalaureate nursing students in multiple college and university settings.

Recommended reading:

Christofides, N. & Silo, Z. 2005 How Nurses' Experiences of Domestic Violence Influence Service Provision: Study Conducted in North-west Province, South Africa. *Nursing and Health Sciences* 4, 9-14

Sharps, P., Koziol-McLain, J., Campbell, J., McFarlane, J., Sachs, C., & XU, X. 2001 Health Care Providers' Missed Opportunities for Preventing Femicide. *Preventive Medicine* 33, 373-380

Zink, T. & Putnam, F. 2005 Intimate Partner Violence Research in the Health Care Setting: What are Appropriate and Feasible Methodological Standards? *Journal of Interpersonal Violence* 20 (4), 365-372.

22

'I feel quite passionate about this dignity thing': Student nurses experiences of working with older people

Julie McGarry, School of Nursing, Nottingham University, Derby, UK

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Abstract:

Background: Changing demography alongside shifting patterns of ill health and disability would suggest that older people will continue to be among the chief recipients of health care. While historically working with older people has not been viewed as a popular career choice, nurse education exerts a significant influence on attitudes towards older people (Alabaster, 2007). Student's experiences of practice are also pivotal in shaping their decisions whether to work with older people (Marsland & Hickey, 2003).

Aims: To explore student nurses experiences of caring for older people in practice and to examine the factors which impact on their perceptions of working with this client group.

Methods: A qualitative research design involving focus groups (two initial focus groups and two follow-up) with nine second year adult branch pre-registration nursing students in the UK. Data analysis Analysis was undertaken using thematic analysis (Ritchie & Lewis, 2003).

Findings: Three themes emerged from the data and form the basis of the presentation:

- seeing the person: caring for an older patient
- the little things that count: the quality of care
- looking for a friendly face: the work environment

Discussion: The findings suggest that student nurses entered placements with strong caring values. However, early encounters and observations challenged students personal and professional ideals and were incongruent with the theoretical underpinning of person-centred care espoused in the classroom, for example experiences of routine and 'task' orientation, leaving little opportunity for personal interaction.

Conclusions: Student nurses enter practice with the expectation of translating theoretical concepts and to learn 'the tools of the trade'. As such the practice setting occupies a pivotal position in shaping student's experiences. It is therefore vital that mentors and educationists develop strategies to promote positive learning environments and support students to retain their values while reconciling the demands of practice.

Recommended reading:

Alabaster, E. (2007) Involving Students in the Challenges of Caring for Older People *Nursing Older People* 19 (6) 23-28

Marsland, L. and Hickey, G. (2003) Planning a Pathway in Nursing: Do Course Experiences Influence Job Plans? *Nurse Education Today* 23 (3) 226 - 235

Ritchie, J. and Lewis, J. (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage

23

Voice: Male students of undergraduate nursing

Jane Ryan, SONMS, Cardiff University, Cardiff, UK
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Abstract:

Background: Numbers of male student nurses have always emulated the concept of the skewed group, where the dominant group features as a ratio of 85:15 (Kanter 1977). Their number contributes to the notion of investigating whether a minority have a voice and can articulate their learning styles within a dominant female population.

Aims: How do male students of Wales articulate their preferred learning styles in the college pre-registration nursing environment? Epistemological framework: An interpretive perspective was taken to apply the components of hegemonic masculinity, complicity, marginalization and subordination from Connell's (1995) masculinities framework.

Methodology and methods: Thirteen participants took part in the pilot and eleven in the main study. Data was gained from focus groups, individual interviews, and fieldnotes. Implicit actions and speech were analysed using the constructivist grounded theory approach (Charmaz 2006). A theory grounded from the data emerged.

Results: Four theoretical categories were developed: Coming together – Interact to learn, Learning styles-finding that voice, Relational gender and observation in the classroom and Becoming a learner in the face of gendered concerns. The core category, Voice never hidden, released by masculinity captures the essence of the four categories.

Discussion: The act of coming together allowed a vocal space to discuss learning styles and their relationship to the numerically dominant group. Relationships within the classroom were de-gendered. A small number of participants assumed a neutral identity, 'the student nurse'. Discriminatory attitudes marginalized opportunities in clinical practice.

Conclusions: The findings suggested hegemonic masculinity was rarely practised through the medium of voice, but male students could call on the complicit nature of masculinity to voice their learning styles. Learning via a visual route was complicated by their gender. The participants were unable to call on the complicit nature of masculinity to enable delivery of intimate care to female patients.

Recommended reading:

Kanter, R. M. (1977) Some Effects of Proportions on Group Life: Skewed Sex Ratios and Responses to Token Women, *American Journal of Sociology*, 82, 5, pp 965-990

Connell, R. W. (1995) *Masculinities*, Cambridge, Polity Press.

Charmaz, K. (2006) *Constructing Grounded Theory*, London, Sage Publications Ltd.

24

Negotiating supernumerary status as a student nurse in clinical practice

Helen Allan, Centre for Research in Nursing and Midwifery Education, Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK

Co-author: Pam Smith

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Abstract:

This paper will examine the how student nurses negotiate supernumerary status in order to learn in clinical practice using findings from a two year study funded by the General Nursing Council Trust for England and Wales, which focused on leadership and learning in clinical practice. This was a two stage multi method study. Stage 1 included a literature study and stakeholder interviews with educational leaders nationally. Using four HEIs in four regional areas, Stage 2 included an E-Survey of 4000 students/717 response rate in England; participant observation of clinical shifts where student and mentor activity was observed; informal interviews with students, mentors, nursing managers and practice educators as well as formal focus group and individual interviews with mentors, ward managers, practice educators, a director of nursing, clinical placement facilitators, link lecturers, modern matrons, practice development nurses. From these findings the authors ask in this paper: how do nursing students learn to negotiate supernumerary status in clinical practice?

Recommended reading:

Melia, K. (2006) R000271191 – Nursing in the New NHS: A Sociological Analysis of Learning and Working

www.esrc.ac.uk/ESRCInfoCentre/Plain_English_Summaries/LLH/health_wellbeing/index413. Access 14/11/06

Mackintosh, C. (2006) The Impact of Socialization on Student Nurses' Ability to Care: a Longitudinal Qualitative Descriptive Study. Paper Presented at RCN International Research Conference York, UK

Kleinman, S. and Copp, M.A. (1993) *Emotions and Fieldwork, Qualitative Research Methods Series*, 28, London: Sage Publications

25

Nursing as viewed by mainland Chinese nursing students

Jean Glover, School of Nursing, Tianjin Medical University, Tianjin, China

Co-author: Zhang Meini

Abstract:

Background: Nursing development in Mainland China includes the definition of nursing and nursing roles. Pang et al 2004 & Lu et al 2008 have explored this in qualified nurses but little has been found exploring the views held by nursing students.

Aims: This small-scale qualitative study aims to explore the perceptions of nursing held by students

Methods: Unstructured interviews were used to examine the views of nursing held by undergraduate (N=6) and postgraduate nursing students (N=6) in a medical university in mainland China. A convenience sample of twelve students participated in tape-recorded interviews in English during September and October 2008. Students were selected on the basis of willingness to participate and having sufficient level of English. Care was taken during the interview to clarify the meaning of terms used where this was questionable. Interviews were transcribed and themes identified were confirmed with the interviewees

Results: Analysis yielded the following themes: Ideals versus reality, the nature of nursing work, medical dominance, perceived social status and value of nursing education. Many students have a clear vision of what nursing could be but faced with the realities of clinical practice they need to reconcile two vastly differing perspectives.

Discussion: This study is limited by its small size, the constraints of language, single location and using only bachelors' and master's students. These students' views are less developed than those of qualified nurses described in other studies; however we can begin to see how Chinese nursing students are viewing nursing and understand their conflicts and dilemmas.

Conclusions: This area would profit from further investigation if we are to understand the issues faced by nursing students and help them through 'reality shock' to stay in and develop professional nursing in China.

Recommended reading:

Lu H. While A. Louise Barriball K 2008 Role perceptions and actual role content of Hospital Nurses in Mainland China, *Journal of Clinical Nursing* 17(8) 1011 – 1022

Pang S.M.C. Wong T.K.S.. Wang C.S. Zhang Z.J. Chan H.Y.L. Lam C.W.Y. Chan K.L. (2004) Towards a Chinese Definition of Nursing. *Journal of Advanced Nursing* 46(6) 657 – 670

26

Student nurses knowledge and attitudes to children's pain management

Denise Owens, School of Nursing, University of Salford, Manchester, UK

Co-authors: Densie Jonas; Carole Haigh

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Abstract:

Background: The assessment and management of pain in children is an important aspect of nursing care, recommendations for the improvement of pain management in children have focused on increasing education to both students and qualified health professionals (DH 2003). Whilst the experience of pain in children is similar to that of adults the cognitive developmental differences make this a complex area of nursing education.

Aims: The aim of the project was to determine if knowledge of pain management in children could be changed as a result of a structured education programme. The education programme included three lectures, two self directed workbooks, an e-learning package, personal development planning related to practice and the opportunity for a short placement with a tertiary children's pain team.

Methods: The project invited 127 second year child health nursing students to complete a questionnaire before and after the educational programme. Four cohorts of students were studied over a two year period. Two cohorts acted as a control and received a questionnaire at the start and also at the end of this 12 month period, thus receiving the theoretical input during their third year.

Results: Data analysis indicated no change in knowledge of practical pain management issues such as pain assessment and medication delivery. There was a significant change in knowledge acquisition in the education group in relation to their attitudes to relieving pain, pain transmission and pharmacology.

Conclusions: Values and attitudes acquired by student nurses from education have the ability to remain deeply rooted and become firmly established as part of future nursing practice. Therefore future teaching sessions for all students will focus upon these areas. Having a sound knowledge of pain transmission and physiology could help student nurses understand the rationale behind analgesia administration and pain assessment.

Recommended reading:

Chiang, L., Chen, H., Huang, L. (2006) Student Nurses' Knowledge, Attitudes and Self Efficacy of Children's Pain Management: Evaluation of an Education Program in Taiwan. *Journal of Pain and Symptom Management*. 32(1):82-89.

Coupling, S. (2005) Doctors and Nurses Knowledge of Pain After Surgery.

DH(2003) Getting the Right Start: National Service Framework for Children. Standards for Hospital Service. London, Department of Health.

Theme: Methodology and methods

27

Blurring the boundaries

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Abstract:

The roles of Research Nurse and Nurse Researcher are of increasing importance in the rapidly evolving needs of the National Health Service (NHS). In a new initiative between a Higher Education Institution (HEI) and one NHS trust in Scotland, two Clinical Research Nurse posts have been developed. This collaboration which is unique in Scotland has resulted in the creation of a post that is part-time Research Nurse and part-time Nurse Researcher. This type of role is becoming increasingly necessary in an environment which is requiring the development of clinical academic career pathways. However this goes against the notion supported in the literature that research experience is only important for those nurses who wish to pursue academic study and it is a common perception that clinical nursing and formal academic research rarely combine effectively. The pioneering alliance between the University of the West of Scotland and NHS Greater Glasgow and Clyde pre-empted the Finch Report (2007) in which it was envisaged a more flexible career structure that will develop the clinical academic role – combining clinical and academic work – as the norm for those nurses who successfully pursue a research career, rather than obliging them to pursue one role at the expense of the other.

This presentation will discuss how these dual role posts are successfully working within each of the two very different organisations that they are based. The challenges presented by each dimension of the role will be presented and also the similarities and differences between each. The unique opportunities offered by the formation of this new role will be highlighted with the impact such innovative roles can have on changing the perception of research as solely an academic pursuit.

Recommended reading:

UKCRC subcommittee for Nurses in Clinical Research (Workforce) Report (2007) Developing the Best Research Professionals. Qualified Graduate Nurses: Recommendations for Preparing and Supporting Clinical Academic Nurses of the Future (Chairwoman J. Finch) U

Rattray, J.E and Taylor, J. (2007) Guest Editorial: Models for Developing Young Nurse Researchers: A Discussion. *Journal of Clinical Nursing* 16(6) pp997-999

Ledger, T., Pulfrey, A. and Luke, J. (2008) Developing Clinical Research Nurses. *Nursing Management* 15(2) 28-33

28

Rainbows and bricolage

Natalie Yates-Bolton, School of Nursing, University of Salford, Salford, UK

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Abstract:

This paper examines the use of bricolage within an action research study on meaning and purpose in the lives of nursing home residents. The study has been informed by observations, perceptions and knowledge from residents, staff and the researcher. As the researcher I have not presumed to know for the outset of the study the most effective method for studying the reality of the situation being investigated. By listening to the participants accounts of their life, care experiences and needs the study design has been developed in an emergent fashion. The use of a variety of types of knowledge and research methods were combined by the researcher as a bricoleur (Crotty, 2003). This has resulted in a study design that is uniquely suited to the issue being investigated. Bricolage focuses on an individual's ability to employ a large range of tools and methods, even unconventional ones, this involves inventiveness, resourcefulness and imagination (Crotty, 2003:49) This study uses two different approaches of bricolage; one of being 'self-reflexive' (Denzin and Lincoln, 1994) and second where the researcher makes something new out of a range of materials that had previously made something different (Levi-Stauss, 1966). The resulting research methodology has been pieced together as the research findings were also pieced together.

In the study the residents' life stories, their prior experience in the nursing home, the history of the nursing home as an organisation and the life history of the staff members pre-exist. The researcher reflexively identified possible methods for obtaining data on these subjects, the decision on what these methods could be required integrative use the researcher's experience as a nurse and research knowledge. The resulting research study is presented as a visual template of a rainbow, with a mirror image of research methods being used with residents and staff.

Recommended reading:

Crotty M. (2003) *The Foundations of Social Research*, Sage, London

Denzin N. and Lincoln Y. (1994) *Handbook of Qualitative Research*, Sage, USA

Levi-Strauss C. (1966) *The Savage Mind*, University of Chicago Press, USA

29

Sportex: An example of collaborative research between the NHS and an Academic Institution

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Abstract:

This paper explores the collaboration between a University School of Sport and Exercise Sciences (SSES) and an NHS Clinical Research Facility (CRF) in the undertaking of research studies which explore the role and implementation of lifestyle interventions involving physical activity and diet, in disease prevention and health promotion. Nursing staff rotate from the main hospital based CRF to an all purpose built satellite clinical facility based in the SSES on the University campus. Nurse led research is undertaken in this satellite unit on healthy volunteers and obese subjects with normal and impaired glucose tolerance (Aged 20-50). Any subjects falling outside these parameters are to be investigated in the main CRF unit under medical supervision. Interventions to be performed in the satellite unit include: venous cannulation, oral glucose tolerance testing, resting energy expenditure and diet induced thermogenesis, VO₂max test and constant workload exercise, Doppler Ultrasound, contrast enhanced ultrasound during micro-bubble infusion, percutaneous muscle biopsies and stable isotope tracer infusions with repeated blood sampling. This collaboration reflects the increasing importance of utilising an interdisciplinary approach by integrating the expertise, analytical and clinical skills that can be derived from the academic and NHS sectors. This project is in line with the Governments desire that partners from NHS, Academia and Industry collaborate to pioneer new treatments and models of care (DOH 2008)

Recommended reading:

DOH (2008) *High Quality Care For All: NHS Next Stage Review (Final Report)*. Command Paper 7432. HMSO: London

30

Research dissemination: The power and possibilities of the Virginia Henderson International Nursing Library

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Abstract:

As nursing's scientific research base grows, it is critical that the work does not stop with the research process and evaluation. Dissemination of scientific works is critical to the research process

and even more so to nursing as it continues to develop and promote evidence-based and other research findings. The Honor Society of Nursing, Sigma Theta Tau International's (STTI) Virginia Henderson International Nursing Library (VHINL) provides a means of disseminating nursing research on a global basis to the largest number of nurses and other health care professionals.

Through its mission of, 'Improving the World's Health through Knowledge', the VHINL is dedicated to enhancing the health of all people through knowledge development, knowledge dissemination, and knowledge utilization. With a continued goal of growth in all areas of access, STTI has made a commitment to make the VHINL one of the most comprehensive resources for nursing information available on-line. The presentation will inform the participants about the power and possibilities of utilizing the VHINL, as researchers to disseminate findings, and as researchers who seek research findings.

From a structured means to registering scientific nursing research to a more flexible means of allowing the VHINL to develop innovative templates to present evidence-based research findings and conference abstracts, the participants will learn about how they can utilize the library in a variety of ways for the purpose of developing, disseminating, and utilizing nursing research. Additionally, the presenter will engage the participants in a discussion related to how the VHINL can work for them as research developers, presenters, and consumers. As researchers commit to expand the body of nursing knowledge throughout the scientific community, the VHINL presents a means to reach nurses and members of transdisciplinary teams across the world.

31

Keeping the ripple effect to a minimum

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Abstract:

Performing clinical research within an acute care environment can be a challenging and often daunting process for the research nurse. While we strive to encourage participation in clinical research, it is clear that the process is only effective when there is minimal impact or change of practice required from those staff providing routine care. While our experience has been extremely positive, our success in the field is largely a result of Clinical Research Facility (CRF) staff having developed robust strategies for the introduction of a new study, in parallel with a good understanding of the methods of routine care delivered within the host unit. Many obstacles can impede the progress of our work and finding solutions to each brings its own unique demands on research personnel and managers whilst providing research nurses with

the knowledge and systems to perform effectively in outreach settings. This experience is particularly relevant to ensure that research nurses are viewed as valuable clinical colleagues and key personnel in the research team. In the increasingly regulated environment of clinical research the development of a dynamic structure / service that facilitates an increase in the involvement of both investigators and participants in clinical research will have a positive impact on future health care delivery and practice.

This presentation will discuss an 'outreach' clinical trial performed in the Intensive Care Unit (ICU) of Glasgow's Victoria Infirmary, and the impact an infrastructure of experienced research personnel can have on conducting such a study. The challenges of providing a research service in ICU will be presented and the key elements that are required to ensure the integrity of the CRFs work and the transferability of the infrastructure to other acute outreach settings will be detailed.

32

Issues when setting up a multi-centred RCT

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Co-authors: Claire Hale; Jackie Hill

Abstract:

Background: Multi-centred RCTs are becoming more popular in healthcare and nursing research because of their ability to access more patients and provide high quality generalisable results. The objective of this presentation is to highlight some of the issues encountered while setting-up a multi-centred RCT of effectiveness of nurse-led care in rheumatology. This will benefit those who wish to embark on similar studies.

Key Issues:

1. recruiting the collaborating centres
2. refining the protocol
3. communication with the collaborators
4. applying for site-specific ethics and research governance approvals

The study involved recruiting 12 rheumatology centres with at least a clinical nurse specialist, a rheumatologist and an independent assessor who would recruit patients and adhere to the study protocol. Finding collaborating centres throughout the UK which all worked in a similar fashion was not easy. Even after finding the collaborating centres, changes in their staff levels or workload affected their willingness to continue with the collaboration. Of 23 centres that originally agreed to take part, 12 withdrew for a variety of reasons. It was important to have initial face-to-face setup meetings in order to discuss and refine the research protocol and organising these for the 12 centres was difficult because of geographic locations and limited funding. It was important subsequently, to communicate regularly via email

and the telephone. Application for site-specific ethics and Research Governance approvals can be daunting for clinicians who are unfamiliar with undertaking research. Obtaining the approvals was time consuming because different Trusts required different information.

Conclusions: The enthusiasm and commitment of the whole research team is essential to the success of this and any other multicentre study. Clear lines of contact and information are key to the collaborative process. A study coordinator who is accessible and has a thorough knowledge of the research process is imperative.

33

'Bank it not bin It'

Alison Davies, Wales Cancer Bank, Cardiff, UK

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Abstract:

Tissue banking for the provision of human biomaterials for research is recognised as an important initiative for understanding disease and improving health outcomes in the 21st century. Some would even argue that it is unethical to discard human tissue surplus to diagnostic requirement if it could usefully be used to further research into a range of diseases, including cancer. A well co-ordinated network of nursing and biomedical scientist staff is needed to ensure that a tissue collection is well annotated and of good quality. Nurses are a vital link in the process as they are an important point of contact for patients and ensure transparency and accountability. One of the most integral aspects to the success of any tissue bank is the willingness of the patients to donate and to maintain the confidence of the public – this is best achieved with knowledgeable, proactive nurses. They are invaluable in creating and embedding networks within the hospital system and promoting inter-disciplinary integration to help develop an understanding of the professional and patient perspectives of tissue banking and cancer research.

A tissue bank linking hospitals over 8,000 square miles covering a population of approximately 3 million has been successfully set up and, in the first four years of approaching patients, has consented 3,000 patients to donate tissue and blood samples. Nurses employed by the bank have found being involved in this new, cutting edge endeavour to be both challenging and rewarding as it involves them in research propagated by the patients for the patients of the future. A quality assured collection of tissue samples will help identify innovative clinical conclusions which will ultimately lead to individualised treatment by avoiding unnecessary or ineffective treatment for patients. All this could be achieved by surplus tissue being 'banked and not binned.'

Theme: Skin care / infection control

34

Understanding factors impacting on infection control practices: A mixed methods study

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Abstract:

Background: Prevention and control of infection must be integral to the practices of all personnel involved in activities where there is associated risk to health. Concerned over associated risk to public health from poor hygiene/ infection control practices, in 2006, Scotland implemented regulation of the tattooing and cosmetic skin piercing industry.

Aims: The aim of this research is to understand the impact of regulation on infection control practices within the tattooing and cosmetic body piercing industry in Scotland.

Methods: A mixed methods approach has been adopted, using semi-structured interviews, questionnaires, and non-participant observation to collect data, in three phases, from users and enforcers of the regulation. Data will be subjected to both qualitative and quantitative analysis as appropriate. This paper presents findings from Phase 1 pilot work.

Results: A pilot survey (n=5) and observational study of practitioners' (n=5) hand hygiene practices within one tattoo studio found lack of formal education/ knowledge influenced hand hygiene practice. Pilot interviews with Environmental Health Officers (n=3) identified the need for education as a regulation-related factor impacting upon practitioners' ability to meet licensing requirements.

Discussion: Previous research argues regulation alone is often insufficient to improve infection control practices within this industry (Oberdorfer et al. 2003). Early results indicate that education may be a key 'regulation-related' factor capable of influencing infection control practices and subsequently reducing risk to health from tattooing/ piercing. This paper will present a critique of the literature related to factors influencing infection control practices and apply this to the early findings from this study.

Conclusions: It is anticipated that this research will assist in better understanding factors impacting on infection control practices, which are widely recognised as complex and multi-factorial (Larson & Kretzer 1995). These findings can then be utilised within wider health and social care arenas to enhance infection control compliance.

Recommended reading:

Oberdorfer A, Wiggers JH, Bowman J, Lecathelinis C (2003) Infection control practices among tattooists and body piercers in Sydney Australia; *Am J Infect Control*; 31; 447-456

Larson E, Kretzer E (1995) Compliance with hand-washing and barrier precautions, *J Hosp Infect*; 30 (Suppl); 88-106

35

Expert panel in development of foot care knowledge test (FCKT) for visiting nurses

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Abstract:

Background: Foot problems are prevalent among older people. For this reason visiting nurses need to have sufficient knowledge of foot care. The foot care knowledge can be measured with FCKT. Development of the FCKT included an expert panel which evaluated the content validity of the instrument.

Aims: To describe the use of an expert panel in development of foot care knowledge test (FCKT) for visiting nurses.

Methods: The foot care knowledge test (FCKT) is a 61-item questionnaire with true-false-I don't know scale comprising 5 subscales. The expert panel consisted of 9 PhD candidates in nursing science. The experts were asked independently rate the clarity, relevance, concreteness and importance of each item using a 4-point rating scale (e.g. 1=not clear, 4=very clear). The content validity index (CVI) of each item was computed by summing number of raters giving a rating of 3 or 4 divided with total number of raters. Items were considered adequate with $\geq 79\%$, questionable with 70-78% and unacceptable with $\leq 69\%$ agreement. The review was followed by a panel discussion where the experts examined the instrument item by item and discussed the suitability of the FCKT.

Results: Of the FCKT's 61 items, the experts rated 58 as clear and 57 as important. All items were rated as concrete and relevant. Questionable items (n=7) were re-worded. The panel discussion decided to limit the amount of the items in every subscale to 11, therefore 6 items were eliminated from the FCKT after careful consideration.

Discussion: The expert panel verified the content validity of FCKT, it revealed questionable and unacceptable items. Experts who were selected in this panel had wide experience on clinical and home care area. The amount of experts was 9 which is considered sufficient.

Conclusions: Expert panel is reliable and simple method of demonstrating an instrument's content validity.

36

Using theory to change practice: Hand hygiene as an illustrative case

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Abstract:

Background: The delay in implementing research findings into health care practice is a long recognised problem. An example of this is the case of hand hygiene. In the UK approximately 5000 deaths per year are attributable to Hospital Acquired Infections (HAI) (NAO 2004). Hand hygiene is identified as the primary measure to reduce HAI yet compliance with recommended practice is less than 50% (Pittet and Donaldson 2005). Interventions to change practice have had limited success. Two reasons for this have been identified in the literature:

- Implementation strategies are not based on accurate assessment of barriers and levers to best practice
- The absence of a theoretical basis informing this assessment and implementation interventions

Aims: This research aims to address these two limitations by developing a theory based questionnaire, which aims accurately assess the barriers and levers to hand hygiene practice. Its use is predicted to reduce HAI and reduce mortality.

Methods: This is a three phase multi-method study. In the first phase, barriers and levers to hand hygiene practice are identified through interviews with 50 secondary care staff and patients. Two interview formats have been developed, one based on a theoretical framework (Michie et al. 2005) to evaluate such use of theory.

Results: It is intended to present the results of the thirty five interviews completed. A thematic analysis is underway and a range of barriers and levers to hand hygiene practice are emerging. The theory based interview schedule is generating a wider range of responses and has identified barriers and levers not previously reported.

Discussion and conclusions: The next phase of the study is to link this comprehensive list of barriers and levers to the theoretical framework using a consensus survey. This will inform the construction of a Likert style questionnaire.

Recommended reading:

Michie, S., Johnson M., Abraham, C., Lawton, R., Parker, D. & Walker, A. (2005) Making Psychological Theory Useful for Implementing Evidence Based Practice: A consensus Approach. *Quality and Safety in Health Care*, 14, 26-33

National Audit Office (2004) Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report: Report by the Comptroller and Auditor General. The Stationery Office

Pittet, D. & Donaldson, L. (2005) Clean Care is Safer Care: The First Global Challenge of the WHO World Alliance for Patient Safety. *Infection Control and Hospital Epidemiology*, 26, 891-894.

37

A view of pressure ulcer prevention, from community nurses

Jayne Foley, School of Nursing and Midwifery, Cardiff University, Cardiff, UK

Co-authors: Gina Newbury; Panoas Papanikolaou

Abstract:

Background: Nurses work have many facets, while keeping their patients comfort and wellbeing in the foreground; they continue to balance a multitude of factors, ranging on a paradigm from effective treatment patterns at one end to funding issues at the other. Understanding how nurses prioritize these aspects allows an understanding of some of the mechanisms of effective wound care provision, as well as allowing Healthcare Management to effectively support frontline staff.

Aims: This Welsh funded pilot study determines which factors of pressure ulcer preventive care-plans designed for older people are considered the most important to District Nurses, and establishes their relative importance.

Methods: The discrete choice modelling technique was used. Focus group interviews identified five factors: ease of care-plan management, evidence based practice, the affordability of the care-plan, impact on patient's lifestyle, and speed of obtaining equipment. Values were assigned to these factors. Vignettes were generated and presented in a self-completion questionnaire, mailed to 124 lead district nurses from three NHS Trusts in 2003-2004. The data were subjected to regression analysis.

Results: 85 valid questionnaires were returned. Response rate was 68.55%. Respondents preferred a care-plan that is manageable, affordable, evidence-based practice and involves quickly obtainable equipment. The findings provide a simplified model of the choice process in this clinical situation.

Discussion: The discrete choice modelling technique reveals key factors in decision making and the method can form a useful tool to increasing our understanding of reasoning and aspects of nursing decisions.

Conclusions: It has been a challenging exercise to examine the preferences of District Nurses using this technique. The reasons underlying the empirical results of this small scale study are explored. From a policy perspective, priority should be given to the community staff increase, provision of financial support for patients, and the design of initiatives encouraging the lay-carers for taking part in care-plan implementation (WAG 2003, 2005, 2007).

Recommended reading:

Welsh Assembly Government (2007) Community Services Framework WAG Cardiff

Welsh Assembly Government (2005) Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century. WAG Cardiff

Welsh Assembly Government (2003) Strategy for Older People in Wales WAG Cardiff

Preceptor preparation programmes: Do they achieve their learning outcomes? An Irish perspective

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Abstract:

Background and context: The allocation of student nurses to the clinical placement area is an integral component of the curriculum for the undergraduate Bachelor of Science Degree (BSc.) in Nursing. Each student should be assigned a named preceptor while on placement. A preceptor is a registered nurse who has been prepared for their role by completing a Teaching, Assessing/ Preceptorship programme. Preceptorship programmes are locally designed to achieve seven nationally agreed learning outcomes (National Implementation Committee 2002). Preceptor preparation is costly for service providers. To date, in Ireland no studies have explored the effectiveness of this preparation.

Aims: This study evaluates the perceptions of Irish preceptors of preceptor preparation.

Methodology: A formative utilisation focussed evaluation approach was adopted. A sequential triangulation approach was implemented:

- Phase 1: o (a) documentary analysis o (b) focus group interviews
- Phase 2: questionnaire formulation, distribution and analysis.

Sample:

- Phase 1: o (a) Programme evaluation forms (520) over a three year period o (b) Convenience sample (n = 12)

- Phase 2: o A total of 568 questionnaires. Analysis: Phase 1: Thematic analysis Phase 2: Descriptive analysis Summary of Findings:

The study identified that the local preceptors were aged between 46 – 55 yrs. With the majority (95.1%) being female. There was clear consensus that the programme is achieving the nationally agreed outcomes. However, the majority of preceptors (94.3%) agreed that a periodic update was required. This study also identified that despite the fact that at the end of the programme 95.5% of preceptors understood their role, 22.8% had not acted as preceptors and 33.7% had not assessed.

Conclusions: While generalising the findings is not the purpose of this study it is envisaged that the findings will provide a new insight from the perspectives of Preceptorship programme delivery and preceptor selection.

Recommended reading:

National Implementation Committee (2002) Pre-registration Nursing Education Degree Programme. Newsletter, Issue (4), Dublin: Stewarts Hospital.

A collaborative approach to developing ‘learning synergy’ in primary health care

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Abstract:

Background: Supporting and enhancing clinical learning for pre registration nursing students continues to be a challenge for nurse educators. The drive of recent and contemporary nurse education policy in the UK (U.K) has re-emphasised the need for nurse educators to be instrumental in the support and development of clinical learning (UKCC 1999, DOH 1999, NMC 2002).

Aims: This poster will present a preliminary study of an action research project, identifying how nurse educators can facilitate new ways of learning in practice.

Methods: A first person inquiry approach is adopted, supplemented by qualitative approaches, reflecting the journey of the author in relation to her role as nurse educator in practice.

Results: Students’ and mentors’ experiences and stories, were appraised using qualitative and self-reflexive techniques. The role of the nurse educator in clinical practice is demonstrated, as is the importance of successful collaboration between educators and practitioners.

Conclusions: This initial inquiry has achieved its aim as regards to its original investigation – questioning whether nurse educators can make a difference to both students and mentors in clinical practice placements. The benefits of action research lie in its ability to continue to activate change, allowing the progressive cycle of feedback to further influence both practice and educational development.

Recommended reading:

UK Central Council for Nursing, Midwifery and Health Visiting (UKCC), 1999. Fitness for Practice. (The Peach Report) UKCC London

Department of Health, 1999. Making a Difference. Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare, DOH, HMSO

Nursing and Midwifery Council, 2002. Standards for the Preparation of Teachers of Nursing and Midwifery. NMC London

Pathway to the future: The professional doctorate in health research (DHRes)

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Co-authors: Cocilia Ajoo; Sally Boyle; April Brown; Michelle Bull; Lorraine Murray; Alison Pointu; Lisa Whiting

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Abstract:

Background: The University of Hertfordshire’s professional doctorate in health research (DHRes) is a 6 year part time programme of doctoral health research training and development. This type of learning promotes research which is grounded in practice, compliant with research law and ethics, autonomous and able to contribute to health research and practice agendas (1). The importance of integrating clinical and academic careers to ensure the translation of research and interventions into practice is well recognised (2, 3).

Aims: To describe the experience of the benefits and challenges of this type of doctoral research programme

Methods: The benefits, challenges and experiences of a DHRes cohort of 8 multi professional staff is described using data from the first four years – including action learning sets, peer discussion and research diary reflections in relation to the content, structure and process of the programme.

Results: Benefits to date include

- 1) self (cohort learning, exposure to different learning styles and disciplines, self worth, reflexivity)
- 2) structure (yearly goals, exposure to wide variety of research methodologies, inquiry based and blended learning approaches, access to expert topic or methodology supervision team)
- 3) professional role (impact on clinical and strategic roles, career pathways, ongoing publications and direct translation to clinical care of research development (topic and methodologies)

Challenges include

- 1) Time management as a clinician/researcher
- 2) Support and expectations in the work place and at home
- 3) Being the first cohort
- 4) Continuing to combine researcher practitioner role in the future

Conclusions: The DHRes cohort programme provides a systematic and independent approach to doctoral research facilitating the translation of research findings, activity and outcomes into the clinical setting that is necessary for the advanced health care practitioner of the future. It requires personal, professional, academic, emotional and practical commitment (including that of the employing organisation) and resilience like other PhD pathways.

Recommended reading:

Centre for Research into Primary and Community Care (CRIPACC) (Sept 2008) Professional Doctorate in Health Research (DHres), University of Hertfordshire

Dept of Health (June 2008:18) A High Quality Workforce NHS Next Stage Review (Darzi)

UK Clinical Research Collaboration (2007) Developing the Best Research Professionals. Qualified Graduate Nurses: Recommendations for Preparing and Supporting Clinical Academic Nurses → Report of the UKCRC Subcommittee for Nurses in Clinical Research

41

Postregistration nursing students' attitudes towards mentorship

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Abstract:

Background: The subject of mentorship though much discussed within the nursing literature, mostly concentrates upon the needs of preregistration nursing students (Andrews and Chilton 2000, Dorsey and Baker 2004). The advancement over recent years in the extended role of the nurse has prompted the Nursing and Midwifery Council to stipulate that postregistration modules leading to a recordable qualification provide nursing students with mentorship (NMC 2008). The author has sought to conceptualise a model of mentorship for postregistration nurse education in order to develop and test a research tool that can measure postregistration nursing students' attitudes towards mentorship within the practice setting.

Aims: The aim of this pilot study was to develop and test a questionnaire that examines the attitudes of postregistration nursing students towards mentorship within the practice setting in order to determine whether they view it as important to their learning

Methods: The study is of quantitative, non – experimental design. Firstly an in-depth literature review was conducted and 6 constructs pertaining to mentorship, namely support and guidance, teaching and learning, role modelling, feedback, assessment and socialisation were identified. The generation of items from these constructs were developed and refined with the advice of 5 experts and resulted in a short, structured self-completion questionnaire using Likert attitude scaling. Data were collected from a group of 20 postregistration nursing students undergoing mentorship within practice whilst undertaking the 'Principles of high dependency nursing' module.

Findings: The questionnaire demonstrated good reliability although the constructs of socialisation and assessment require further research and possibly additional qualitative data to enrich the results. Overall the preliminary results show that

this cohort of qualified nurses view mentorship as important to their learning indicating that more larger scale studies are needed in this area of nurse education.

Recommended reading:

Andrews, M. & Chilton, F. (2000) 'Student and Mentor Perceptions of Mentoring Effectiveness' *Nurse Education Today*, Vol. 20, pp. 555-562

Dorsey, L.E. & Baker, C.M. (2004) 'Mentoring Undergraduate Nursing Students: Assessing the State of the Science', *Nurse Educator*, Vol. 29, no.6, pp.260-265

Nursing and Midwifery Council (July 2008) Standards to Support Learning and Assessment in Practice. NMC Standards for Mentors, Practice Teachers and Teachers [online]. NMC: London. Available from: <http://www.nmc-uk.org> [Accessed 1st August 2008].

42

Feedback in clinical education: Tutors' use and students' perceptions

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Abstract:

Background: Feedback is central in clinical nursing education in promoting learning, confidence and ensuring that clinical skills are met (Boehler et al., 2006; Ende, 1983; Glover, 2000). There is little information about the nature of feedback provided to nursing students in their clinical practice.

Aims: To describe tutors' use of feedback in the clinical setting and students' perceptions.

Methods: A descriptive design was employed to conduct this study. In 2008, a convenience sample was recruited which consisted of 8 tutors and 31 third-year nursing students randomly selected. 27 structured observations were conducted during clinical practice to describe types and elements of feedback; 4 focus group interviews were conducted to analyse the students' perceptions. A content analysis technique was used to analyse data.

Results: The analyses showed that the types more provided were negative and 'sandwich' feedback. The feedback were oriented: on behaviour or skills, with suggestions for improvement, to guarantee an active part of the students. The elements less present were: real examples and the check of student understanding. Mainly feedback was focused on technical and cognitive skills, less on communication skills and on self-learning skills. The students perceived feedback useful to guide and focus their clinical learning, but sometimes they felt it difficult to understand. Some other students declared difficulty to ask and accept the feedback because they feel it like a definitive evaluation. They would like to receive more positive feedback.

Discussion and conclusions: This study suggests three areas of implementation: to promote the students understanding (using examples, standardizing the language and checking the comprehension), to focus feedback to communication and self-learning skills and to create a educative setting that help students to perceive to be in a formative contest that promote learning and confidence not only evaluation.

Recommended reading:

Boehler M.L., Rogers D.A., Schwind C.J., Mayforth R., Quin J., Williams R.G., Dunnington G. (2006). An Investigation of Medical Student Reactions to Feedback: A Randomised Controlled Trial. *Medical Education*, 40, 746-749

Ende J. (1983). Feedback in Clinical Medical Education. *JAMA*, 250, 777-781

Glover P.A. (2000). Feedback: I Listened, Reflected and Utilized': Third Year Nursing Students' Perceptions and Use of Feedback in the Clinical Setting. *International Journal of Nursing Practice*, 6, 247-252.

43

Preceptor characteristics: A comparison of preceptor and student perceptions

Mary Brosnan, Department of Nursing and Health Care Studies, Institute of Technology Tralee, Co. Kerry, Ireland
 Co authors: Heffernan, C; Heffernan, E
 mary.brosnan1@staff.ittralee.ie

Abstract:

Background and context: The allocation of student nurses to the clinical placement area is a component of the curriculum for the undergraduate Bachelor of Science Degree (BSc.) in Nursing. Each student while on placement is assigned a named preceptor. A preceptor is a registered nurse who has been prepared for their role by completing a Teaching, Assessing/ Preceptorship programme (ABA, 2003).

Aims: This study explores preceptor characteristics through a structured comparison of responses from key stakeholders – preceptors and student nurses.

Methodology / Sample: A formative utilisation focussed evaluation approach was adopted. A sequential triangulation approach:

- Phase 1: o (a) documentary analysis
 - Programme evaluation forms (520) over a three year period o (b) focus group interviews
 - Convenience sample (12 preceptors and 12 student nurses)
- Phase 2: questionnaire formulation, distribution and analysis.
 - Total population of 568 preceptors and 310 nursing students.

Analysis:

Phase 1: Thematic analysis

Phase 2: Descriptive analysis

Results: The characteristics of a preceptor from the perspective of key stakeholder groups were explored. Four themes were identified

- The importance of preceptor characteristics
- The demonstration of preceptor characteristics
- The specific knowledge demonstrated by preceptors
- Specific skills demonstrated by preceptors

Differences were noted between the perceptions of preceptors and students re important preceptor characteristics and their demonstration of these within the preceptor – student relationship.

Conclusions: An understanding of what student nurses' view as important and how this reflects or differs from the perception of the preceptor will assist in developing preceptorship in the clinical learning environment and will help to inform preceptor preparation programmes locally. While generalising the findings is not the purpose of this study it is envisaged that the findings will provide a new insight from the perspectives of key stakeholders.

Recommended reading:

An Bord Altranais (2003) Guidelines on the Key Points That May be Considered When Developing a Quality Clinical Learning Environment. Dublin: An Bord Altranais.

Theme: Leadership

44

Research and development leadership in nursing across the UK: A longitudinal study

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Abstract:

The numbers of nurses and midwives holding Professorial positions in the UK may serve as a proxy indicator of the development of nursing research leadership within the professions, particularly when compared with cognate professional groups. Consequently, the academic community was surveyed in 2003 and then again in 2005 (O'Carroll, D., & McMahon, A., 2006). The 2003 survey provided a baseline assessment against which progress was measured in 2005. Following a query about the diversity of the Professorial community within nursing and midwifery in the UK the survey was repeated in 2008 and on this occasion, the questionnaire was developed to address this query. Two new questions on gender and ethnicity were incorporated within the questionnaire. The questionnaire was sent by email to all nurses and midwives known to hold a chair in the UK, whose details were held on a central database within the

RCN (n=203). A reminder email was sent to non-respondents 3 weeks after the first communication. The survey was conducted between September – October 2008 and a 75% response was achieved. Responses were benchmarked against the two previous surveys and geographical distribution and migration charted. Funding arrangements were analysed as a proxy indicator of the development of clinical-academic leadership positions.

This poster will provide a comparative longitudinal analysis of the numbers of Professors of nursing and midwifery identified in 2008 against those identified in 2005 and 2003. It will discuss these findings within the context of recent research policy initiatives to develop research capability, implement clinical academic career pathways (UKCRC 2007) and to assess the quality of research outputs (RAE 2008) within the nursing and midwifery professions across the UK. In addition, the numbers of nursing and midwifery chairs and the diversity of this leadership group will be considered within the wider context of the nursing and midwifery professions at large.

Recommended reading:

O'Carroll, D., & McMahon, A. (2006), 'Research and Development Leadership in Nursing Across the UK: A Biennial Review', Poster Presentation, RCN Research Conference 2006, York, England

UKCRC Subcommittee for Nurses in Clinical Research (Workforce) 2007, Developing the Best Research Professionals. Qualified Graduate Nurses: Recommendations for Preparing and Supporting Clinical Academic Nurses of the Future, UKCRC, London

RAE (2008) <http://www.rae.ac.uk/> 4.11.2008

45

Being with patient: Going back to basics – The Newcastle Evaluation

Debbie Carrick-Sen, Clinical Research Facility, Royal Victoria Infirmary, Newcastle upon Tyne, UK

Abstract:

Background: The Being With Patients (BWP) concept is a dynamic interactive approach using role play to illuminate and improved patient – carer interaction and team working. BWP involves train the trainer sessions and an awareness day for clinical nurses. A small sample multi-method evaluation was conducted following the original programme (Reid, 2004). Findings reported no difference and recommended further evaluation using an increased sample size.

Aims: The aim was to assess patient and carer satisfaction and caring behaviour pre and post BWP programme.

Methods: Ten clinical areas were selected and matched to ten control areas. Patients and carers completed a self completion validated questionnaire at baseline and post training.

Results: The response rate was good, 330 (87%) eligible patients and 470 (67%) eligible carers. A

strong correlation was found between patient satisfaction (PS) and patient perceived caring behaviour (PPCB) but not between carer satisfaction (CS) and carer perceived caring behaviour (CPCB). There were statistical significant differences in the BWP group between pre and post training in terms of PS ($p < 0.05$) but no statistical significant difference in PPCB, CS nor CPCB nor in the control group. A clinical significant difference is defined as a difference of 5 or more points. Clinically significant differences between pre and post training were noted in the BWP group in PS (5 points) and PPCB (5 points) but not in CS (-1 point) nor CPCB (2 points). No clinically significant differences were observed in the control group.

Discussion: Majority patients report feeling satisfied with care and report a high level of caring behaviour. Most carers report they provide a high level of caring behaviour but report low-moderate satisfaction.

Conclusions: The BWP programme improved patient satisfaction and perceived caring behaviour but did not change carer satisfaction nor carer perceived caring behaviour.

Theme: Diabetes

46

Partnering with aboriginal communities: Type II diabetes prevention in children and youth

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Co-author: Heather Meyerhoff*

Abstract:

Background: The prevalence of Type 2 Diabetes in children and youth has been increasing steadily in the last decade (Bloomgarden, 2004). Onset of diabetes at a young age and increased years of disease results in earlier manifestation of diabetes related complications including cardiovascular disease, retinopathy, and renal disease. Aboriginal populations have an increased burden of disease for both Type 1 and Type 2 diabetes putting aboriginal youth and children at additional risk. The International Diabetes Federation (2008) has called for research strategies to address this challenge including, in part, population-based studies in at risk populations, innovative approaches to working with children and families, and strategies for prevention of Type 2 Diabetes including community participation.

Aims: In response to this challenge, this three phase study uses Participatory Action Research with a First Nation Community in British Columbia to explore the issues of Type 2 Diabetes prevention for children and youth (Smith, 1999).

Methods: Phase I explored with community members ways to identify and reduce risk factors for Diabetes in their young people. Phase II of this program addressed the strategies identified by the community by carrying out a photo voce/video

project with a small group of Youth Ambassadors that focused on diabetes prevention, and featured voices of various community members. Phase III evaluated the strategies for diabetes prevention and community collaboration.

Results, discussion and conclusions: This poster will outline the three phases of this study, including findings, challenges, and implications for future research. Phase I findings indicated a strong community concern for youth health and a desire for intergenerational community participation in diabetes prevention. Phase II findings demonstrated the effectiveness of engaging youth in the video project. Phase III findings suggest the potential for community-based action in aboriginal communities. Challenges related to the method of PAR are highlighted.

Recommended reading:

Bloomgarden, Z. (2004). Type 2 Diabetes in the Young: the Evolving Epidemic. *Diabetes Care*, 27(4), 998-1010

The International Diabetes Federation (2008). Type 2 Diabetes in Young People: A Serious Disease Requiring Improved Understanding and Care. Available at: <http://www.idf.org/home/index.cfm?unode=146D37ED-00CC-4C80-90BE-3093D9335A6C>

Smith, L. Tuhiwai (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. New York: University of Otago Press

related QoL with a total score and five subdomains: physical function, self-esteem, sexual life, public distress and work. DTSQ and IWQoL-Lite were administered at baseline and end of trial.

Results: After 26 weeks the perceived frequency of hyperglycaemia was significantly lower for the highest dose of liraglutide+metformin group (mean=-1.6) compared with the glimepiride+metformin group (mean=-0.8) ($p<0.003$) and metformin+liraglutide-placebo group (mean = - 0.5) ($p<0.003$). A significant lowering in perceived frequency of hypoglycaemia between all liraglutide groups (mean=0.0, - 0.1 and 0.0 for 0.6, 1.2 or 1.8 mg/day, respectively) and the glimepiride+metformin group (mean=0.6) was observed ($p<0.05$). Furthermore, a significant reduction in the public distress domain (distress about weight when in public) scores was observed between the liraglutide groups (mean=-0.3, - 0.8 and - 0.6 for 0.6, 1.2 or 1.8 mg/day, respectively) and the glimepiride+metformin group (mean=0.2) ($p<0.02$).

Discussion: Liraglutide significantly reduced the perceived frequency of hyper- and hypoglycaemia, and public distress due to weight. No differences between the groups in TS and overall weight-related QoL were observed.

Conclusions: Liraglutide treatment was associated with significant improvements in patient-reported outcomes among patients with type 2 diabetes.

48

What makes a quality service for a 'hard to access' group in rural locations? Users' views of services for young people with Type 1 diabetes in rural New South Wales

Lin Perry, Newcastle Institute of Public Health, University of Newcastle, NSW, Newcastle, Australia

Co-authors: Julia Lowe; Kate Steinbeck; Janet Dunbabin

Abstract:

Background: Young people with Type 1 diabetes (T1DM) are the largest group with chronic disease transitioning from paediatric to adult services [1]. This period presents many challenges to metabolic stability, from rapid physiological and psychosocial changes. Service disengagement and poor outcomes have been reported [1-3], yet this period is critical for establishment of patterns of adult self-management. Healthcare professionals appear to encounter particular difficulties meeting these service users' needs.

Aims: This paper reports the qualitative component of Phase 1 of a service development and evaluation study, which aimed to explore perceptions and experiences of diabetes services for young people with T1DM in rural locations.

Methods: Key stakeholders of 4 rural NSW services are engaged with the project. We planned to recruit and telephone interview 70 people aged 18-28 years who left paediatric diabetes services

at least one year previously. To address this with a mobile, hard to access, often disengaged user group we developed a 3-stage recruitment process with multiple methods. Telephone interviews were conducted, including semi-structured questions. Interviews were recorded and transcribed, and analysed using thematic analysis.

Results: Recruitment was arduous, due in part to fragmented services and unwieldy health record systems. We recruited and interviewed 26 people in 6 months. Barriers and constraints to service usage included problems with access around information, eligibility, availability and affordability. Service characteristics affected user uptake, and regional inequity was keenly felt. Preferences for modes of service configuration and delivery were expressed.

Discussion and conclusions: Despite the 'hard to reach' nature of this participant group, data were obtained and are informing local service redesign (Phase 2). Subsequently, evaluation of users' experiences, usage and outcomes from the new services (Phase 3) will follow.

Recommended reading:

Diabetes Australia. 2007. National Review of Transitional Care. At <http://www.diabetesaustralia.com.au/Resources/Reports/>

National Diabetes Services Scheme and Diabetes Australia. 2006. Young Adults With Diabetes: Needs Analysis. At <http://www.diabetesaustralia.com.au/Resources/Reports/>

Bennett DL, Towns SJ, Steinbeck KS. Smoothing the Transition to Adult Care. *Medical Journal of Australia* 2005;182:8:373-4

Theme: Assessment

49

Psychometric properties of the Care Dependency Scale for Rehabilitation (CDS-R)

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Abstract:

Background: The condition for successful and effective rehabilitation lies in adequate medical treatment and patient-centred comprehensive nursing care. Reducing dependency and supporting independency is of vital importance in this context. Assessment instruments can help to evaluate a person's (in)dependency, thus building the basis for individual care planning. Psychometrically tested instruments for the assessment of care (in)dependency are rare in rehabilitation. An adequate instrument might be the Care Dependency Scale (Dijkstra et al. 1996), which measures care (in)dependency regarding various physical and psychosocial aspects. It is used in various European countries and several settings, except

47

Evaluation of patient-reported outcomes in patients with type 2 diabetes treated with the once-daily human GLP-1 analogue liraglutide or glimepiride, both as add-on to metformin

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Abstract:

Background: Patient-reported outcome measures, such as weight-related quality of life (QoL), treatment satisfaction (TS), and perceived frequency of hyper- and hypoglycaemia, can be used alongside clinical efficacy endpoints to assess the impact of treatment on outcomes important to patients with type 2 diabetes.

Aims: In a 26-week, double-blind, placebo-controlled trial, patient-reported outcomes were measured as a substudy using the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and Impact of Weight on Quality of Life (IWQoL-Lite).

Methods: The trial investigated three doses of liraglutide (0.6, 1.2 or 1.8 mg/day) added to metformin compared with metformin+liraglutide-placebo or metformin+glimepiride. DTSQ is a validated measure assessing TS and perceived frequency of hyper- and hypoglycaemia. IWQoL-Lite is a validated measure assessing weight-

rehabilitation. Therefore it is a logical consequence to test the CDS for rehabilitation.

Aims: The study aims at determining the psychometric properties of the modified CDS-R.

Methods: A psychometric study was performed in an Austrian rehabilitation centre over a period of 6 months. A convenience-sample was recruited and data from 1197 informed patients were collected by specially trained nursing staff. Patients were assessed twice using the CDS-R and the Barthel-Index. The ethical approval for this procedure was obtained. Data were analysed by using SPSS 16.0. To estimate aspects of reliability, Chronbach's-Alpha, Cohens'-Kappa and Percentage-agreement were calculated. To evaluate the construct-validity, a Factor-analysis was conducted. Criterion-related-validity was examined by comparing data of the CDS-R with the Barthel-Index and Pearson-calculation.

Results: The calculation of Chronbach's-Alpha showed values of 0.97. Kappa-values were between 0.89 and 0.96, values of Percentage-agreement between 96% and 99% and Pearson $r = 0.88$. Discussion The results present a high level of homogeneity, interrater-agreement and an almost perfect interrater-reliability. Furthermore, strong correlation with an external criterion was demonstrated.

Conclusions: The analyses of the psychometric properties show satisfying results regarding reliability and validity, wherefore the CDS-R can be recommended for application in rehabilitation.

Recommended reading:

Dijkstra, A., Buist, G. & Dassen, T. (1996) Nursing-care Dependency. Development of an Assessment Scale for Demented and Mentally Handicapped Patients. *Scand J Caring Sci*, 10(3), 137-43.

50

User acceptability of an integrated low back pain assessment tool

Sarah Liddle, Faculty of Life and Health Sciences, University of Ulster, Newtownabbey, UK

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Abstract:

Background: The multidimensional nature of low back pain (LBP) makes it difficult to develop a treatment approach that will meet the needs of everyone. To compare the effectiveness of current treatments, and make recommendations for future practice requires a consistent approach to outcome assessment (1), a feature currently lacking in this area (2, 3).

Objective: To practically address this issue a team of researchers from the University of Ulster have developed an interactive electronic LBP data repository.

Methods: The 'Integrated LBP Assessment Tool' is a secure website with two sides, a data collection interface for patient self-assessment, and a practi-

tioner interface. The tool is capable of systematically capturing information about how LBP affects each individual using valid and reliable instruments such as health-related quality of life, back-specific function, work disability, fear-avoidance and pain. It is capable of capturing robust evidence of the effectiveness of various treatment regimes, thereby informing the clinical decision-making process, and also incorporates a feedback loop from which patients and clinicians receive consistent and up-to-date advice on how best to manage LBP.

Results and discussion: The user-acceptability of both interfaces has largely been supported by a sample of volunteer patients and clinicians (n=25). This tool has the potential to create and utilise an evidence base to inform the clinical assessment and management of individuals experiencing LBP. Further pilot testing will consider the tool's potential as a teaching resource for clinical educators.

Recommended reading:

Resnik L, Dobrzykowski E. Guide to Outcomes Measurement for Patients with Low Back Pain Syndromes. *Journal of Orthopaedic and Sports Physical Therapy* 2003 33: 307-316

Liddle SD, Gracey JH, Baxter GD. Advice for the Management of Low Back Pain: A Systematic Review of Randomised Controlled Trials. *Manual Therapy* 2007; 12: 310-327

Liddle SD, Baxter GD, Gracey JH. Physiotherapists' Use of Advice and Exercise for the Management of Chronic Low Back Pain: A National Survey. *Manual Therapy: In Press*.

Theme: Communication / staff experiences

51

Nurse-patient communication in the cancer treatment setting: A qualitative pilot study

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Abstract:

An exploration of the complex processes and dimensions of communication between the nurse and cancer patients receiving chemotherapy in a day hospital setting in Northern Ireland.

Background: Good communication in cancer care is considered as fundamental to the provision of high quality care.

1. However the health professional-patient interaction is a complex phenomenon, influenced by training, skills, attitudes and beliefs of health professionals alongside the health care environment
2. Working in cancer care can be demanding for nurses both in terms of being highly technical alongside emotional and personal demands

Methods: A mixed method approach comprised of three stages was undertaken with a sample of nurses working in a day hospital setting (n=11). This included: observing and recording the nurse-patient interaction at the time of the patient's first chemotherapy session; analysing the nurse critique and self-appraisal on the interaction; and undertaking face to face interviews with the nurses to investigate factors that help or hinder nurse-patient communication interaction. A nurse communication schedule modified from the Calgary-Cambridge Guide to the Medical Interview was used throughout all the stages of the study. All the interviews were transcribed verbatim and content analysed with the aid of this framework.

Findings: The nursing assessment of these patients tended to focus giving information giving, with a particular focus on physical aspects of treatment, often to the detriment of listening and gathering information from the patients. Environmental and organisational issues were identified as barriers to communication, whilst enabling factors included the nurses' ability to develop a rapport and relationship with the patient.

Conclusions: Holistic assessment of patients in ambulatory settings is crucial and improved communication could assist this. This communication needs to be balanced between information giving and information gathering; between the physical and psychosocial aspects of care and between nurse-centred demands and patient centred concerns

Recommended reading:

Botti, M., Watts, R., Cairns, J., Lewis, K. & Kenny, A. (2006) Barriers in Providing Psychosocial Support for Patients with Cancer. *Cancer Nursing*, 29(4), 309-315

Cohen, M. Z. & Sarter, B. (1992). 'Love and Work: Oncology Nurses' View of the Meaning of Their Work.' *Oncology Nursing Forum*, 19(10): 1481-1486

Kruijver, I., P., Kerkstra, A., Bensing, J., M. & van de Wiel, H. B. (2000) Nurse-Patient Communication in Cancer Care: A Review of the Literature. *Cancer Nursing* 23(1), 20-31.

52

Health experiences of Scottish gypsies/travellers

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Abstract:

Aims: The aim of this presentation is to report the findings from a study which explored how the wider determinants of health (Dahlgren and Whitehead 1998) impact upon the health experience of Scottish Gypsies/Travellers, in one Local Authority area. The research findings will subsequently inform the development of local service provision.

Background: Central to Scottish health policy is a drive to address the issues of health inequalities in deprived and disadvantaged communities (Scottish Government (2007)). However recent health policy does not address the specific health needs of Gypsies/Travellers. There is an implication that the wider determinants of health adversely impact upon the health of Gypsies/Travellers (Parry et al 2007). There have been no studies which have explored the health experiences of Scottish Gypsies/Travellers.

Methods: An explorative qualitative design was adopted. In-depth interviews were conducted with eight Gypsies/Travellers from a local authority site in 2004. Verbatim transcripts of the interviews were analysed using content analysis, which generated four overarching themes.

Findings: The wider determinants of health do impact upon the health experience of Gypsies/Travellers, in particular; cultural, environmental, education and access issues. Inextricably linked to each of these factors is the Gypsies/Travellers experience of racism and discrimination. No barriers to accessing Primary Care services were identified but concern was expressed with the provision of Dental Practitioner services.

Conclusions: The local policy response will need to take cognisance of these findings and recognise the inter-relationship between each of the themes. Improving the health of Gypsies/Travellers is an issue for all public policies and must be addressed across all statutory agencies, not just the NHS. The need for multi-agency collaboration to tackle these wider determinants of Gypsies/Travellers health is recognised.

Recommended reading:

Dahlgren G and Whitehead M (1998) *Health Inequalities*. London: HMSO

Parry G, et al (2007) Health Status of Gypsies and Travellers in England. *Journal of Epidemiology and Community Health*. 61:198-204

Scottish Government (2007) *Better Health, Better Care*. Edinburgh: Scottish Government

53

The patient experience of intermittent self-catheterisation

Karen Logan, Continence service, Gwent Healthcare NHS Trust, Abergavenny, UK
Co-authors: Chris Shaw; Irene Webber; Sandra Samuels, Lynn Broome,
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Abstract:

Background: Bladder morbidity requiring intermittent self-catheterisation (ISC) as a treatment to facilitate bladder emptying imposes a variety of challenges to patients, both physical and emotional. Safety, infection rates, and complications of ISC have been investigated but few studies address the practicalities of learning and performing ISC, or of exploring the meaning and impact on patient's quality of life. A qualitative study looking at ISC through the eyes of the patient is important in order to provide data of the patient's experiences of learning and adjusting to this treatment.

Aims: The aim of the study is to describe participants' perceptions of learning to carry out ISC and their interactions with service providers, in order to inform health care professionals to provide optimum patient-centred care.

Methods: Qualitative methods were used to assess patients' views. In-depth interviews were carried out with 15 respondents: 8 male, 7 female, aged between 33-81 yrs (mean age 44yrs), and carrying out ISC for a variety of reasons. Grounded Theory framework was used and data analysed using NUD*ist. The data was collected in Wales in 2006.

Findings: Emergent themes revealed common features across this heterogeneous group. Learning ISC is daunting and can have both positive and negative impacts on quality of life but eventually it is normalised accepted by participants. The interpersonal skills of doctors and nurses had a profound effect on service satisfaction. Experience of the teaching nurses made learning and adjusting to ISC easier and alleviated patient's embarrassment and initial anxiety, facilitating information exchange.

Conclusions: Adequate information about ISC from doctors and thorough instruction from experienced nurses helps empower patients to take control and master the treatment, contributing to ongoing compliance. Development of a clinical policy supporting evidence based care and a consistent teaching programme is highly recommended for use where this treatment is regularly employed.

Recommended reading:

Pilloni S, Krhut J, Mair D, Madersbacher H, Kessler T (2005) Intermittent Catheterisation in Older People: A Valuable Alternative to an Indwelling Catheter? *Age and Aging* 34 (1) 57 – 60

Robinson J (2006) Intermittent Self-catheterisation: Principles and Practice. *British Journal of Community Nursing* 11 4 144-152

Naish W (2003) Intermittent Self-catheterisation for Managing Urinary Problems *Professional Nurse* 18 (10) 534-537

54

Older people's experiences of changed medication appearance

Tracey Williamson, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, UK
Co-authors: Leah Greene; Arvin Prashar; Ellen Schafheutle

Abstract:

Background: 'Generic prescribing' and 'parallel import' pharmacy practices mean that many older people are issued the same tablet medication but in different colours, sizes and shapes to their previous prescriptions as a cost saving measure.

Aims: To elicit older people's experiences of medication that changed appearance due to 'generic prescribing' and 'parallel import' practices and its impact on their medication taking practices

Methods: An eight-item questionnaire was developed and distributed to 2000 older people (50 years+) across participating PCTs in Greater Manchester in 2008. A 29% response rate was achieved. The data was analysed using the SPSS statistical package.

Findings: 63.3% experienced a change in the appearance of their tablet medications. • 74.1% did not seek advice regarding the change in the appearance of their tablet medications

Older people noted changes to the actual tablets, tablet packaging and written information that accompany tablets. Changes are occurring mostly to the colour, size and shape of tablets more than packaging and written information. The majority of respondents had experienced changes in the appearance of their prescribed tablet medication in the previous two years which were not due to change in medication or dose. For some respondents, these changes prompted negative experiences such as anxiety, confusion and upset. A small number omitted the affected tablet medications and did not seek help or advice from GPs, pharmacists or relatives.

Discussion and conclusions: The findings suggest older people's health may be at risk due to frequent changes in medication appearance as a cost-saving measure. The findings from the survey are to be presented. Nurses and others have a role to play in promoting better medicines management and this presentation will contribute evidence to inform their knowledge and practice with this regard.

Recommended reading:

Teeling, M and Feely, J (2005) Adverse Drug Reactions: Reducing the Risk in Older People. *Prescriber*, 16, 12-19

Overgaard, ABA; Møller-Sonnergaard, J; Christrup, LL; Højsted, J; and Hansen, R (2001) Patients' Evaluation of Shape, Size and Colour of Solid Dosage Forms. *Pharmacy World and Science*, 23, 185-188

Kippen, S (2005) As Time Goes By: Issues For older People with Their Medication Use. *Australasian Journal on Ageing*, 24, 103-107

Theme: International

55

The use of nutrient supplements of Chinese women in Northern Ireland

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Co-author: Marion Wright

Abstract:

Objectives: To investigate the use of nutrient supplements of Chinese woman (18-59yrs) who currently live in Northern Ireland (NI), and to suggest appropriate and culturally sensitive dietary information for Chinese women living in the UK.

Methods: Questionnaire based cross-sectional study, including demographic measures, open-ended questions and a 24-hour dietary record. Questionnaires were handed out to one hundred and forty non-pregnant Chinese women aged 18-59 between 2003 and 2004 in Northern Ireland, and fifty questionnaires were returned.

Results: Nutrient intakes of these women were analysed from their dietary intakes, excluding nutrient supplements. Intakes of energy, potassium, calcium, magnesium, iron, copper, selenium, iodine and folate were less than Reference Nutrient Intakes (RNI). By comparison, mean nutrient intakes by those women who took nutrient supplements were apparently better than those who did not take nutrient supplements. About 1/4 of participants took nutrition supplements. Those supplements were multivitamins, vitamin B6, evening primrose oil, calcium tablets, cod liver oil, 'Korea shen' (ginseng), and 'E jiao' (donkey skin).

Conclusions: Regular fortified food intakes and micronutrient supplement intakes are recommended. They would be particularly beneficial for women of reproductive age and during pregnancy, and during times of particular pressures (for example, exams, when people are too busy to pay attention to their nutrition intake), or when food preference and food choices became a problem.

Recommended reading:

Department of Health (1991) Dietary Reference Values for Food Energy and Nutrients for the UK. Report of the Panel on Dietary Reference Values of the Committee on Medical Aspects of Food Policy. Report on Health and Social Subjects No. 41. Lon

56

Benefit-finding among people with mental illness in Japan

Rie Chiba, Psychiatric Nursing, Graduate School of

Medicine, The University of Tokyo, Tokyo, Japan

Co-authors: Yuki Miyamoto; Norito Kawakami

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Abstract:

Background: The realization of positive life influences resulting from experiences of chronic illness or traumatic events has been conceptualised as 'benefit-finding'. Previous study has suggested that an understanding of benefit-finding is significant in the provision of health care, such as nursing.

Aims: This study aims to explore the dimensions of benefit-finding among people with mental illness in Japan.

Methods: A cross-sectional questionnaire survey was conducted of people with mental illness at selected hospital inpatient units and community facilities in Japan from June to September 2008. The aims and procedures of the study were explained to all who met the inclusion criteria, and the survey was conducted to whom an informed consent was obtained. A total of 193 out of 227 participants responded to an open-ended benefit-finding question, and valid data were analysed through content analyses.

Results: Almost half of the respondents reported at least one benefit-finding feature. Benefit-finding themes derived from content analyses were as follows: growth in relationship, personal growth, appreciation of life, increased knowledge of mental illness, health behavioral changes, new possibilities and goal-related changes, and religious growth. On the other hand, 76 (39%) respondents reported that they never experienced any benefit-finding or they were not sure what it was.

Discussion and conclusions: The results of this study demonstrated that many people with mental illness had a benefit-finding experience and the features were rather common as observed in previous studies of people with chronic physical conditions or traumatic experiences in the United States and other countries. The nature and dimensions of benefit-finding may be similar among people with different health problems living in different cultures.

Recommended reading:

Tennen, H., & Affleck, G. 2005, 'Benefit-finding and Benefit-reminding' in Handbook of Positive Psychology, ed. C. R. Snyder, & S. J. Lopez, Oxford University Press, Oxford

Siegel, K. & Schrimshaw, E. W. 2000, 'Perceiving Benefits in Adversity: Stress-Related Growth in Women Living with HIV/AIDS', *Social Science & Medicine*, vol. 51, no. 10, pp. 1543-1554

Wright, M. O., Crawford, E. & Sebastian, K. 2007, 'Positive Resolution of Childhood Sexual Abuse Experiences: The Role of Coping, Benefit-finding and Meaning-making', *Journal of Family Violence*, vol. 22, no. 7, pp. 597-608.

57

Examining disaster nursing education programs for nurse administrators

Yoshie Takatani, College of Nursing Art & Science, University of Hyogo, Akashi, Hyogo, Japan

Abstract:

Background: Given that large-scale natural disasters occur frequently all over the world, effective action by nurse administrators during disasters greatly affects victims' health and their lives in the aftermath.

Objectives: Focusing on nurse directors' competencies during disasters, this study explores nurse directors' disaster experiences, and examines effective disaster nursing education programs that nurse administrators can utilize for disasters.

Methods: The study subjects were nine nurse directors and one acting nurse director who had experienced natural disasters during their tenure. Based on interviews that inquired about nurse directors' competencies required during a disaster, a qualitative analysis was conducted. In addition, I performed a qualitative analysis on the basis of interviews with 5 subjects about the real challenges faced by nurse directors at times of disaster.

Results: The following competencies for nurse directors were identified: (1) analysis of circumstances and judgment skills; (2) integrating knowledge comprehensively and swiftly moving to action based on optimal decision making; and (3) imagination. Furthermore, the nurse directors pointed out the following as challenges which have been encountered at times of disaster: 'inability to come to a decision about the transfer of patients', 'information necessary when transferring patients is scattered,' and 'the application of the knowledge and experience of disaster nurses is difficult'. Giving consideration to these competencies, I examined disaster nursing education programs utilized for the nurse directors.

Discussion: Clarifying and analyzing effective administration competencies enabled us to build a foundation for educational programs. The study results may provide useful insights into facilitating disaster nursing education programs around the world.

58

The role of the hospital nurse in health promotion in Saudi Arabia

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Co-authors: Alison While; Louise Barriball

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Abstract:

Background: The global increase of preventable chronic illness and obesity has highlighted the importance of health promotion. Within Saudi Arabia there is no clear scope of practice for nurses

and their role in health promotion is unknown. Al-Kandari et al (2008) has noted the need to clarify the role of nurses in disease prevention and health promotion including healthy life styles within nursing curricula in Kuwait.

Aims: The study aimed to describe the role of nurses in health promotion from the perspective of registered nurses, doctors and patients within hospital settings in Saudi Arabia.

Methods: A cross-sectional survey of nurses, doctors and patients in Saudi Arabia was utilized. The self-report questionnaire comprised: the Nurses' Views of Health Promotion Interventions questionnaire (Haddad & Umlauf 1998) and the Primary Care Staff's Opinions on Promoting Physical Activity sub-scale (Douglas 2006). The data were collected between March – June 2008 yielding a response rate of 53.3% (n=1066 respondents) (Saudi patients n=322, 64.4%;, registered nurses n=614, 61.4%; doctors n=130, 26.0%).

Results: The nurses, doctors and patients reported different views regarding responsibility for health promotion with patients being significantly less supportive of nurses in this role. The perceptions of nurses as health promoters also varied. A number of constraints for effective health promotion were identified including a lack of necessary skills and shared language and cultural understanding. The views of the nurses, doctors and patients also varied regarding health promotion related to smoking cessation, physical activity and weight management.

Discussion: There is a lack of clarity regarding role of hospital nurses as health promoters in Saudi Arabia. The legitimacy of this area of practice is contested by both patients and doctors in part reflecting the cultural competence of a large migrant workforce as well as their skill set regarding health promotion.

Recommended reading:

Al-Kandari F, Vidal V L & Thomas D (2008) Health-prompting Lifestyle and Body Mass Index Among College of Nursing Students in Kuwait: A Correlational Study. *Nursing and Health Sciences*. 10: 43-50

Douglas F., Torrance N., Teijlingen E., Meloni S. and Kerr A. (2006) Primary Care Staff's Views and Experiences Related to Routinely Advising Patients About Physical Activity. *Public Health*.6: 138-47

Haddad G. and Umlauf M. (1998) Views of Health Promotion Among Primary Health Care Nurses and Midwives in Jordan. *Health Care for Women International*. 19: 515-528.

59

Evaluation of the current state of Japanese nursing research on sleep intervention and issues in sleep assessment

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Co-author: Yukari Kimura

Abstract:

Background: Researchers should evaluate sleep using proper procedures in order to verify the effect of intervention on sleep management. How do nursing researchers assess sleep? Are there any issues with the assessment methods used?

Aims: To examine the trend in Japanese nursing research that aims at investigating the effects of sleep intervention, and to clarify any issues concerning sleep assessment, we reviewed research articles published over the past ten years in Japan and foreign countries.

Methods: Japanese research articles were retrieved from the Ichushi database, while those published in foreign countries were retrieved from the CINAHL database.

Results & Discussion: Three issues related to sleep assessment were identified, for which we suggest the following solutions.

In relation to data collection, a paucity of the number of samples was identified. Development of an efficient data collection method is needed in research in order to show a higher reliability of evidence.

Since only the individual understands his/her own sleep experience, subjective evaluation is important in the evaluation of sleep quality. However, since subjective and objective sleep evaluation results may differ, more research is needed that uses both objective and subjective data for sleep assessment.

Much of the research reviewed used observation methods to assess sleep, however, many of the papers did not provide details of the observation method or the criteria applied. Repeatability of the research will be improved by clearly providing such information. Additionally, researchers need to confirm inter-rater reliability of the observational results.

Conclusions: By resolving these issues, highly reliable data will be collected by Japanese nursing researchers, thus contributing further to the global body of work aiming to verify the effects of nursing intervention on sleep management. Acknowledgement: This work was supported by Grant-in-aid for Scientific Research (c20592506).

60

Italian student nurses' perception of the clinical learning environment measured with the CLEI tool

Serena Perli, Nursing, School of Health Education, University of Verona, Nursing Faculty, Department of Trento, Italy, Trento, Italy

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Abstract:

Background: The quality of the clinical learning environment is an important factor in the clinical experience of a student (Yim & Chan 2004) and is determined above all by a good atmosphere in the ward (Papp et al. 2003). To evaluate the learning environment, Chan (2001) made up an instrument, the Clinical Learning Environment Inventory (CLEI), which has been found to be homogeneous, but its validity has not been established.

Aims: The aim of this study is to analyse the student nurses' perceptions of the hospital clinical learning environment.

Methods: A descriptive study was carried out using Chan's Clinical Learning Environment Inventory. A questionnaire (CLEI) (Cronbach values of between 0.47 and 0.74) was compiled by a suitable sample of 232 Nursing Science Degree Course undergraduates of the Verona University, Trento campus.

Results: The results showed that the students perceived a good clinical learning environment. All the students (99%) agreed that practical work experience was useful and not a waste of time. The lowest scoring item was 'the trained nurse supervisors/ clinical tutors stopped what they were doing to help students' (40.5% 1-3, M 3.2; Me 4); however it was shown that the students did not expect this (34.5% 1-3, M 3.4, Me 4). The students also believed that 'knowing exactly what they had to do on the ward', was an important aspect, (93.5% 4-5, Me 4) but in reality this was rarely the case (47.8% 4-5, Me 2).

Discussion and conclusions: From the results it emerges that the students have little possibility to programme their shift and activities or plan working with their own rhythm. From the results it also emerges that the tutorial presence of a clinical tutor and/or trained nurse supervisor actively contributes to an innovative learning environment even when innovative teaching strategies cannot be guaranteed.

Recommended reading:

Chan, D.S.K., (2001). Development of an Innovative Tool to Assess Hospital/Learning Environments. *Nurse education Today*, 21, 624-631

Papp, I., Markkanen, M., Von Bonsdorff, M., (2003). Clinical Environment as a Learning Environment: Student Nurses' Perceptions Concerning Clinical Learning Experiences. *Nurse Education Today*, 23, 262-268

Yim, W., Chan, DSK., (2004). Hong Kong Nursing Students' Perception of the Clinical Environment: A Questionnaire Survey. *International Journal of Nursing Studies*, 42 (6), 665-672.

Wednesday 25 March 2009

Symposium 1

'Talkin' 'bout my generation': Research with children and generational landscapes

Duncan Randall, School of Health Sciences,
The University of Birmingham, Edgbaston,
Birmingham, UK

Co-authors: Bernie Carter; Duncan Randall; Jane
Coad; Paula Reed
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Abstract:

Background: Policy makers, clinicians and purchasers of children's services have become interested in recent times in the views of children. It has been acknowledged that parents' (often mothers') perceptions of what their children think about health services are not the same as those of children themselves (Punch 2002). At the same time a view of children has emerged as competent commentators on their social worlds (Prout 2001). The development of children as consumers of health care has highlighted a dilemma for researchers. How do adult researchers research the worlds of children? This symposium brings together researchers all of whom have had to answer this question in conducting research with children in various projects. Drawing on their research practice the speakers will explore with delegates the generational landscapes that surround children. These landscapes have vistas beyond the child's home; they extend into schools, hospital wards, clinics, communities and settings where children encounter other generations, as well as their own. All of these shape how children negotiate their interactions with researchers. Researchers in children's nursing appeared to have overlooked the effects of generation. Research reports often do not address how researchers ensured the data they collected from children were not unduly influenced by adults. Not addressing generational issues may call into question how representative the subsequent findings are of the child's voice. This symposium will allow delegates and researchers to debate the vital issue of how to get closer to the child's voice.

Intended learning outcomes:

Delegates will be able to:

1. Engage in debate on how children and researchers respond to issues such as the power differences between children and adults in research projects.
2. Debate the generational issues that affect researching with children and children researching with their peers.
3. Evaluate the use of data from adults in research with children.

References

- Prout A (2001) Representing Children: Reflections on the Children 5-16 Programme, *Children and Society*, volume 15, pp 193-201.
- Punch S (2002) Research with Children: The Same or Different from Research with Adults? *Childhood*, Volume 9(3), pp 321-341.

Paper 1

Barbarians, Barbicans & children safe in the castle keep: Researchers, reviewers and ethics review

Bernie Carter, Professor of Children's Nursing,
University of Central Lancashire & Alder Hey
Children's NHS Foundation Trust (& Visiting
Professor, Edge Hill University)

Adult generations often frame childhood as a time of vulnerability. In many countries the default setting, in the context of research governance and ethical review, is to frame children and young people within this discourse of vulnerability. Those seeking to do research with children are automatically required to tick boxes, answer additional questions and give extra specific assurances. This, in and of itself, is not wrong although it does frame research with (or on) children as being inherently – although often vaguely – risky. Framed within a discourse of vulnerability children are seen to need to be protected and kept safe from the predations of researchers; in fact it seems irresponsible to argue against this (although this is my intention) (Carter in press). However, framing children as vulnerable can result in researchers finding themselves positioned as being '(potentially) dangerous' and reviewers being positioned into having to adopt the role of being (super-) cautious defenders of children. Halse and Honey (2007) talk of this in terms of the researcher being positioned as a barbarian and the reviewer positioned as the research subject's champion. But, this is only a partial picture; researchers and reviewers are heterogeneous groups each sharing some barbarian and champion tendencies. Likewise children are a heterogeneous group with a multiplicity of geographies. A degree of tension between researchers and reviewers is vital, constructive and necessary, but it can unnecessarily constrain and impede the researcher. If the (barbarian) researcher cannot get past the castle's overly well-defended barbican (review committee) then children and young people, especially those who are seen to be particularly vulnerable or marginalised will never be able to contribute their perspectives. Children will remain guarded and well-defended, but from the heights of the keep their voices are muted and may drift into the ether unheard.

References:

- Carter B (in press) Tick box for child? The Ethical Positioning of Children as Vulnerable, Researchers as Barbarians and Reviewers as Overly Cautious: A

Discussion Paper. *International Journal of Nursing Studies*.

- Halse C & Honey A (2007) Rethinking Ethics Review as Institutional Discourse, *Qualitative Inquiry*, Volume 13, pp 336-352.

Paper 2

Pith helmet or play pit: Revisiting Mandell's 'least adult role'.

Duncan Randall: Lecturer, University of
Birmingham, Birmingham, UK

Before sociologists began to theorise childhood and point to how children and adults share cultures (Corsaro 2005), it was perhaps easier to conceive of the adult researcher donning their Pith helmet and heading off to the sand pits of childhood, to study the child tribe just as colonial anthropologists had sailed off to foreign climes to study the natives. However, with the view, now accepted, that children are full social actors and acknowledgment of the critiques of ethnography's colonial past it is time to re-examine how adults conduct research with children. A number of writers have pointed to the fact that research with children requires the adult researcher to be reflexive about their role as an adult (Christensen & Prout 2002). One of the first to attempt to set out how adults could research children's worlds was Nancy Mandell (1991). Her 'least adult role' has been criticised as too simplistic. However, in this paper I argue that the principles on which Mandell based her explication of how adults should approach researching with children have been used by other researchers. The ethnographic principles that Mandell uses, taken from Mead's work, can be adapted to fit the context of the research. Re-examining Mandell's 'least adult role' reveals how more recent developments such as Christensen and Prout's (2002) ideas on ethical symmetry have built on Mandell's principles. This re-examination suggests that these principles give a framework for adults to be reflexive about researching with children.

References

- Christensen P and Prout A (2002) Working with Ethical Symmetry in Social Research with Children. *Childhood*, Volume 9(4), pp 477-497.
- Corsaro WA (2005) *The Sociology of Childhood*, 2nd edn, Thousand Oaks, California, Pine Forge Press/Sage.
- Mandell N (1991) The Least Adult Role in Studying Children. In: Waksler F, (Ed.) *Studying the Social Worlds of Children*, London, Falmer Press.

Paper 3

Just talkin' to my generation: children as peer researchers

Jane Coad, Senior Research Fellow, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK

The case for participation of children and young people in research has now been framed in countless ways. Advocates of this approach argue that this can help to reduce some of the power imbalances in the researcher/researched relationship, since both researchers and those researched are recognised as active participants in the research process (Christensen and James, 2008). Researchers in health care settings are however increasingly engaging children and young people not only using participatory approaches but have included them as 'peer-researchers' in a spectrum of activities during the research process (Coad & Evans, 2008).

This part of the symposia will initially set out some of the key ways this has been undertaken in health and social care related projects. However, the main focus of the presentation will be to discuss the inter-generational issues of when a child or young person carries out research on their own generation. This may be a range of activities such as carrying out interviews, either because they are the same age as the people they are interviewing and/or they share same life experiences. Murray (2006) argues that peer-led research can lead to fresh insights, or to discussion of issues that would not have been discussed with adults present. But others note that there are hidden dangers of such activity if it is not thoroughly considered and planned for from the outset (Coad & Evans, 2008). The presentation will draw on key examples of peer-led work in the health context, including the presenters own field work. Key inter-generational issues will be covered such as age, development, role, ethics and peer relationships and lessons to be learned will be shared.

References.

- Coad, J. Evans, R. (2008) Children and Young People's Engagement in the Data Analysis Process: A practical framework, Children and Society, Volume 22, pp 41-52
- Christensen P & James A (2008) Research with Children: Perspectives and Practice 2nd edn Routledge, Abingdon
- Murray, C. (2006) Peer Led Focus Groups and Young People, Children and Society, Volume 20, pp 273-286.

Paper 4

Pictures of dignity: Putting children's and adult's data together

Paula Reed: Honorary Research Associate, Faculty of Health and Medical Sciences, University of Surrey, UK

The perception of dignity by children and adults is used in this paper to explore how adult's data can be incorporated into research with children. The promotion of dignity in healthcare has never been more topical (RCN, 2008). However, principles of best practice are formulated with an adult in mind and may not be appropriate for children. In this paper I explore the meaning of dignity for children on an acute hospital ward. My findings are drawn from a nine month ethnography based on a children's ward and additional pilot work in a school and nursery. I contrast the perspectives of children of dignity with the meanings of dignity for the adults on the ward, the staff and parents. I have taken a social constructionist perspective (Goffman 1971) to explain my findings and focus less on the age difference between children and adults, but more on the construction of the child and the position of children in society. In order to put children's data in context, I discuss the ward environment as primarily an adult place.

To highlight the competing notions of dignity between the children and adults, I discuss four main themes that emerged from the data:

- The ritualised performance of dignity practices and their relevance to children
- The assumptions of adults and notions of bodily ownership
- 'humanness' and objectification
- The 'relative' position of children to adults and their assumed vulnerability (Christensen 2000)

Using dignity as an example I argue that the inclusion of adult's data allows children's perceptions of dignity, and the enactment of dignity to be placed in a context of an adult centred world. Although the inclusion of data from adults risks the voice of the child being lost, it can also help to make sense of children's data. As in other aspects of research with children the inclusion of adult's data needs to be considered within a reflexive process, where the effect of including adult's data on the child's voice is considered as part of the relationship between generations.

References

- Christensen, P.H (2000) Childhood and the Construction of Vulnerable Bodies In Prout, A. (ed) The Body, Childhood and Society, Basingstoke, Macmillan, pp.38-59.
- Goffman, E. (1971) The Presentation of Self in Everyday Life. Pelican Books series, Harmondsworth: Penguin Books.
- Royal College of Nursing (2008) Small Changes Make a Big Difference: How You Can Influence to Deliver Dignified Care [online] available from http://www.rcn.org.uk/__data/assets/pdf_file/0008/191735/003285.pdf [Accessed 28/10/08], Royal College of Nursing, London.

Symposium 2

Developing a clinical academic research career in nursing

Andrea Nelson, School of Healthcare, University of Leeds, Leeds, UK

Co – Authors: Una Adderley; Jill Firth; Simon Palfreyman; Jane Nixon

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Sponsored by
The
Smith & Nephew
Foundation

Abstract:

Background: Finch chaired the UK Clinical Research Collaboration (UKCRC) Subcommittee for Nurses in Clinical Research to examine the roles of nurses as researchers and educators, and investigate the barriers faced by nurses who want to pursue research careers. The recent report envisages a more flexible career structure that will see clinical and academic work as the norm for nurses who successfully pursue a research career, rather than obliging them to pursue one role at the expense of the other. Finch envisages new funding streams available to support nurses in developing their nursing careers. These include the funding of 4 academic training levels at 4 sequential levels: MRes /MClinRes, Doctoral level, Postdoctoral Career Fellowships, and Senior Clinical Academic Fellowships. In addition, it recommends that mentoring and peer support should be developed for nurse researchers and educators.

The Smith and Nephew Foundation provide pre and post-doctoral funds for nurses wishing to undertake studies in academic departments with a record of research in skin or tissue viability. The provision of targeted funding to centres of excellence has resulted in a cadre of nurse researchers who can now attract substantial National Institutes for Health Research Programme Grants, one marker of success in the health research community. This symposium will bring together nurses who are building a career in clinical nursing research and describe the challenges they have faced and the strategies they used to obtain funding and to pursue a career in research. They will also describe the challenges they have faced in getting funding, fitting in, and making the research fit in with other commitments. The potential for the initiatives outlined in the Finch report to help capacity and capability in nursing research will also be discussed. This symposium will be of interest to people developing their research career.

Paper 1

Research at the 'coal face'

Una Adderley RGN MSc (Doctoral student, University of York) Team Leader, Specialist Nurses North Yorkshire and York Primary Care Trust Malton Hospital, Malton, North Yorkshire, UK

Abstract:

The NMC requires its registrants to deliver care that is based on the best available evidence and it has been found that a better qualified workforce is associated with better health outcomes. Although most nurses would agree that care should be based on high quality evidence from research, there is some evidence that the academic nurse, the very person needed to provide this evidence, is not highly valued in the clinical workplace. This may mean that clinical nurses who wish to also pursue active academic work may face resistance from their own employers and peers. In the face of this potential resistance, nurses who can deliver both clinically and academically have a particular responsibility to nurture the research flame within the NHS. Maintaining a 'foot in both camps' is difficult but should result in research that not only addresses immediately pressing clinical questions, but is also methodologically robust. Indeed these links should also help implementation of research findings. This paper will describe the challenges around gaining the active support of NHS managers, attracting funding to support my research activity, in particular my PhD, and maintaining an appropriate balance between research and clinical commitments.

Paper 2

The transition from doctoral student to researcher

Jill Firth, Senior Research Fellow & Post Graduate Research Tutor, Module Manager HECS 3064 Rheumatology: disease processes, treatment & care, School of Healthcare, University of Leeds, Leeds, UK

Abstract:

In this paper Jill will describe her experiences of engaging with research as a long term career pathway. For a clinician, completing a PhD can be seen as the final academic hurdle to leap, and this may lead to it being seen as an endpoint in itself. This loses the essence of a PhD, as it is merely the completion of an arduous training programme (or baptism by fire!). The challenge for a post-doctoral researcher is to use and develop those newly acquired skills and to move towards becoming an independent investigator. The skills required to develop as a researcher are wide ranging and are actually closely allied to those needed to be an effective clinician. They include recognition of need, planning and collaboration with an inter-disciplinary team to achieve desired outcomes within budgetary confines and the evaluation of outcomes

(shared with the world through publications). At post doctoral level, there are the demands of becoming an expert, combined with the need to extend your own skills as a researcher, teach and supervise others and attract funding to pay your way. Jill will illustrate the process with reference to her own transition which is work in progress, and will reflect on the recommendations of the Finch report, regarding funding support, mentoring and peer support.

Paper 3

Getting yourself into a position where you can grow as a researcher

Simon Palfreyman, Senior Research Nurse, Smith and Nephew Foundation Doctoral Student, Sheffield Vascular Institute, Northern General Hospital Sheffield, UK

Abstract:

It has been identified that the nursing profession has a shortage of nurses with sufficient skills in research compared to some other health professions. There also exists a well recognised barrier between clinical and academic areas and it is this that Finch is trying to address. If there is to be effective collaboration and cooperation clinical nurses will need to acquire detailed skills and knowledge related to research. However, it can be difficult as a clinical nurse to find support in order to acquire and hone such skills. In addition to being able to find resources and time the key is in finding 'like-minded people' who can support and guide you whilst undergoing research training during a PhD and beyond. One possible path to acquiring research skills is through the role of research nurse. This role provides a grounding in understanding the research process and the associated ethical and governance issues whilst also maintaining contact with patients. The step from collecting research data to undertaking a leadership role in research can be daunting but the personnel and support necessary to do this can sometimes be more easily accessed as a research nurse than as a clinical nurse. This paper will describe the challenges and issues in taking the step from research nurse to lead researcher. It will highlight the importance of persistence and the difficulties of pursuing a research career whilst on short-term contracts. The potential role of the funding streams arising from the Finch report in supporting such a research career will be discussed.

Paper 4

Building a research career as a methodologist and subject specialist

Jane Nixon

Abstract:

This paper describes the development of a research career in pressure ulcer prevention and also as a clinical trialist working in a multi-disciplinary Clinical Trials Unit, with strong links to academic and clinical nurse collaborators. It details a strategic approach to becoming a specialist trials methodologist, developing a successful portfolio of pressure ulcer (PU) research and development of academic and clinical collaborations to support high quality research, making a significant contribution in the field. Jane has had ten large grants in PU and Tissue Viability, spanning NHS and University careers, including eight as Chief Investigator, and grant income of £5.5 million, culminating in a National Institute for Health (NIHR) Programme Grant of £1.99 million over 5 years. In addition as a trialist, Jane has collaborated on 6 grants for large multi-centre trials, total grant income of £5.7 million in areas including cardiovascular, stroke and mental health. Jane will outline her research career, starting in 1991 in the NHS as a theatre nurse and subsequent progression in an NHS and University career.

Key components have been:

- Strong collaborations with methodologists and clinicians
- Strategic allies providing mentorship
- Changes in funding policies, providing opportunities
- Relevant research questions
- Developing as a trials methodologist
- Built on the knock backs to develop the next application

In addition she will illustrate how she identified the methodological strengths and weaknesses and new and emerging research questions from each successive research project, maintained an active role/awareness of national initiatives influencing research funding allocations, and built upon these to plan and develop ongoing funding applications.

Paper 5:

Andrea Nelson

The role of mentoring and peer support in building our careers in clinical research. In this paper, Andrea will ask whether we are developing the next wave of clinical nurse academics through peer support and mentoring. Andrea will d

Symposium 3

Health knowledge: Information for children and young people

Anne Williams, Department of Nursing, Health and Social Care Research Centre, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, UK

Co-authors: Werner Vogels; Jane Noyes; Llinos Haf Spensor; Deborah Edwards; Alison Hughes; Gaynor Williams; Odysseus Constantinos; Cindy Carter; Terry Threadgold; Anne Williams; Jane Noyes; Alison Hughes; Deborah Edwards
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Abstract:

Introduction: Partnership between the public and NHS is seen as crucial to a healthier society. A requirement of partnership is provision of high quality information and the facilitation of its use in practice. There is little information produced for children, young people and their families, and little evidence concerning types and formats which could empower their decision making, especially concerning medicines which are the most commonly used therapeutic NHS intervention. The linked symposium papers will contribute methodological insights alongside emerging findings from two complementary studies seeking to address this lack of evidence.

The first, the 'Information matters project [IMP]', 2007-2010, is qualitative and designed to identify types, formats and characteristics of information which are likely to support children's decision-making and choices around medicines and clinical options across a range of tracer conditions including diabetes, asthma, epilepsy, complex conditions and selected acute conditions.

The second study 'Evidence into practice: information counts (EPIC, 2008-2011', is designed to build on evidence from the former to develop and evaluate by pragmatic randomised-controlled-trial an individually-tailored, age-appropriate information resource to support decision-making and self-care relating to insulin management and electronic blood-glucose monitoring for children with type-1 diabetes, compared with available resources in routine clinical practice. The research studies constitute a UK-wide, multidisciplinary research collaboration relating to health knowledge and information for children. The conceptual frameworks guiding our approach draw on anthropology and knowledge translation, with an emphasis on understanding processes and relationships involved in children's responses to health information, and mechanisms by which evidence is translated and facilitated in practice to improve health outcomes. Children's and young people's contributions to planning both studies are a priority. The outcomes will provide evidence from which policy makers and practitioners may inspire and prepare children for their future health, self-care and medicines management as they cross important life transitions.

Paper 1

Assessing the evidence: Mixed-method systematic review

Werner Vogels(RA), Jane Noyes(Professor), Llinos Haf Spensor (RA) (Centre for Health Related Research, Bangor University), Deborah Edwards (RA), Alison Hughes (RA), Gaynor Williams (Assoc. Lecturer), Anne Williams (Professor)(School of Nursing and Midwifery Studies, Cardiff University).

Background: Little is known about the positioning of children and young people regarding health information in empirical studies, policy and clinical guidance.

Aims: To review empirical literature, policies, guidelines, management plans for IMP and EPIC studies, identifying ideas underpinning policy, how children are positioned within policies, effectiveness, cost-effectiveness of information in relation to tracer conditions and associated medicines and extent to which information needs are made explicit and consistent in best practice, clinical guidance and pathways through care.

Methods: Mixed-method, systematic reviews (2007 ongoing): conceptual clarification of review foci; development of protocols; comprehensive searching of data bases and quality appraisal procedures.

Results: Descriptive empirical work predominates. Few evaluations of information are evident and very few studies focus on proposing solutions and suggestions for change. Emerging key findings relate to self-management education for children, specific information needs, types/ formats of information, access to information, parents as proxy, peer support, relationships between children and clinicians, and social identities. For EPIC, we are intensifying the focus of the systematic review for the diabetes tracer condition. We wish to determine factors that support children's management of insulin and blood-glucose monitoring in different settings (home and away) and different life and illness stages.

Discussion: Policies, clinical guidelines and care-pathways consistently refer to the need to provide children and families with clear, child-centred and age-appropriate information, for example NSF (DH 2004). Our paper discusses gaps between philosophy and reality, linking to the review of currently available children's health information, also exploring how policies which have children's interests at heart have different approaches with some ascribing, inadvertently, a passive role for children whereas others point to the need to assist them in making their own choices regarding health, medicines and self care. Conclusion: The review provides clarity regarding identification of gaps in evidence.

References:

DH (2004) National Service Framework for Children and Young People and Maternity Services – Standards 1-10.

Paper 2

Scoping current health information

Authors: Alison Hughes (RA), Anne Williams (Professor), Gaynor Williams (assoc. Lecturer) (School of Nursing and Midwifery Studies, Cardiff University), Jane Noyes (Professor) (Centre for Health Related Research, Bangor University).

Background: Little health information has been produced for children and young people (Joughlin and Law 2005). A review of available current information is urgent, in order to establish where the gaps are.

Aims: To establish what current information is available for specified conditions and commonly associated medicines, and in what types and format.

Methods: Sources of information were searched (April to January 2007). We employed qualitative sampling strategies: incremental sampling to ensure comprehensiveness; judgement sampling to produce data amenable to depth – analysis of types and formats of information rather than establishing their frequency. An electronic database of health information resources organised according to tracer condition was established and will continue to be updated. An audit trail of organisations and individuals contacted has been maintained alongside the data base. The paper will present sources; and types and formats of health information accessed and discuss their significance for children's self-care and medicines management.

Results: Searches produced a range of sources including UK charities, healthcare professionals, pharmaceutical companies, websites providing child-centred health and medicines information, UK-wide health profession networks, NHS Trusts, Primary-Care Trusts, children's health information centres, Patient Advisory and Liaison Services. Formats included written information (leaflets) and other media (DVDs, interactive websites) as well as locally produced information and teaching aids (dolls/ modified equipment for use with role play, games).

Discussion: Discussion will focus on medicines management information; information usage; addressing diversity; bespoke, locally produced information and participation of children in producing information. The availability or lack of child-centred, age-appropriate information taking into account sensitivity to gender, ethnicity and socioeconomic status will be referenced.

Conclusions: With some notable exceptions, there is a lack of child-centred, age-appropriate information across chronic and acute tracer conditions. Moreover, our analysis provides insights into aspects of detail required to redress this and other deficits.

References:

Joughlin and Law (2005) Evidence Available to Support the National Service Framework for Children, Young People and Maternity Services. <http://www.dh.gov.uk/assetRoot/04/11/24/10/04112410.pdf>

Paper 3

Critical discourse analysis (CDA): Representation of empowerment and medicines in health information texts for children

Odysseus Constantinos (RA), Cindy Carter (Senior Lecturer), Terry Threadgold (Professor) (Journalism, Media and Cultural Studies, Cardiff University), Anne Williams (Professor) (School of Nursing and Midwifery Studies, Cardiff University), Jane Noyes (Professor) (Centre for Health Related Research, Bangor), Alison Hughes (RA) and Deborah Edwards (RA) (School of Nursing and Midwifery Studies, Cardiff University).

Background: Two main discourses are identified in contemporary health information: 'patient-education' & 'patient-empowerment' (Dixon-Woods, 2001). While both are relevant, our interest is in patient-empowerment, specifically the positioning of children and young people within health information texts.

Aim: To identify types and formats of information which could empower children and young people to make decisions and choices about their healthcare and medicines management.

Methodology: This paper explains how we used critical discourse analysis to meet our aim. Discourse methodology premises that a discourse is a 'way of knowing' or 'talking about' some aspect of reality (Van Leeuwen, 2005). CDA is understood as an approach to discourse concerned with the relationship between 'meaning making' and 'social structure and change' (Fairclough, 2001: 123). Thus salient questions for our studies include: what does 'empowerment' mean in contemporary child-centred health texts? How are children discursively 'positioned', especially with regard to decision-making/medicines? The sample of information for discourse analysis is drawn from the database of information types and formats and stratified according to tracer condition. In this paper we draw on a sub-sample to demonstrate representation of empowerment (of children and young people) and medicines in information resources.

Results: Four types of empowerment discourse have been identified in the texts: medical; 'patient'; identity; and 'choice'. There are three main textual strategies at work in the data regarding the representation of medicines to child-readers: appealing to children by representing medicines in a familiar context; backgrounding the use of medicines in the represented, ideal lives of children; and presenting the child with choice.

Discussion: The paper will discuss results in relation to issues around age-appropriateness of main messages, as well as their gendered nature and sensitivity to ethnicity.

Conclusion: Discourse analysis provides a useful analytic tool, revealing assumptions underpinning current health information for children.

References:

Dixon-Woods, M. (2001) 'Writing Wrongs? An Analysis of Published Discourses About the Use of Patient Information Leaflets.' *Social Science and Medicine*, 52, 1417-1432

Van Leeuwen, T. (2005) *Introducing Social Semiotics*. London: Routledge

Fairclough, N. 2001. 'CDA as a Method in Social Scientific Research.' In Wodak, R. and M Meyer (Eds.) *Methods of Critical Discourse Analysis*: 121-138. London: Sage

Paper 4

Engaging with children about health information in focus group interviews: Issues surrounding risk management and methodology

Llinos Haf Spencer, Werner Vogels, Jane Noyes (Centre for Health Related Research, Bangor); Alison Hughes, Deborah Edwards, Anne Williams (School of Nursing and Midwifery Studies, Cardiff University).

Background: Very little is known about the kinds of information that are likely to inspire children/young people.

Aims: The main aim of the focus groups was to engage with children and young people with diabetes, epilepsy, asthma, and other chronic conditions in order to find out about their health information preferences.

Methodology: Focus groups are becoming a popular way of obtaining the opinions of children (e.g. Gibson, 2007; Kingry et al., 1990). Fifteen focus group interviews were conducted across the study sites between October 2008 and March 2009, with between 8 and 12 children/young people in each group. The focus groups were facilitated by the support of the Medicines for Children Research Network (MCRN). The children were shown information resources such as leaflets, books, DVDs and websites and then these resources were discussed. The risk management strategies, research governance and ethical issues of carrying out focus group interviews with children/young people with medical needs will be described in this presentation, alongside the interim results.

Results: During the focus group sessions conducted to date, the children enjoyed open and interactive dialogue with non-judgmental researchers (see Gibbs, 1997). This enabled the collection of rich narrative data from children about their health information choices, which were later analysed by qualitative methods.

Discussion: Engaging with children outside the school setting in order to collect narrative data for pragmatic research is a challenging but rewarding experience and can be a successful method of data collection as well as being a positive experience for children.

Conclusions: Focus groups are viewed by the authors as a useful way to gain information from children and young people about their health information preferences.

References:

Gibbs, A. (1997). Focus groups. *Social Research Update*, Issue 19. Available at www.soc.surrey.ac.uk/sru

Gibson, F. (2007). Conducting focus groups with children and young people: strategies for success. *Journal of Research in Nursing*, 12(5), 473-483

Kingry, M. J., Tiedje, L., Friedman, L. L. (1990). Focus groups: a research technique for nursing. *Nursing Research*, 39:2, 124-125

Symposium 4

The Critical Incident Technique: Exploration and critique of its use in nursing research

Caroline Bradbury-Jones, School of Healthcare Sciences, University of Wales Bangor, Archimedes Centre, Wrexham, UK

Co-authors: Siobhan Tranter; Fiona Irvine; Caroline Bradbury-Jones

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The aim of this symposium is to offer a critique of the critical incident technique (CIT) within nursing research and to expose its benefits and pitfalls. To facilitate this we draw heavily on our experiences of using CIT in several different contexts and balance this with a strong theoretical base. In the presentations we move through a continuum of analysis. This begins with a critical review of the use of CIT in nursing research and a cautionary note regarding its inconsistent use. This is followed by an exploration of the challenges associated with using CIT cross-culturally, with particular emphasis on issues of translation and concept equivalence. We bring our presentations to a close by sharing our experiences of using different approaches to data collection in CIT studies and the inherent problems and strengths associated with them.

Our presentations should be of interest to beginning and experienced healthcare researchers who seek to gain a critical perspective on the use of this valuable research approach. The critical incident technique is popular with nurse researchers across the globe and therefore the symposium should appeal to the international conference audience.

Paper 1

Inconsistent use of the critical incident technique in nursing research

Siobhan Tranter, Lecturer in Nursing, Bangor University, Bangor, UK

This presentation is based on a recently published paper that offered a critique of the use of the Critical Incident Technique (CIT) in nursing research (Bradbury-Jones & Tranter 2008). The aim is to discuss the issues raised in the paper and to show how development and popularity of CIT has resulted in inconsistency and confusion. CIT is used globally by nurse researchers to explore many issues. Its main strength is flexibility and it can be readily adapted to meet the needs of individual studies (Flanagan 1954, Hensing et al 2007). However, its popularity has proved to be a double edged sword because it has resulted in a degree of ambiguity and confusion. The purpose of this presentation is to illuminate some inconsistencies surrounding CIT with particular focus on two areas: methodology and terminology. The presentation shows how from a methodological perspective

CIT has become inconsistent. Similarly in relation to terminology, the diverse and often misleading language associated with CIT is exposed. Methodological and terminological inconsistencies of CIT are discussed in relation to rigour and an argument is made that this may be compromised as a result. Overall we argue that a great deal of confusion has been created by nurse researchers' attempts to advance CIT and a more standardized approach to its use is advocated. Because CIT is used by nurse researchers across the world the presentation will be of interest to a number of conference delegates.

References:

Bradbury-Jones C. & Tranter S. (2008) Inconsistent use of the Critical Incident Technique in nursing research. *Journal of Advanced Nursing*, 64(4), 399-407.

Flanagan J.C. (1954) The critical incident technique. *Psychological Bulletin* 51, 4, 327-358.

Hensing G.K.E., Sverker A.M., Leijon G.S. (2007) Experienced dilemmas of everyday life in chronic neuropathic pain patients – results from a critical incident study. *Scandinavian Journal of Caring Science* 21, 147-154.

Paper 2

Using the Critical Incident technique in cross-cultural research

Fiona Irvine, Professor of Nursing, Liverpool John Moores University, Liverpool, UK

The global exchange of nursing knowledge is now accepted and it is recognised that many research issues are of international relevance and require cross-cultural investigation. As nurses venture into cross-cultural research, so they have to face the many methodological and ethical challenges that arise when working with diverse research participants (Liamputtong 2008). Part of the challenge is to identify methodological approaches that are suitable to address the aims of the research, whilst ensuring their relevance to participants who may not share a common language or culture. In this paper we highlight the value of the critical incident technique (CIT) as a methodological approach in cross-cultural research. We draw on our experiences of using CIT in more than one language (Bradbury Jones, et al 2007, Irvine et al 2008) and discuss best practice in conducting such research when the researchers are: ii. insiders – sharing the same culture and language as participants iii. outsiders – where they do not have culture and language in common with participants. We focus on the use of bilingual materials, issues of translation and processes of analysis that are of relevance when using CIT.

Through the presentation, we highlight some of the limitations of CIT when conducting cross-cultural research and explore how such limitations can be overcome. We show that adopting careful and rigorous procedures throughout the research process ensures that CIT is a credible cross-cultural research approach that can elicit rich data which

can make a significant contribution to the international body of nursing knowledge.

References:

Bradbury-Jones C., Irvine F. & Sambrook S. (2007) Empowerment of Nursing Students in the UK and Japan: A Cross-Cultural Study. *Journal of Advanced Nursing*, 59 (4) 379-387

Irvine F., Roberts G., Tranter S., Williams L. & Jones P. (2008) Student Nurses' Perceptions of Language Awareness in Healthcare: The Critical Incident Technique. *Nurse Education Today*, 28 (1) 39-47

Liamputtong P. (2008) Doing Research in a Cross-Cultural Context: Methodological and Ethical Challenges. In: Liamputtong P. (Ed.) *Doing Cross-Cultural Research*. Springer, Netherlands.

Paper 3

The Critical Incident Technique: approaches to data collection

Caroline Bradbury-Jones, Lecturer in Nursing, Bangor University, Bangor

The issue of whether the critical incident technique (CIT) is a method or methodology is one that lacks clarity (Bradbury-Jones & Tranter 2008). However, one thing is certain: all researchers using CIT require some means of collecting data. The purpose of this presentation is to draw on the diverse research experiences of the symposium presenters in relation to CIT. Our collective experiences are used to appraise the relative advantages and disadvantages of a range of data collection methods that can be used in CIT studies. A strong focus is on written and oral forms because these are the most popular approaches reported in the literature. They also reflect the research expertise of the symposium panel. In a manner that sets it apart from other qualitative research approaches one of the unique qualities of CIT is that it can be used anonymously. In our experiences anonymity has been achieved by collecting data in written form (Bradbury-Jones et al. 2007, Irvine et al 2008). This has distinct advantages and yet it has inherent limitations; all of which are addressed in the presentation. Similarly, interviews as a popular method of data collection in qualitative research generally, take on a particular form in CIT research. These issues are explored in detail. A strength of CIT lies in its adaptability and potential for creativity in terms of research design. Delegates who attend the presentation will gain insight into the multiplicity of ways CIT studies can be designed and the advantages and disadvantages associated with some of the most commonly used data collection approaches.

References:

Bradbury-Jones C., Sambrook S. & Irvine F. (2007) The Meaning of Empowerment for Nursing Students: A Critical Incident Study. *Journal of Advanced Nursing*, 59(4), 342-351

Bradbury-Jones C. & Tranter S. (2008) Inconsistent Use of the Critical Incident Technique in Nursing

Research. Journal of Advanced Nursing, 64(4), 399-407

Irvine F., Roberts G., Tranter S., Williams L. & Jones P. (2008) Student Nurses' Perceptions of Language Awareness in Healthcare: The Critical Incident Technique. Nurse Education Today, 28 (1) 39-47

Symposium 5

Drawing upon the past and present to better understand dignity and compassion within NHS hospital care

Charlotte Wilkinson, Adult Nursing, City University, London, UK

Symposium lead: Julienne Meyer, Older Adult Research Team, City University, London, UK

Co-authors: Sue Davies; Mike Nolan; Belinda Dewar; Mary Flatley

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This symposium of three papers will draw upon the expertise of work developed in the late 1990s through the Dignity on the Ward campaign led by Help the Aged and the University of Sheffield and discuss the applicability of this work in two projects promoting compassionate caring. The symposium will address the relevance of the concepts of relationship-centred care and the senses framework developed over a decade ago in developing dignified care within NHS hospitals today.

Paper 1

The Dignity on the Ward Campaign and Relationship-Centred Care

Sue Davies and Mike Nolan, University of Sheffield, Sheffield, UK

In 1999, the charity Help the Aged launched a two-year campaign to promote good practice in acute hospital care for older people. This session will draw upon findings of a six-month research project, carried out as part of the campaign, to identify good practice in acute hospital care from the perspective of older people themselves. The findings of the 'Dignity on the Ward' research found that older patients and their families placed a great deal of emphasis on their relationships with ward staff, particularly nurses. The findings also suggest that experiences of a stay in hospital can be greatly improved by attention to a range of often subtle factors. The research team found that the most effective care is that which creates an experience of well-being, both for older people and those working with them. These factors can be considered in terms of six 'senses':

A sense of security

A sense of significance

A sense of belonging

A sense of purpose

A sense of continuity

A sense of achievement

If older people and their family carers experience these 'senses' then they are likely to perceive care in a positive light. Importantly, the research found that the most positive experiences of care happened in areas where staff also experienced these six senses. The research suggested that relationships are a critical component of working

effectively with older people and their supporters and that the needs of all parties must be taken into account. In this paper, we argue that relationship-centred, rather than person-centred care is the most appropriate foundation for acute care practice with older people. However, nurses and other practitioners need guidance in identifying ways of interacting with older people and their families that best support relationships.

Paper 2

Using relationship centred care to understand and develop action in compassionate caring

Belinda Dewar, Senior Nurse, Leadership in Compassionate Care Project, NHS Lothian, PhD student Napier University, UK

Within current debates about caring in nursing, terms like dignity, compassion, holistic, individualised, person centred, and relationship centred are used to describe the type of caring that is valued (Gallagher et al 2008). These terms are often used interchangeably. There is evidence to suggest that patients and their families do value care that focuses on them as a person. The challenge however is to identify what is needed to make this possible in the organisational context of health care and within the nurse patient relationship. A close examination of the processes that enable compassionate caring to flourish is the focus of this paper to see what is achievable and desirable to staff, patients and their families. This project is part of a larger action research project called the Leadership in Compassionate Care Project, a joint initiative with NHS Lothian and Napier University. This part of the action research project took place on a medicine of the elderly ward. The aim of the project was to identify what compassionate relationship centred care looks like from the perspective of the staff, patients and families and to identify and test out the processes that enable compassionate care to flourish.

The researcher used an appreciative inquiry approach over a period of 10 months in this setting and used a range of methods which included, stories using emotional touchpoints, observation, and analysis of learning from action learning. Data was analysed and themes developed. Using the framework of relationship centred care a process then followed which challenged the extent to which each theme could have resonance for staff, patients and families. The value of this approach will be discussed particularly in relation to helping us to better understand the theory of relationship centred care in practice.

References:

Gallagher A Li S Wainwright P, Rees Jones I Lee D (2008) Dignity in the Care of Older people – A Review of the Theoretical and Empirical Literature BMC Nursing 7:1, <http://www.biomedicalcentral.com/1472-6955/7/11>

Paper 3

Applying the Senses Framework beyond its gerontological origins – what is this framework's currency in helping to promote dignity in acute general hospital care today?

Mary Flatley and Charlotte Wilkinson Lead R&D Nurses: Dignity in Care City University, London, UK

The two earlier papers in this symposium have discussed the origins of the senses framework associated with the Dignity on the Ward campaign led by Help the Aged and concepts of relationship centred care in action to promote compassionate care practices. In this final paper, we will discuss the applicability of these concepts to the wider hospital system in a two year project seeking to promote dignified care across two large NHS Trusts. This work builds on the Dignity on the Ward campaign undertaken in the late 1990's and will describe the applicability of that campaign over a decade ago and its currency for acute care practitioners today. Developing dignified care is a major goal within the current NHS agenda, and it will be argued that earlier work in this field should be adopted to help build, inform and develop current understanding and practice developments. However, this earlier work requires consideration within the current NHS milieu e.g. four hour waiting time targets in Accident and Emergency departments, and how this shapes practitioners understanding of dignified care and currency of the senses framework today. The paper will report on action research developments in promoting dignity from the two acute NHS trusts after seven months of research activity.

This paper will describe:

- An overview of this two year project to promote dignity in hospital care
- The recruitment of participants
- The senses framework and its currency for research participants
- The relevance of the senses framework to supporting changes that promote dignified care in non specialist elderly care environments

Symposium 6

Developing the evidence-base to improve the care and treatment of people with intellectual disabilities attending general hospitals

Michael Brown, School of Nursing, Midwifery and Health Care, Napier University, Edinburgh, UK

Co-authors: Margaret Sowney; Juliet MacArthur; Ruth Northway

m.brown@napier.ac.uk

The symposium will present research findings that focus on people with intellectual disabilities attending for general hospital care. The population of people with intellectual disabilities is increasing, with more living into old age with a diverse range of complex health needs and as a consequence many are high users of general hospital services. This contemporary issue has been the subject of a significant policy focus due to failures in general hospital service, that have resulted in preventable and premature deaths. There is a need to better understand the distinct care needs of people with intellectual disabilities attending for general hospital care. The three symposium papers present a set of linked issues that will provide an overview of the health needs of the population and the challenges involved in recruiting cognitively impaired participants to participate in research, despite legislative frameworks. The papers will set out evidence on the issues affecting nurses in emergency care settings and provide data on service models that are being evaluated, that aim to improve the health outcomes for this group. The symposium will draw together some of the challenges that need to be overcome to develop the evidence-base necessary to inform nursing practice in general hospital settings, bring about equal health outcomes and improve health and wellbeing of this vulnerable group.

Paper 1

Research involving participants with significant cognitive impairment: Issues of capacity to consent

M. Brown (m.brown@napier.ac.uk) Nurse Consultant, NHS Lothian & Lecturer, School of Nursing, Edinburgh Napier University, Edinburgh, UK

Abstract:

Background: There is increasing evidence of the differing health profile and needs of people with intellectual disabilities when compared to the general population (NHS Health Scotland 2004). There has been a recent policy focus on their care experiences in general hospitals and the issues that contribute to their poor care and premature death (Department of Health 2008). As a consequence of their complex health needs many access services

where the capacity to consent to treatment is an issue, due to cognitive impairment and communication disorders (Dye et al. 2004). Scotland has developed capacity legislation that aims to protect vulnerable groups from participating in research without safeguards to ensure care is provided within the context of a set of principles.

Aims: This paper will set out the evidence of health needs and the Scottish legislative context in relation to capacity and consent to treatment.

Methods: A small-scale research study involving people with severe intellectual disabilities (n = 10) was undertaken to test a tool aimed at identifying distress while attending for general hospital care.

Results: Recruiting the 10 subjects with severe intellectual disabilities to the study proved difficult and the aims were not achieved, due to the capacity and consent challenges despite the legislative framework.

Discussion: The challenges involved in people with severe intellectual disabilities participating in research studies due to their inability to consent independently will be detailed and the impact on increasing the research evidence-base for this population.

Conclusions: The current Scottish capacity legislation acts to safeguard and protect while at the same time potentially excluding those with more severe cognitive impairment from participating in research that may be benefit.

References:

Department of Health (2008) Healthcare for All: Independent Inquiry into Access to Healthcare for People with Learning Disabilities. London: Department of Health.

Dye L., Hendry S., Dougal J. & Burton M. (2004) Capacity to Consent to Participate in Research: A Reconceptualisation. *British Journal of Intellectual Disabilities* 32, 144–149.

NHS Health Scotland (2004) People with Learning Disabilities in Scotland: The Health Needs Assessment Report. Glasgow: NHS Health Scotland.

Paper 2

Caring for people with intellectual disabilities in the emergency care setting: A focus group study

Margaret Sowney, (M.A.Sowney@ulster.ac.uk) Programme Director, Jordanstown Campus, University of Ulster, Antrim, Northern Ireland

Abstract:

Background: People with intellectual disabilities are increasingly in contact with healthcare professionals in the emergency care service (Sowney et al. 2006). First contact can occur in the emergency setting along with a diverse range of other patients. To date experiences of people with intellectual disabilities attending general hospitals has been reported as negative (Iacono & Davis 2003). The evidence-base is therefore limited regarding the

experiences of nurses working in general hospitals and the nature of the challenges they encounter, in providing care to people with intellectual disabilities (Sowney & Barr 2007).

Aims: This paper reports a study exploring the experiences of nurses in emergency care units caring for people with intellectual disabilities.

Methods: Five focus groups were conducted with emergency care nurses (n=27) from five hospitals in Northern Ireland. The data were then coded, analysed and recurring themes identified.

Results: This paper focuses on two themes: limited knowledge of the nature of intellectual disability and the dependence on carers by nurses to provide personal care.

Discussion: The themes identified have been acknowledged in the existing literature; however they have received limited attention and exploration. The experience of fear and vulnerability was considered by participants to be a consequence of their lack of knowledge. This limited understanding of nurses emergency care settings weakens the opportunities to reduce the barriers to providing an equitable service for people with intellectual disabilities. The experience of these emotions is viewed as a key factor in nurses' over-dependence on patients' informal carers.

Conclusions: Increased awareness and education is needed among professionals in accident and emergency units of the abilities and needs of people with intellectual disabilities.

References:

Iacono T. & Davis R. (2003) The Experiences of People with Developmental Disability in Emergency Departments and Hospital Wards. *Research in Developmental Disabilities* 24, 247–264.

Sowney M. & Barr O. (2007) The Challenges for Nurses Communicating with and Gaining Valid Consent from Adults with Intellectual Disabilities Within the Accident and Emergency Care Service. *Journal of Clinical Nursing* 16, (9) 1678-86.

Sowney M., Brown M. & Barr O. (2006) Caring for People with Learning Disabilities in Emergency Care. *Emergency Nurse* 14, (2) 23-30

Paper 3

An analysis of the impact of Learning Disability Liaison Service Models on addressing the health needs of people with intellectual disabilities attending general hospitals

Juliet MacArthur (*juliet.macarthur@luht.scot.nhs.uk*) Values Based Practice Project Manager & Lead Practitioner Research, NHS Lothian, Royal Infirmary of Edinburgh, Little France, Edinburgh, UK

Abstract:

Background: People with intellectual disabilities experience significant health inequalities when compared to the general population (Cooper et al. 2004). Evidence suggests that some can experience barriers accessing hospital care and that professionals may experience difficulties in assessing and identifying their health needs (McConkey & Truesdale 2000). 'Death by Indifference' published by MENCAP (2007) highlighted the tragic consequences that can occur when safety is compromised within general hospitals. Key issues identified are that ignorance, indifference and institutional discrimination significantly undermines people with intellectual disabilities' right to equity of healthcare access and the opportunity to achieve positive health outcomes. NHS Lothian has been at the forefront of developing inclusive health services for people with intellectual disabilities, establishing the first liaison-nursing service in 2000. Liaison Services have subsequently been developed across the UK.

Aim: The paper will present preliminary findings from a mixed-methods Scottish population study comparing four liaison models.

Results: Preliminary analysis of referral data over a 12-month period will be presented and health profile of the intellectual disabilities population detailed to provide a comparison of the general hospital utilisation and the delivery of the liaison models. Inferences will be drawn as to how liaison-nursing services can respond to the policy imperatives that demand focus on reducing health inequalities in the learning disability population.

Discussion: The issues raised by this investigation will be deliberated alongside qualitative data presenting the perspectives of the learning disability liaison nurses who deliver the service. The wider study also involves focus groups and interviews with health care professionals, patients and carers, however, this data will not be presented at this stage. Conclusion: Liaison services are increasingly being recommended as a model of care for general hospital services. It is essential that they are developed in a way that is responsive to health needs and local context.

References:

Cooper S-A, Melville C. & Morrison J. (2004) People with Intellectual Disabilities: Their Health Needs

Differ and Need to be Recognised and Met. *British Medical Journal* 239, 414-415

McConkey R. & Truesdale M. (2000) Reactions of Nurses and Therapists in Mainstream Health Services to Contact with People Who Have Learning Disabilities. *Journal of Advanced Nursing* 32, 158-163 MENCAP (2007) Death by Indifference. England: MENCAP.

Thursday 26 March 2009

Symposium 7

Researching with children: A spectrum of participation*Christine Moules, Faculty of Health and Social Care, Anglia Ruskin University, Cambridge, UK**Co-authors: Lorna A Fern; Margaret Fletcher; Jane Coad**tinamoules@tiscali.co.uk*

Participation by children in research is a relatively new phenomenon. It is evidenced by a considerable shift in methodological approaches from those who see children as 'objects of concern' and passive recipients of adult socialisation towards those who acknowledge children as social actors in their own rights and engage them as active participants in the research process (Christensen & James 2008). But deciding how to engage with children in the research process is less than straightforward. There is a spectrum of ways in which they can be engaged from being consulted about research through to being peer researchers, each approach being dependent on context (Gibson 2008). This symposium will allow delegates to discuss the many and varied ways of involving children and young people in the research process. It will bring together a number of experienced child health researchers who will draw on their work, explore challenges they have encountered, and discuss how they overcame them.

At the end of the presentation delegates will be able to:

1. Understand the different ways children and young people can be involved in research
2. Have explored common challenges and practical solutions when deciding how to involve children and young people
3. Have had an opportunity to debate common ethical and methodological issues that may arise when involving children and young people in research

Presenters will undertake thematic presentations relating to consulting children about research, working with children as respondents in clinical trials, using participatory methods and working with children and young people as co-researchers. Following this a debate will take place, which will discuss the ethical and methodological challenges that researchers face when undertaking such work.

The symposia will have much to offer researchers who regularly undertake children and young people's research but it will also be of interest to any researcher new to this field of research.

References:

Christensen P & James A (2008) *Research with Children: Perspectives and Practice* 2nd edn Routledge, Abingdon.

Gibson F (2008) *Building a Culture of Participation: Young People's Involvement in Research*. In Kelly D, Gibson F eds. *Cancer Care for Adolescent and Young Adults*. Blackwell Publishing Ltd: Oxford

Paper 1

Consulting with children and young people about research

Lorna A Fern, Research & Development Co-ordinator, NCRI Teenagers and Young Adult Clinical Studies Development Group, Department of Oncology, University College Hospital, London, UK

Abstract:

Working with patients as partners in research and guiding research strategy is directed by national policy. The National Cancer Research Institute (NCRI) and National Cancer Research Network (NCRN) have a 'consumer' model whereby up to three patients or patient representatives attend tumour specific Clinical Study Group meetings, advocating their patient voice. They belong to and are supported by a wider NCRI Consumer Liaison Group which meets regularly. The NCRI Teenage and Young Adult (TYA) Clinical Studies Development Group (CSDG) was established in 2005, a national Group promoting and developing research for patients aged 13-24 years with cancer. The traditional model of NCRI/NCRN involvement was deemed to be unsuitable for this Group of patients due to the spectrum of tumour types, broad age range, and diverse ethnicity of patients aged 13-24 years in the UK. Furthermore, the format of the CSDG meetings would not deliver age appropriate information and could potentially be intimidating for some TYA. Rather than adapt the existing model, the Group felt it was appropriate to allow the young people themselves develop their own model of patient involvement. This paper describes the development of this model, from conception of a 'showcase day' to the creation of core Consumer Consultation Group who disseminated the Group's research strategy to over 300 patients aged 15-24 years. An electronic hand held questionnaire was used to gather feedback in addition to an email address specifically set up to receive comments and further ideas for research: 'research4U@cancer.org.uk'. The next phase of this model will be to develop TYA specific training, delivering the tools for young people to be confident in commenting on research proposals and generating research ideas.

Paper 2

Children and young people's involvement in clinical trials

Margaret Fletcher, Reader in Children's Nursing, Institute of Child Life & Health, United Bristol Hospital Trust, Co-director, South West Medicines for Children Local Research Network, Bristol, UK

Abstract:

Clinical trials still struggle to embrace full participation in the research process by children and their families. Despite all the rhetoric and resources there remain fundamental reasons why this is so.

These reflect the historical background to clinical trials and the paternalistic approach to health care provision and to research that continues to pervade much of modern health care. Consultation with children and young people is now established as an important component of major developments; indeed, funding often depends upon demonstrating successful engagement with the end user. Local and national initiatives to involve children more comprehensively in clinical trial work remain fledgling and run far behind initiatives for involving adults. The combination of the carrot and stick approach already influences grant giving bodies in clinical research, it may start to change attitudes and lead to a better informed public as well as a clinical work force better prepared to involve children and young people and their families from the outset. This paper will explore in detail some of the reasons why participation beyond that of research subject is still a major achievement. In addition, myths behind non – involvement other than as research subject will be discussed. Focussing on the stages of the research process, from forming an idea through to disseminating the results, examples from practice will be used to describe how barriers are being, or could be, overcome.

Paper 3

The spectrum of activities that seek to involve children and young people in research

Jane Coad, Senior Research Fellow, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK

Abstract:

The essence of Paper 3 is about the spectrum of collaborative activities that seek to involve children and young people. Collaboration is important as there is a need to develop ways of researching with or on children and young people based on their individual abilities, rather than using what may be termed 'traditional and/or adult-based methods' that have been adapted to fit children and young people collectively as a group (Boyden & Ennew, 1997; Christensen & James, 2008). Guiding principles of participatory research, undertaken by the presenter with or on children and young people, will be shared using innovative methods for overcoming such issues and challenges. To begin with, this paper will briefly outline the key contextual issues, which emerged from a national literature review around the reality of and degrees that children and young people are 'really' collaborating in the UK research health care settings (Coad & Houston, 2007). A framework for the collaborative projects with or on children and young people in qualitative approaches will then be shared using two projects to exemplify this. Firstly, a project will be shared that was collaborative with children and young people not as co-researchers but rather included their input at every stage of the project such as in the planning, data collection and analysis.

Secondly a national Department of Health project will be discussed that was informed by children and young people but was performed by adults on children and young people with genetic conditions in home settings. Challenges such as planning, resources and ethics will also be covered. Finally it will be emphasised in the paper that the effective and active participation of children and young people can only be achieved in an environment that encourages their on-going involvement where equity and empowerment is valued.

References:

Boyden, J. and J. Ennew (1997). *Children in Focus – A Manual for Participatory Research With Children*. Radda Barnen, Stockholm. Christensen P & James A (2008) *Research with Children: Perspectives and Practice* 2nd edn Routledge, Abingdon

Coad, J; Houston, R (2007) *Involving Children and Young People in the Decision-making Processes of Healthcare Services*. Action for Sick Children. London Department of Health (2004) *National Service Frameworks for Children*. DoH. London.

Paper 4

Children as our co-researchers: participatory research – a spectrum within a spectrum.

Christine Moules, Director of Research Faculty of Health & Social Care, Anglia Ruskin University, Cambridge, UK

Abstract:

Prior to the mid 1990s studies that involved children and young people as co-researchers were rare. In a review of the literature related to social work research, Hill (1997) found few studies where children had been involved as co-researchers in the setting up of or conduct of the research. More recently there is growing evidence of the extent to which children can be involved as researchers in different parts of a project, and at different levels (Alderson 2001). The extent to which children can, or want to, participate in a research project can vary throughout its duration (Moules 2005). Hence for professionals to work with young researchers successfully requires consideration of additional methodological and ethical issues. In particular we need to consider whether we can work together on equal, informed and unpressurised terms.

This paper will build on paper 3 by exploring some of these issues. This paper will begin by discussing a spectrum of ways in which children and young people can be actively engaged in the research process as researchers. Using examples from two participatory research projects where children and young people were the co-researchers, the presenter will focus on two main issues. Firstly the paper will discuss the contention that 'participation' in participatory research can be usefully conceptualised in terms of the degree to which children and young people (both as individuals and as a group) make decisions, initiate action and direct a

project. Secondly some of the more practical challenges will be shared including setting the research agenda, collecting data and dissemination. The paper will conclude by sharing some thoughts from children and young people who have been involved in these and other research projects as researchers.

References:

Alderson P (2001) *Research by Children*. *International Journal of Social Methodology*. 4(2); 139-153

Hill M (1997) *Participatory Research with Children*. *Child and Family Social Work*. 2; 171-183.

Moules T (2005) *Research with Children who use NHS Services: Sharing the Experience IN*

Lowes L & Hulatt I (Eds.) *Involving Service Users in Health and Social Care Research*. London: Routledge

Paper 5

A spectrum of participation – discussion

All presenters

Following the presentations there will be an opportunity for delegates to critically debate the issues raised. This will provide an opportunity to discuss methodological and ethical challenges

Symposium 8

Clinical research nursing: Where next?

Leslie Gelling, Faculty of Health & Social Care, Anglia Ruskin University, Cambridge, UK

*Co-authors: Sue Boase; Kate Craig; Carol Dealey
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Clinical research nurses play a significant role in successful clinical research but it is not clear how their roles might change in the future or how their true potential to influence clinical research might be realised. This symposium will comprise four linked papers that will examine the current situation and will explore future possible directions for clinical research nursing.

The first paper, presented by Dr Leslie Gelling, will examine the recently developed national Competency Framework for Clinical Research Nurses. It is hoped that this flexible framework will contribute to the future training and personal development needs of many clinical research nurses in research settings throughout the UK. The subsequent three papers will consider the future of clinical research nursing from three very different perspectives.

In the first paper Sue Boase will consider clinical research nursing in primary care. Until recently there has been limited involvement of clinical research nurses outside acute trusts but recent developments, including the formation of Primary Care Research Networks, have highlighted the need to expand clinical research into new areas and to expand the involvement of clinical research nurses.

Dr Kate Craig will then explore the contribution made by clinical research nurses in purpose built Clinical Research Facilities. In a relatively short period of time these facilities have demonstrated a considerable contribution to the development of clinical research and clinical research nurses have played no small part in this development.

In the final paper Dr Carol Dealey will consider the complex situation in university departments where clinical research nurses frequently play a central role as part of interdisciplinary teams. How such roles might develop in the future is far from clear. The symposium will conclude with an opportunity for delegates to share experiences and to discuss the future of clinical research nursing in the UK.

Paper 1

Competency framework for clinical research nurses

Leslie Gelling, Senior Research Fellow, Anglia Ruskin University, Cambridge, UK

Abstract:

The planning, undertaking, closure and reporting of high quality clinical research is dependent upon the knowledge, skills and competence of the many individuals involved in making research

possible. These attributes are developed through formal training, through supervision and mentorship, through ongoing personal development and through experience gained in practice. This paper will provide an overview of the development of the Competency Framework for Clinical Research Nurses. Developed by an International Working Group, this Framework covers four key areas of practice for clinical research nurses:

- To demonstrate knowledge and understanding of the evolution of clinical research
- To apply knowledge and skills in the clinical research environment
- To work within, and adhere to, the requirements of research ethics, research governance and legislation
- To understand the principles and practice of obtaining and maintaining valid informed consent.

These four core competencies are further subdivided into 11 essential competencies. This paper will describe how these Competencies were developed, will suggest how they might be used and will consider how they might contribute to the future development of clinical

Paper 2

Clinical research nurses in primary care

Sue Boase, Research Nurse Facilitator, General Practice and Primary Care Unit, University of Cambridge, Cambridge, UK

Abstract:

Clinical research nursing is currently developing rapidly in Primary Care supported by the UK Clinical Research Network (UKCRN) and Primary Care Research Networks (PCRN). To date the General Practice Research Framework (GPRF) nurses have played a key role in undertaking clinical research in general practice. Outside of the GPRF many nurses have been involved in research studies, often in an ad-hoc way, with little support and even less recognition. Key developments for the future are aimed at building a knowledgeable workforce of primary care clinical research nurses that are equipped to support the increasing volume of research being undertaken in primary care. Many research nurses are now employed by the new networks in order to facilitate this. This paper will:

- Consider the professional development of network-based clinical research nurses
- Raise awareness of the PCRN and research opportunities within the practice nurse community
- Examine the training in research skills currently available to primary care nurses
- Link the Competency Framework for Clinical Research Nurses to current practice in primary care
- Consider the support and mentorship of primary care nurses involved in clinical research

- Explore the development of a Bank of clinical research nurses
- Consider the potential of research ready general practices

This paper will conclude by emphasising the considerable potential of clinical research nurses and research trained primary care nurses to support and influence the development of clinical research in primary care.

Paper 3

Clinical research nurses in clinical research facilities

Kate Craig, Facility Manager and Senior Nurse (R&D), Wellcome Trust Clinical Research Facility, Cardiff, UK

Abstract:

The first wave of Clinical Research Facilities (CRFs), funded by the Wellcome Trust, have become centres of excellence for the conduct of clinical research in the UK. These first five centres have now been followed by second and third generation facilities with similar aspirations. One of the main roles of a CRF is to contribute to skill acquisition, both clinical and research, for the clinical research nurses working in the CRF and, in some instances, to act as an expert resource to those clinical research nurses working in other areas of the organisation. The contribution of the 'first wave' CRFs to raising the national profile and standard of clinical research nursing has been considerable and there are two main reasons why the role of the clinical research nurse in the CRF will continue to develop:

Increased regulation of Phase I clinical research following the Northwick Park incident and the subsequent Duff Report

The ever increasing demand for translational research and experimental medicine, which have the potential to transfer new technologies and medications into humans for the first time

Both of these drivers will have an impact upon the skills and competencies required by clinical research nurses and will require novel ways of ensuring that individual clinical research nurses are able to acquire the skills and knowledge required to contribute to the important work of CRFs. This paper will conclude with some suggestions for how this might be achieved.

Paper 4

Clinical research nurses in universities

Dr Carol Dealey, Senior Research Fellow, University of Birmingham, Birmingham, UK

Abstract:

Clinical research nurses working in university departments can feel isolated. They are often on short term contracts or will move between departments making it difficult to communicate with them or to create a sense of professional cohesion. In one NHS Trust of 70 clinical research nurses 16 (22.9%) were employed by the local university. Of these 16 nurses, 6 were the only nurse in their research team and the remaining 10 worked in a team of clinical research nurses. Most of those working in a departmental team were also working part-time with the result that they frequently did not overlap their working hours with research nurse colleagues. In addition many of these clinical research nurses are not managed by nurses because they tend to work in medical schools rather than departments of nursing. This can result in a number of challenges for these clinical research nurses, including:

Clinical competence. A wide range of clinical competencies are required in clinical trials but access to training can be difficult because NHS Trusts often restrict training to their own employees

Professional awareness. It can be difficult to maintain awareness of developments in the nursing profession

Personal development. There may be no budget available to support personal development and some employers may be reluctant to allow nurses to attend in-house training

Constant short term contracts. These frequently make clinical research nurses feel undervalued and always considering future career options

Career Structure. There is often no real career structure for clinical research nurses and no clear view of how the recommendations of the Finch Report might change this situation

This paper will discuss these issues and consider how the Finch Report could be used to provide the impetus to develop a meaningful career pathway for university-based clinical research nurses.

Symposium 9

Is larval therapy an effective and acceptable treatment for the treatment of venous leg ulcers? Results from the VenUS II randomised controlled trial

Nicky Cullum, Health Sciences, University of York, York, UK

Co-authors: Jo C Dumville; Gill Worthy; J Martin Bland; Christopher Dowson; Cynthia Iglesias; Joanne L Mitchell; E Andrea Nelson; Marta O Soares; David J Torgerson

Venous leg ulceration is a chronic and common condition that is highly prevalent in older people and impacts negatively on quality of life. Larval therapy, a traditional approach to wound management, is widely used on venous leg ulcers and has been postulated to speed debridement, stimulate healing, reduce bacterial load and infection and eradicate MRSA. However until now the evidence for the effects of larval therapy on venous ulcers came from a small RCT (12 participants) which did not follow patients to healing. Furthermore, existing evidence to support the postulated effects of larvae on microbiology is largely from laboratory studies. In this symposium we will present findings from a large, nurse-led, multicentre RCT that evaluated the effects of both loose and bagged larvae on leg ulcer debridement, healing and microbiology. The trial incorporated an economic evaluation and a qualitative study of patient and nurse perceptions of larval therapy.

The Background context to the study will be presented in paper 1 by Nicky Cullum, the Principal Investigator, in which we will outline how the trial question emerged from a systematic review and how decisions were made regarding the appropriate design of the trial.

An overview of the trial design, conduct and its clinical findings will be presented in paper 2 by Jo Dumville, the Trial Coordinator.

The design and conduct of the economic evaluation will be presented in paper 3 by Marta Soares, the trial health economist.

Finally the qualitative investigation of patient and nurse perceptions will be presented in paper 4 by Dorothy McCaughan.

In presenting the trial in this way we will demonstrate how large, multicentre trials can answer important nursing questions; will illustrate the complexity of designing and running such large trials and how qualitative data collected within a large RCT can illuminate important phenomena.

Paper 1

The emergence and clarification of the research question

Nicky Cullum[1], Professor and Principal Investigator (Presenter), Jo C Dumville[1], Research Fellow and Trial Coordinator, Gill Worthy[1], Research Fellow and Trial Statistician, J Martin Bland[1], Professor and Senior Trial Statistician, Christopher Dowson[2], Professor and Senior Microbiologist, Cynthia Iglesias[1], Research Fellow and Senior Health Economist, Joanne L Mitchell[3], Microbiologist E Andrea Nelson[4], Reader and Co Investigator, Marta O Soares[1], Research Fellow and Health Economist David J Torgerson[1], Professor and Co Investigator on behalf of the VenUS II team. [1]Department of Health Sciences, University of York, UK [2]Biological Sciences, University of Warwick, UK [3]Micropathology Ltd, Coventry, UK [4]School of Healthcare, University of Leeds, UK

Abstract:

Leg ulceration is a painful, chronic, recurring condition that affects approximately 1% of people at some time in their lives. Leg ulceration is also costly to health service and has been estimated to cost the NHS £300 – £600 Million per year, with nursing care being the main cost driver. Most chronic leg ulceration is caused by underlying venous disease. The management of venous leg ulcers involves provision of sustained, graduated compression in the form of bandages or hosiery and good wound care. It has long been believed that good wound care includes the cleaning and debridement of sloughy or necrotic wounds since slough and necrotic tissue are thought to inhibit wound healing. Fly larvae have been observed to clean wounds since early history and the larvae of the fly *Lucilia sericata* are widely used as a debridement therapy in the NHS. A systematic review published in 1999[1] identified the lack of good evidence supporting the role of debridement in promoting chronic wound healing and an absence of trials evaluating larval therapy. The review also identified a need for robust evaluation of debriding agents including larval therapy. The UK HTA Programme subsequently invited bids to conduct such a trial. In preparing a bid to undertake this research the team had to

- a) establish an appropriate, multidisciplinary research team
- b) choose a formulation of larval therapy for evaluation
- c) identify a suitable comparator treatment that would be clinically relevant and acceptable
- d) design the main study including selection of primary and secondary outcome measures
- e) design sub-studies including a qualitative study of the perceptions of patients and nurses about larval therapy and a quantitative microbiological study

This paper will outline the processes involved in planning a large scale evaluation of larval therapy and set the scene for the subsequent papers.

Recommended reading:

Bradley M, Cullum N, Sheldon T. The Debridement of Chronic Wounds: A Systematic Review. Health Technol Assessment 1999; 3(17 (Pt 1)).

Paper 2

The clinical effectiveness of larval therapy

Jo C Dumville[1], Research Fellow and Trial Coordinator (Presenter), Nicky Cullum[1], Professor and Principal Investigator, Gill Worthy[1], Research Fellow and Trial Statistician, J Martin Bland[1], Professor and Senior Trial Statistician, Christopher Dowson[2], Professor and Senior Microbiologist, Cynthia Iglesias[1], Research Fellow and Senior Health Economist, Joanne L Mitchell[3], Microbiologist E Andrea Nelson[4], Reader and Co Investigator, Marta O Soares[1], Research Fellow and Health Economist David J Torgerson[1], Professor and Co Investigator on behalf of the VenUS II team. [1]Department of Health Sciences, University of York, UK [2]Biological Sciences, University of Warwick, UK [3]Micropathology Ltd, Coventry, UK [4]School of Healthcare, University of Leeds, UK

Abstract:

Background: Larval therapy has been claimed to remove slough and necrotic tissue, promote wound healing and reduce wound bacteria including MRSA. We tested these claims in people with sloughy and/or necrotic venous leg ulcers.

Objectives: To compare the clinical effectiveness of larval therapy with a standard debridement technique (hydrogel).

Methods: A pragmatic, three-armed randomised controlled trial comparing hydrogel, loose larvae and bagged larvae. Patients with venous or mixed aetiology ulcers with at least 25% coverage of slough and/or necrotic tissue were eligible. The primary outcome was time to complete healing of the largest eligible ulcer. Secondary outcomes were: time to debridement, health related quality of life, bacterial load, presence of MRSA and adverse events (including ulcer related pain).

Results: 267 participants were recruited. There was no statistically significant difference in time to healing between either loose or bagged larvae and hydrogel (hazard ratio (HR) for healing for all larvae vs. hydrogel 1.13, 95% CI: 0.76, 1.68: $p=0.54$). Larvae significantly reduced the time to debridement (HR 2.31, 95% CI 1.65, 3.2: $p<0.0001$). There was no significant difference between larvae and hydrogel in terms of impact on health-related quality of life using SF-12 or change in bacterial load. Only 6.7% of participants had MRSA at baseline. There was no evidence of a difference between larvae and hydrogel in their ability to eradicate MRSA by the end of the debridement treatment phase ($p=0.34$). People treated with larval therapy had significantly more pain ($p<0.001$) at the removal of the first debridement treatment compared with hydrogel; mean pain scores for both loose and bagged larvae

were approximately twice those of the hydrogel participants.

Discussion/Conclusions: Larval therapy did not increase the rate of healing of sloughy or necrotic venous leg ulcers or reduce bacterial load compared with hydrogel but significantly reduced the time to debridement.

Paper 3

The cost-effectiveness of larval therapy for venous leg ulcers

Marta O Soares^[1], Research Fellow and Health Economist, (Presenter) Cynthia Iglesias^[1], Research Fellow and Senior Health Economist, Jo C Dumville^[1], Research Fellow and Trial Coordinator, J Martin Bland^[1], Professor and Senior Trial Statistician, Nicky Cullum^[1], Professor and Principal Investigator, Gill Worthy^[1], Research Fellow and Trial Statistician, Christopher Dowson^[2], Professor and Senior Microbiologist, Joanne L Mitchell^[3], Microbiologist E Andrea Nelson^[4], Reader and Co Investigator, David J Torgerson^[1], Professor and Co Investigator on behalf of the VenUS II team. ^[1]Department of Health Sciences, University of York, UK ^[2] Biological Sciences, University of Warwick, UK ^[3] Micropathology Ltd, Coventry, UK ^[4]School of Healthcare, University of Leeds, UK

Abstract:

Background: The cost effectiveness of larval therapy as a treatment for sloughy and/or necrotic venous and mixed aetiology leg ulcers is unknown. We undertook a cost effectiveness analysis alongside a multicentre RCT that compared larval therapy with a standard alternative debridement therapy (hydrogel).

Objectives: To assess the cost effectiveness and cost utility of larval therapy compared with hydrogel for the management of sloughy and/or necrotic leg ulcers

Methods: The clinical evaluation identified no statistically significant difference in time to debridement between the two forms of larval therapy and therefore data from the two larval therapy groups were pooled for the economic analyses. Costs were estimated from the NHS and Personnel Social Services perspective. Cost-effectiveness outcomes were expressed in terms of incremental costs per ulcer free day (cost effectiveness analysis) and incremental costs per quality adjusted life years (cost utility analysis). The time horizon was one year.

Results: 267 people were analysed by intention to treat. Treatment with larval therapy was, on average, £96.70 more expensive (95% CI £491.9 to £685.8) than treatment with hydrogel. Participants treated with larval therapy healed, on average, 2.42 days before those treated with hydrogel (95% CI 0.95 to 31.91 days) and had a slightly better health related quality of life (0.011 QALYs, 95% CI -0.067 to 0.071). The incremental cost-effectiveness ratio for the base case analysis was estimated at

£8,826 per QALY gained and £40 per ulcer free day. These estimates were associated with a high level of uncertainty.

Conclusions: The nature of the uncertainty associated with our results indicated that larval therapy is likely to be as costly and as effective as hydrogel however the use of larval therapy may be justified in those cases where there is a need for rapid wound debridement eg, in preparation for surgery.

Paper 4

Larval therapy: acceptability to nurses and patients

Dorothy McCaughan, Research Fellow, Department of Health Sciences, University of York, UK on behalf of the VenUS II team.

Abstract:

Background: Leg ulceration is frequently associated with significant negative impact on quality of life.^[1] Treatment using larval therapy is an option, but evidence regarding its acceptability to patients is limited and there is no evidence concerning nurses' views of larval therapy.^[2]

Objectives: To explore the health beliefs of patients and nurses in relation to larval therapy

To explore the acceptability of larval therapy as a leg ulcer treatment to nurses and patients

Methods: Interviews were conducted with 22 nurses and 18 patients (March 2007-August 2007). Purposive sampling ensured inclusion of people with leg ulcers receiving treatment in different clinical settings, from minority ethnic groups and people who had and had not experienced larval therapy. Transcribed interviews were subjected to thematic analysis using the 'Framework' approach. ^[3]

Results: Interview data revealed that the majority of patients (15/18) were willing to try larval therapy, with no preference for either bagged or loose larvae. Four out of 5 patients were satisfied with the experience of having larval therapy, and reported a (short term) improvement in their ulcer. Acceptability of larval therapy was high amongst the 22 nurse participants. Half the sample (11) stated that they would have 'no qualms' about using it, while 9 nurses said they would overcome innate feelings of distaste; only two nurses refused to handle 'maggots'.

Discussion: Patients' willingness to accept larval therapy concurs with previous research and may reflect their strong desire for amelioration or cure of their ulcer. This is the first study to highlight the importance of nurses' feelings about applying larvae, an important factor which may impact on the range of treatment options offered to patients. Conclusion: Larval therapy was generally acceptable to both patients and nurses who believed that it was effective in the debridement of leg ulcers.

Recommended reading:

[Briggs, M, Flemming, K. Living with Leg Ulceration: A Synthesis of Qualitative Research. Journal of Advanced Nursing 2007; 59: 319-328

Spilsbury, K, Cullum, N, Dumville, J, O'Meara, S, Petherick, E, Thompson, C. Exploring Patient Perceptions of Larval Therapy as a Potential Treatment for Venous Leg Ulceration. Health Expectations 2008; 11: 148-159. [3] Ritchie J, Lewis J (eds). Qualitative Research Practice: A Guide for Social Science Students and Researchers. London: Sage, 2003

Symposium 10

Systematic reviews with the Cochrane Collaboration: A contribution to knowledge and practice

Allyson Lipp, Faculty of Health, Sport and Science, University of Glamorgan, Glyntaf Campus, Pontypridd, UK

Co-authors: Alex Holmes; Gail Lusardi

Background: Systematic reviews are a relatively recent development within health care and are highly rated in the hierarchy of evidence. Nurses need to become more involved in their development, through such organisations as the Cochrane Collaboration, in order to contribute to knowledge.

Aim: This symposium aims to encourage the development of systematic reviews with the Cochrane Collaboration by explaining the process from three different perspectives; the novice reviewer, the practitioner as reviewer and the academic reviewer.

Outline: The Cochrane Collaboration is a worldwide independent organisation which is dedicated to 'improving healthcare decision-making globally, through systematic reviews of the effects of healthcare interventions'. The symposium leader has developed three systematic reviews with the Cochrane Collaboration with three colleagues. Each review has centred on infection control and has come under the auspices of the Wounds Group. The symposium will comprise presentations from three authors giving their experiences of undertaking a systematic review.

Conclusions: Undertaking a systematic review is a valuable tool for professional development. It is recommended as a rewarding process, which has the potential to impact on clinical practice and policy both nationally and internationally.

Paper 1

Developing a systematic review: a novice's view

Alex Holmes, Senior Lecturer, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK

Abstract:

Aims: To encourage novice researchers to undertake a systematic review as part of an experienced team.

Background: My experience as a novice author of a systematic review began when I was an Infection Control Nurse in a local NHS trust. Because of my clinical expertise I was invited to contribute to preparing a systematic review on the effectiveness of pre-operative antiseptics.

Outline: I have learned a great deal undertaking my first systematic review. Developing a review with the Cochrane Collaboration provides a very structured way of working which is ideal for the novice. Face-to-face support was available from my

mentors and from the Wounds Group Coordinator by email or phone throughout the process. I have learned research skills such as specific systematic review terminology and statistics as well as more generic skills of searching for evidence and literature appraisal, which can be applied to other areas of my work. Since I have taken on a senior lecturer role I am able to empathise with students as they refine their academic work in readiness for submission. Interestingly, this is the first project I have embarked on purely for my professional development rather than for a specific qualification, which makes it a truly academic endeavour. The challenges of preparing the review have been a lack of dedicated time in which to undertake the task, but this is endemic in nursing. The steep learning curve in acquiring the skills necessary has been demanding combined with a fear of not 'delivering the goods'. It certainly took me out of my comfort zone, which was unsettling and yet stimulating.

Conclusions: The review process has enabled me to demonstrate clinical and more latterly academic development.

Paper 2

Answering specific questions in clinical practice.

Gail Lusardi, Senior Lecturer, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK

Abstract:

Aims: To explore how undertaking a systematic review can benefit specialist clinical practice.

Background: As a specialist nurse in Infection Prevention, questions arise in practice where there may not be a clear answer. The field of Infection Prevention is broad and covers all aspects of patient care, staff welfare as well as support facilities. The systematic review can assist decision-making and guide the practitioner toward best practice by answering questions which have been debated for years or guided by expert opinion rather than research.

Outline: Undertaking a review has increased my impetus to examine the evidence on which infection prevention practice is based. It has enabled me to see the bigger picture in terms of evidence, rather than be deterred by the effort involved, or the lack of evidence. My systematic review looked at the benefit of antibiotic prophylaxis in PEG placement. The idea for the review came after working with two consultants, one of which gave prophylaxis and the other who did not on the basis that it increased the risk of *Clostridium difficile*. Other debates in infection control such as the use of surgical masks, skin preparation for surgery and shaving pre-operatively have been considered for many years but now have systematic reviews on which to formulate practice and policy. This also provides a foundation to guide further studies.

Conclusions: While the results of a systematic review are not always conclusive in answering a

question definitively, they can nevertheless guide practitioners in the areas needed to conduct research within a speciality. Infection Prevention is gaining prominence as a speciality and with the challenges of new pathogens and new technologies, a good evidence base including systematic reviews is essential.

Paper 3

The academic value of systematic reviews

Allyson Lipp, Principal Lecturer, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK

Abstract:

Aims: To demonstrate how systematic reviews have provided academic development and enhanced a programme of research.

Background: Systematic reviews are a relatively recent addition to the evidence base and quickly became the gold standard providing they are based on robust randomised controlled trials (NHS CRD, 2003).

Outline: The process of preparing a systematic review has the capacity to increase a variety of skills required by academics. By preparing Cochrane Collaboration reviews, I have learned the software and have attended Cochrane Collaboration workshops. I have improved my systematic searching skills using a range of databases, Boolean operators and MESH terms in addition to critical appraisal of the evidence. Examining a discrete body of evidence has allowed me to enhance teaching and research expertise. In addition it has provided a way into research. In producing a systematic review I have contributed to practice knowledge in relation to surgical face masks, pre-operative skin antiseptics and prophylactic antibiotics in PEG placement. This has involved being invited to speak on the topics and inclusion in national and international networks and policies. Dissemination of the review's findings has resulted in multiple publications and conference presentations for me and the team. The reviews have contributed to programme of research in acute care in the faculty and relevant to the Research Assessment Exercise, which is in the forefront of academic planning. I have mentored and supported academic development undertaken through the constructive exercise of preparing a systematic review rather than as a 'paper' exercise.

Conclusions: Systematic reviews provide a contribution to practice knowledge. However, by learning the process of developing a systematic review academics can augment their clinical knowledge and research expertise which will benefit academia.

Symposium 11

Compassionate care in action: Meeting the challenge of complexity

Morag Gray, Faculty of Health, Life & Social Sciences, Napier University, Edinburgh, UK

Co-authors: Belinda Dewar; Stephen Smith; Juliet MacArthur; Jayne Donaldson; Liz Adamson; Janis Moody; Linda King; Anne Waugh

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There is a striking increase in emphasis in policy, practice and research, about the importance of caring in healthcare, particularly if quality care is to be achieved as perceived by patients, families and staff. Recent national policy documents emphasise the need for care that is centred around relationships, and core fundamental person centred caring (Scottish Government 2007; Scottish Executive 2006 a,b; and Department of Health 2005). The Leadership in Compassionate Care project is a three year action research initiative that aims to embed compassionate care as an integral aspect of all nurse education and practice in NHS Lothian. It is a joint initiative between Napier University Edinburgh and NHS Lothian and has four distinct strands which deliberately span across and connect education and clinical practice. The project strands include: embedding the principles of compassionate care into the undergraduate curriculum, supporting newly qualified nurses, establishing NHS centres of excellence in compassionate care (Beacon Wards) and supporting development of leadership skills in compassionate care. This symposium comprises of 4 interlinking papers which aim to demonstrate the complexities and challenges of using appreciative enquiry and realistic evaluation; demonstrate the inclusive involvement across all levels of both an NHS Board and a Higher Education Institution; share new knowledge from early milestones within the project and explore horizon gazing in respect of moving from compassionate care being exceptional to becoming routine practice. A thread running through all the presentations is the idea of working with a complex evolving system – we find ourselves needing to treat each situation as unique and realising that ultimately what comes out as actions or outcomes is determined by the relationship with people and the organisation. The symposium will conclude using photo voice to illuminate the team's reflections on the complexity, challenges and learning and their impact on practice and education.

References:

- Department of Health (2005) 'Now I Feel Tall' London, Department of Health
 Scottish Executive (2006a) Delivering Care, Enabling Health. Edinburgh, Scottish Executive
 Scottish Executive (2006b) Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland. Edinburgh
 Scottish Executive Scottish Government (2007) Better Health Better Care <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

Paper 1

Bringing about sustainable change with an appreciative eye – reflections, challenges and outcomes

Belinda Dewar, Senior Nurse, Leadership in Compassionate Care Project, NHS Lothian and PhD Student, Napier University, UK

Abstract:

Action research is an approach to research that aims to bring about social change through action, developing and improving practice, and at the same time generating and testing practice based theory. A criticism of action research can be its problem solving focus (Reed 2007). By focusing on the negative this can create a sense of limitation rather than possibility in research work that promotes change. Appreciative inquiry is an approach to research that focuses on exploring with people what is valuable in what they do and how this can be built on rather than focusing on problems (Cooperrider et al. 2003). Within this action research study, examining compassionate person centred caring, the researchers act as appreciative enquirers, working with staff, patients and families to understand compassionate care in Beacon wards. They work with practitioners to systematically discover the best of what is and what has been (Grant and Humphries 2006). An overview of this approach and its place in action research will be discussed as well as a description of the reflections of the team (researchers and co-researchers) using this approach. Challenges to adopting this approach will be debated including, dealing with the negative, the place of this approach in an organisation such as the NHS, false consciousness, being critical and being positive, and the emotional energy associated with the act of appreciating. Case studies presented will illuminate these challenges, and share possible outcomes of this approach on leadership, and empowerment. By exploring the challenges, this paper will develop further insights into the practicalities of using this approach in contributing to the development of knowledge in the area of changing health care practice – a difficult nut to crack. It will conclude by exploring the possibilities of using the idea of positive inquiry in other research, policy and practice endeavours.

References:

- Cooperrider, D. L., Whitney, D., and Stavros, J. M. (2003) The appreciative inquiry handbook. Bedford, OH: Lakeshore Communications
 Grant, S., and Humphries, M. (2006) Critical evaluation of appreciative inquiry. *Action Research* 4 (4) 401-418.
 Reed J (2007) *Appreciative Inquiry: research for change* Sage: Thousand Oaks London

Paper 2

Leadership in Compassionate Care Project: Strategies and challenges of feeding back and utilising emergent action research findings within a NHS Health Board

Stephen Smith, Lead Nurse, Napier University / NHS Lothian Leadership in Compassionate Care Project, Napier University, Edinburgh

Abstract:

Action research is an approach focussed on social change and organisations and the relationships and involvement of the researcher and participants (Hope and Waterman, 2003, Kemmis and McTaggart 1998). The nature of the organisation, its environment and culture are key issues to consider in respect of social change (Hart and Bond, 1995). The Leadership in Compassionate Care Project has sufficient duration, appropriate human resource and a core commitment to the transfer and implementation of evidence, to comment on a process of social change within the organisation. Key approaches aimed at achieving research implementation involve: providing continuous feed back of findings, engaging stakeholders from different levels within the organisation and shaping the presentation of evidence to enable meaningful transfer within clinical practice. At an operational level, examples of this include the use of action learning and both informal and proactive sharing of practice developments with practitioners. A project reference group consisting of members of the public, professional carers and partnership representatives has focused on the process of transferring evidence into practice. This project is equally concerned with compassionate care within education and practice, therefore the issue of utilising findings, crosses both clinical and educational boundaries. This paper will identify and critically analyse the strategies employed by the research team to inform and engage a range of stakeholders to change practice and implement emergent action research findings within the organisation, but also how this strategy requires continual review and analysis in response to project developments and an ever changing NHS setting.

References

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 Hope, K.,
 Waterman, H. (2003) Praiseworthy pragmatism? Validity and action research *Journal of Advanced Nursing* 44 (2) 120-127
 Kemmis, S., McTaggart, R. (Eds) (1998) *The Action Research Planner* Deacon University Press Victoria

Paper 3

Methodological approaches to examine the organisational impact of the Leadership in Compassionate Care Project within the NHS: a realistic evaluation

Juliet MacArthur (MSc; BSc; PG Cert Ed.; RN)
Lead Practitioner Research, NHS Lothian and PhD student Napier University, Edinburgh, UK

Abstract:

Given the investment and significance of the Leadership in Compassionate Care project there is a need to investigate its impact on the wider NHS organisation. This paper will examine the methodological challenges presented by the concept of 'compassionate care' (Dietze & Orb 2000, Shantz (2007) itself, coupled with scale and complexity of the organisation. It will present the potential for Pawson and Tilley's (1997) 'realistic evaluation' design to explore the interplay between organisational context and processes on potential outcomes. The analysis is based on the early stages of a PhD study that has a 3 year longitudinal design and employs qualitative research methods involving a range of stakeholders to answer the following questions:

- How is compassionate care expressed within the NHS?
- What are the views, experiences and perceptions of stakeholders of the Leadership in Compassionate Care programme?
- What influence does organisational context play on the delivery and outcomes of person-centred compassionate care?
- How are the processes employed within the action research framework of the LCC team seen to influence the outcomes in different clinical settings?

The initial starting point for a realistic evaluation is utilising stakeholders' knowledge, and the selection of appropriate stakeholders within a complex social organisation is seen as being fundamental. Pawson and Tilley identify a number of key agents – subjects, practitioners and policy makers – who will create a set of different but complementary views, and the study sample (n=21) is drawn from each of these groups. Emergent findings from Phase 1 of the data collection will be presented and implications of this for future measurement of impact will be discussed. There will also be reflection on the challenges presented by this type of evaluation where there is inevitable proximity to the project implementation team who are themselves research subjects in this study.

References:

Dietze, E. von, & Orb, A., (2000) Compassionate Care: A Moral Dimension of Nursing. *Nursing Inquiry* 7, 166-174

Pawson R., & Tilley N. (1997) *Realistic Evaluation*. Sage Publications Ltd: London

Shantz, M.L. (2007) Compassion: A Concept Analysis. *Nursing Forum* 42 (2) 48-55

Paper 4

Embedding leadership in compassionate care into undergraduate nursing and midwifery curricula: Initial findings from an action research study

Dr. Jayne Donaldson (PhD, MN, BN, PGCE, RN)
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Co authors: Liz Adamson, Janis Moody, Linda King, Anne Waugh, Stephen Smith

Abstract:

The initial phase of the action research project aimed to explore lecturers' and student nurses' views, values, attitudes and their engagement in the principles of compassionate care within education and practice. Ethical approval was gained from Napier University Faculty of Health, Life and Social Sciences Ethics Committee. A theoretical sample of lecturers and students in nursing and midwifery were used.

Data collection included 6 focus groups with lecturers and 4 focus groups with students. Data were transcribed and analysed using NVIVO and analysed using the constant comparative method (Glaser and Strauss, 1967). The focus groups revealed the complex and often controversial meaning of 'compassionate care' (Maben & Griffiths 2008): emerging themes included, the 'cost' of providing compassionate care (resources and emotional) (Brilowskig & Wendler 2005); the innate qualities of nurses (i.e. what can be learned?); the importance of maintaining professional distance while demonstrating compassion (NMC 2007); and personal/professional examples and stories of compassionate care. Lecturers and students agreed that there should be more emphasis within the undergraduate programme on developing/demonstrating compassionate care, including person-centred care and using service-users/carers within the curriculum.

The presentation will provide some examples of service user involvement which have been used within the undergraduate curricula as a result of these findings. Clinical practice was particularly influenced by role-modelling and compassionate mentoring. The presentation will provide some examples of good and poor role – modelling and mentoring and how these have been used within the undergraduate curriculum and mentorship preparation programmes. As part of the ongoing action research cycle, the next phase will involve evaluation of the actions described above and further development of the key themes within the project. There will be reflection on the use of action research methodology and the use of 'stories' to provide evidence.

References

Brilowskig A. & Wendler M.C. (2005), An evolutionary concept analysis of caring, *Journal of Advanced Nursing*, 50 (6), 641-650. NMC (2007)

Essential Skills Clusters for Nursing and Midwifery. Accessed at <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2553> {on 31/10/08}

Maben J & Griffiths P (2008) *Nurses in Society: Starting the debate*. National Nursing Research Unit, Kings' College, London

Concurrent session 1

Tuesday 24 March 2009

Theme: Mental health

1.1.1

Delivering a smoking cessation intervention for patients within a high security psychiatric setting: A focus group study

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Co-authors: Catherine Best; Carol-Ann Topping

Abstract:

Background: The serious negative impact of smoking on health and life expectancy is incontrovertible (Doll et al 1994). People with enduring mental health conditions have a significantly higher smoking prevalence (40-83%) than the general population (22%) (Kalman et al 2005) with the highest prevalence amongst people detained in secure psychiatric settings (83%) (State Hospital Audit 2004). Given this it is imperative that people who are restricted in their opportunities to use community resources and who have an enduring mental health condition have access to specialist support to stop smoking. Little evidence about such specialist support currently exists.

Aims: To examine the process of developing a service to support people who wish to quit smoking whilst resident in a high security psychiatric hospital.

Methods: Four focus groups were conducted over a period of one year. Focus groups were constituted from nursing staff seconded to the smoking cessation service. Focus groups were transcribed verbatim. Emerging themes were identified and verified using content analysis. This information was supplemented with individual patient interviews about their experience of the service.

Results: It had been anticipated that encouraging quit attempts would lead to increased patient aggression towards staff which did not in fact occur. The instigation of the cessation service promoted change in staff attitudes to smoking and to patients that smoke. These attitudes were initially pessimistic and reactionary but evidence of success provoked revision which had a positive impact. Specifically in this environment the closed time-limited group format had to be modified to meet the variable needs of this client group. Close liaison between ward staff, pharmacy staff and the cessation service was necessary to manage medication issues effectively.

Discussion: This service provides an exemplar of how specialist support for smoking cessation can be achieved for people with mental health conditions detained in high security.

Recommended reading:

Doll R, Peto R, Wheatley K, Gray R, Sutherland I: Mortality in Relation to Smoking:

Kalman GD, Morrisette SB, George TP: Co-morbidity of Smoking Inpatients with State Hospital (2004) Audit of Smoking Prevalence. The State Hospital, Carstairs

1.1.2

Self-acupuncture as an alternative to deliberate self harm: A pilot study

Susan Davies, Department Of Psychological Medicine, North West Wales NHS Trust, Bangor, UK
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Abstract:

Background: The incidence of deliberate self harm (DSH) continues to rise in the UK, often necessitating acute medical and mental health intervention (Wilkinson et al 2002). Acupuncture is potentially a less damaging and more acceptable alternative to DSH. It may act through similar biological mechanisms to blunt emotional distress.

Aims: The aim of the study was to examine the potential for using self-administered acupuncture as an alternative to DSH.

Methods: Ten adult patients who self-harm were recruited to the study following baseline assessment by a psychiatrist. An acupuncturist taught participants to self-acupuncture, ensuring competence by using a pre-tested assessment schedule. Participants were visited weekly to offer support, provide more needles and collect sharps boxes. During the six week intervention period, participants recorded their thoughts and feelings in a diary. Post intervention assessments were completed to establish clinical outcomes; and face-to-face interviews were used to explore participants perceptions of the intervention. Data were collected during 2008. Framework analysis of diary extracts and interview transcripts (Ritchie and Spencer 1995) was used to identify common themes related to the perceptions and experiences described. LREC approval was gained for the study.

Results and Discussion: We will report on the qualitative data analysis of the diary cards and interviews. Three key themes emerged from the data, namely DSH, through which participants experiences of self harm were revealed; 'administration' in which the practical issues associated with self-acupuncture were explored and 'effects' where the outcomes of self-acupuncture were clarified. We will give details of the findings, illustrate these with data extracts and compare findings to the published literature.

Conclusions: The findings show that self-acupuncture is a feasible alternative to DSH. The pilot study will be developed into a full trial to further contribute to the advancement of clinical practice in the area of DSH.

Recommended reading:

Ritchie J, Spencer L.(1995) Qualitative Data Analysis for Applied Social Research. In Analysing Qualitative Data. (Eds. Bryman, A and Burgess, RG). Routledge, London pp 173-294

Wilkinson, S et al (2002) Admissions to Hospital for Deliberate Self Harm in England 1995-2000: An Analysis of Hospital Episode Statistics. J Public Health Medicine 24, 179-183

1.1.3

Physical health care in mental health practice: A literature review

Rebecca Rylance, 5 Boroughs Partnership NHS Trust and Angela Cotton, Edge Hill University, Liverpool, UK.

Co authors: Judith Ball and Annette Jinks

Abstract:

It has been known for some years that people with severe mental illness often have poor physical health. Explanations range from unhealthy lifestyle choices, to use of antipsychotic medication and factors inherent to the condition itself. As part of an ongoing action research project which is focused on an intervention designed to improve the physical health of a group of clients, a thematic review of the literature has been undertaken. Searches were undertaken of MEDLINE, PubMed, the Cumulative Index to Nursing and the Allied Health Literature (CINAHL) from 2003 to 2008. Inclusion criteria were English language literature published in the last five years that focused on physical health needs in mental health practice. In excess of fifty publications have been reviewed.

One of the main policy drivers identified during the course of undertaking the review was 'Choosing Health: Supporting the physical needs of people with severe mental illness' (DH 2006). Other literature review themes identified include equity of access, healthy lifestyles, unmet physical needs, and improving physical healthcare in mental health practice. There is an imbalance in focus within the literature, with attention directed at describing disparities of access and estimating the extent of the problem. It was interesting to find that the concept of physical health in mental health practice is multifaceted and literature themes addressing both health promotion and screening on one end of the health continuum through to existing physical health problems such as incontinence or immobility at the other end of the continuum have been identified. However, strategies to address the problem mainly stemmed from the statutory literature where good practice exemplars are frequently given. Nevertheless most of the methodologies used in the literature reviewed utilised survey-type approaches with very little focusing on robust evaluations of interventions designed to address the problem.

Recommended reading:

Department of Health (2006) Choosing Health: Supporting the Physical Needs of People with Severe Mental Illness. DH, London

Theme: Medication adherence

1.2.1

Factors influencing patients' adherence to anti-retroviral therapy in Botswana

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Abstract:

Background: Botswana supplies free anti-retroviral treatment (ART) to its citizens since 2005.

Aims: The purpose of this study was to identify patient-centred and service-centred factors influencing adult patients' ART adherence levels.

Methods: A quantitative descriptive survey was conducted. Structured interviews were conducted with a random sample of 400 patients attending four randomly selected ART clinics in Botswana during April and May 2007. The data were analysed using the SPSS version 13. Chi-squares and p-values were used to test the significance of the relationships between categories or variables.

Results: Patient-centred barriers to ART adherence included inadequate knowledge about ART, HIV/AIDS, CD4 cell and viral load results; stigma; travelling costs; waiting times at clinics; side effects of ART; using traditional medicines and abusing alcohol. Service-centred barriers included nurses' attitudes and knowledge; health care workers' inability to conduct home visits and to contact defaulters; limited clinic hours; waiting times of up to eight hours at clinics; delays in getting CD4 and viral load results.

Discussion: Some of the identified factors impacting on patients' ART adherence levels could be addressed cost-effectively. By providing two months' ART supplies at each visit, patients' waiting times and the demands on the clinics could be decreased by 50%. Providing transport tickets to patients and enabling nurses to conduct home visits, and even to contact defaulters telephonically, could reduce the ART defaulter statistics in Botswana.

Conclusions: ART adherence requires more than free medicines. Adherence levels will improve if both patient-centred and service-centred barriers are addressed, some of which might not require major financial investments.

Recommended reading:

Weiser, S., Wolfe, W., Bangsberg, D., Thior, I., Gilbert, P., Makhema, J., Kebaabetswe, P., Dickenson, D., Mompoti, K., Essex, M., & Marlink, R. (2003). Barriers to Antiretroviral Adherence for Patients Living with HIV Infection and AIDS in Botswana

Ickovics, J.R., & Meade, C.S. (2002). Adherence to Antiretroviral Therapy Among Patients with HIV: A Critical Link Between Behavioural and Biomedical Sciences. *The Journal of Acquired Immune Deficiency Syndrome*, 31(3): S98-S102

Wester, W.C., Kim, S., Bussmann, H., Avalos, A., Ndwapi, N., Peter, T., Gaolathe, T., Mujungira, A., Busang, L., Vanderwarker, C., Cardiello, P., Johnson, O., Thior, I., Mazonde, P., Moffat, H., Essex, M., & Marlink, R. (2005). Initial Response to Highly

1.2.2

Content validation of a medication adherence instrument – process and outcomes

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Abstract:

Background: Content validity is a fundamental step in the development of any new, high quality measurement instrument (Wynd et al 2003). A new patient focused adherence instrument has been developed by the author to serve as a comprehensive measure of the factors influencing medication-taking in patients diagnosed with coronary artery disease. In nursing research, concepts such as adherence are often complex and difficult to accurately measure. Content validity studies offer a systematic mechanism for linking such abstract, multi-faceted concepts with observable and measurable indicators (Wynd et al 2003).

Aims: To describe the practicalities involved in undertaking a methodological process to assure the content validity of a newly developed adherence instrument.

Methods: The 52 item adherence instrument was subject to a panel review of 10 professional and lay experts. Each expert was provided with the instrument and two content validity forms. The first form assessed item clarity with the second form evaluating item relevancy. Experts were also requested to provide suggestions for item exclusion/inclusion. The Inter-Rater Agreement (IRA) and Content Validity Index (CVI) were calculated.

Results: The IRA and CVI for each item and the scale as a whole were calculated. The instrument obtained an overall IRA score of .64, with 9 items requiring major revision. The CVI for the overall scale was high at .91.

Conclusions and Recommendations: The accuracy of concept measurement in healthcare has important implications for the prediction of behaviour, the design of interventions and the evaluation of treatment effects (Haynes et al 1995). Content validity studies provide objective information for the improvement of measurement instruments. An understanding of content validation, in terms of its methodological process and outcomes, is essential for nurses to adapt/create measures that are inclusive, valid, and simple for patients to complete.

Recommended reading:

Wynd C, Schmidt B, Schaefer M (2003). Two Quantitative Approaches for Estimating Content Validity. *Western Journal of Nursing Research*, 25(5), 508-518

Haynes S, Kubany E & Richard D (1995). Content Validity in Psychological Assessment: A Functional Approach to Concepts and Methods. *Psychological Assessment*, 7(3), 238-247

1.2.3

Health visitors' communications with parents about childhood immunisation

Sarah Redsell, School of Nursing, Nottingham University, Nottingham, UK

Co-authors: Helen Bedford; Aloysius Niroshan Siriwardena; Jacqueline Collier; Pippa Atkinson

Abstract:

Background: In England uptake of primary immunisations is around 93% and MMR 85% [1]. Some parents find decision-making around immunisation difficult and have unmet information needs [2]. Research has investigated health professionals' views and knowledge about immunisation [3] but less is understood about how they communicate with parents about immunisation. In the UK, health visitors routinely provide immunisation information for parents, while GPs and practice nurses tend to administer vaccines and respond to parents'/carers' questions.

Aims: This study explored health visitors' perceptions of their role in the immunisation programme with particular emphasis on influencing factors and communication strategies.

Methods: Health visitors were purposively sampled to include those working with deprived/affluent/high black and minority ethnic populations living in different kinds of locations (city, rural, suburbs). Semi-structured interviews (n=22) were undertaken using a prompt guide. The transcribed interview data was coded using NVIVOTM and analysed for recurring themes.

Results: Five key themes emerged. These were health visitors' professional role; identity and barriers, health visitors' communication strategies, parents' right to choose, communications with migrant families and MMR.

Discussion: This study found important differences in health visitors' perceptions of their roles, skills and knowledge and communication strategies in relation to childhood immunisation. They also perceived differences in their approach with parents compared to that of other health professionals. Health visitors reported a loss of professional confidence in the wake of the MMR crisis and most would have liked more support at the time. Given the evidence that suggests some parents find it difficult to gain the information they need about immunisation [2] and the changing culture of health care towards more patient choice, we

feel that specific communication skills training is needed.

Conclusions: Better communication skills for all health professionals involved in providing immunisation information might reduce the impact of another vaccine scare.

Recommended reading:

The Information Centre. NHS Immunisation Statistics England 2006-2007. <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-life-styles/immunisation/nhs-immunisation-statistics-england-2006-07-%5Bns%5D> (accessed 31st October 2007)

Smailbegovic MS, Laing GJ, Bedford H. Why do Parents Decide Against Immunisation? The Effect of Health Beliefs and Health Professionals. *Child: Care, Health and Development* 2003;29(4): 303-311

Henderson R, Oates K, Macdonald H, Smith WC. General Practitioners' Concerns About Childhood Immunisation and Suggestions for Improving Professional Support and Vaccine Uptake. *Communicable Disease & Public Health* 2004;7(4): 260-6

Theme: Research methods

1.3.1

The policy Delphi technique in nursing education research: Personal insights into the complexities and use of the technique

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Abstract:

Background & context: The Policy Delphi technique is a variant of the conventional Delphi and differs in terms that it does not unequivocally seek to find a consensus but rather explores consensus and reasons for any lack of consensus thereby highlighting a range of options on a particular topic. This paper will examine the methodological and administrative intricacies encountered while conducting a policy Delphi study investigating the clinical role of lecturers in nursing in Ireland.

Aims: To briefly review the mechanism of the Policy Delphi technique. To highlight methodological and administrative factors to be considered when conducting a policy Delphi study.

Outline of Main Content: The policy Delphi technique was used to investigate the perceptions of the key-stakeholder groups involved in nurse education on the clinical role of the lecturer in nursing in Ireland. Policy Delphi was used in an attempt to reveal the whole spectrum of different views and the polarity of these views within and between the different stakeholder groups. A brief review of the mechanisms of the technique will be initially considered. Experiences of conducting

a policy Delphi study will then be discussed with consideration given to panel selection and recruitment, defining the 'expert', quasi-anonymity, questionnaire formulation and revision between rounds, data analysis and feedback to panellists, respondent fatigue, administrative concerns and timeframe management. The policy Delphi technique is an underused tool in nursing research, and used appropriately can provide an innovative approach to investigating individual and group perceptions of issues within the health care arena and the direction in which nursing should be moving. Methodological and administrative observations of the use of the technique will facilitate the promotion of its future use in nursing research.

1.3.2

Developing workable methods: Aligning a research priority, patient involvement and complex assessments

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Abstract:

Background: During the acute phase of stroke, deterioration in nutritional status and weight loss is common. Malnutrition has been associated with increased morbidity, mortality and dependency after a stroke. Changes in taste and smell function have been reported amongst some patients following stroke, and linked to poor dietary intake, but have not been comprehensively explored after stroke.

Aims: To test the feasibility of a study protocol to measure taste and smell function in acute stroke patients.

Methods: Patients were recruited from one Stroke Unit between November 2007 and January 2008. Data were collected at 3 time points; once the patients were medically stable, once oral dietary intake was re-established and one month post-stroke. Data included assessment of taste and smell function, appetite, nutritional status, 24 hour food intake and mood. Issues arising from protocol delivery including barriers to recruitment and patient perspectives of data collection tools were recorded.

Results: Recruitment from this vulnerable population, to a demanding assessment schedule, was challenging. Only seven out of eighty-seven admissions were recruited over the ten-week period. Early discharge from the Stroke Unit, once medically stable, reduced opportunities for recruitment; while many of those who remained were too unwell to be approached. Furthermore, the protocol required stroke to be confirmed by CT scan rather than clinical diagnosis, excluding many suitable patients. Seven participants were recruited

with complete data collected from four patients. Reasons for incomplete data included unavailability to follow up after discharge, voluntary withdrawal, decline in physical and mental state and entry into another trial. Nevertheless, patients who took part in the study found the data collection tools acceptable.

Conclusions: The study design, including recruitment strategy, was revised following the feasibility study. It addresses the issue: how to format a complex and lengthy assessment schedule while minimising the impact on the participant population.

Recommended reading:

Davalos A, Ricart W, Gonzalez-Huiz F et al (1996) Effect of Malnutrition After Acute Stroke on Clinical Outcome. *Stroke* 27, 6: 1028-1032

Gariballa SE, Parker SG, Taub N et al (1998) Influence of Nutritional Status on Clinical Outcome after Acute Stroke. *The American Journal of Clinical Nutrition* 68, 2: 275-281

Health Advisory Service 2000 (1998) Not Because They are Old. London

1.3.3

Keeping concept analysis in context – a confirmatory and validity process

Patricia Gillen, School of Nursing, Faculty of Life & Health Science, University of Ulster, Jordanstown, UK

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Abstract:

This methodological paper describes the confirmatory and validity processes that were used to anchor the concept of bullying within the context of midwifery. The use of concept analysis allows the researcher to examine the structure and function of concepts (Walker & Avant 2005). However, Unsworth (2000) suggests that one of the criticisms of concept analysis is that it removes the concept from its context. Clearly the researcher needs to be aware of the context of the research from the outset and to maintain this awareness of the context throughout. This context-intelligence (Holloway 2005) is vital so that the researcher may fully understand the life world of the participants and consequently the phenomenon that is being studied is seen in its most appropriate context. In this research, Context intelligence was maximised in two ways. Confirmatory focus groups were undertaken with practising midwives, midwife managers, academic midwives and union representatives (n=30) to validate and confirm the concept analysis. Secondly, the attributes emerging from the concept analysis were tested using a questionnaire survey with student midwives (n=164). This presentation will focus on design issues including rigour, ethical challenges and interpretation. In addition, it will highlight the unique contribution of this research to knowledge.

Recommended reading:

Holloway, I. ed. (2005) *Qualitative Research in Health Care* England: Open University Press

Unsworth, J. (2000) Practice Development: A Concept Analysis *Journal of Nursing Management* 8, 317-326

Walker, L. O. and Avant, K.C. (2005) *Strategies for Theory Construction in Nursing* 4th ed. New Jersey: Pearson/Prentice Hall

Theme: Parenting

1.4.1

Emotional well-being of parents of adolescents who deliberately self harm

Kenneth Sellick, *School of Nursing and Midwifery, Monash University, Churchill, Australia*
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Abstract:

Background: The increasing prevalence of young Australians who deliberate self harm is of national concern. Not only is deliberate self harm associated with severe psychological distress for the adolescent, but can have adverse effects on the family. Few studies have investigated factors associated with deliberate self harm and none have explored the emotional impact on parents.

Aims: This paper reports findings from a pilot study to determine the emotional well-being of parents of adolescents who deliberately self harm and factors that influence level of emotional well-being.

Methods: Eighteen parents recruited through a rural Child and Adolescent Mental Health Service in Victoria, Australia completed a self-report questionnaire designed to obtain socio-demographic information on the parent and family; medical details of the adolescent who self-harmed; and a measure of emotional wellbeing. Emotional wellbeing was assessed using selected subscales from the Stress Index for Parents of Adolescents (SIPA: Sheras, Abidin and Konold, 1998). Data were collected during September, 2008 and entered into SPSS for analysis.

Results: Sample characteristics of parents and adolescents who self-harm are presented; along with emotional well-being scores of parents and the analysis of factors influencing emotional wellbeing. Key findings include the prevalence and type self harm, the high percentage of parents with low emotional well-being, and the relationship of parent and child factors to emotional well-being scores.

Discussion and Conclusions: Findings are discussed in relation to the frequency and type of self-harm, identifying parents at risk for mental health problems, and the provision of child and adolescent mental health services more attuned to the needs of parents. Recommendations are offered for a more extensive study of the psychological impact adolescent self-harm has on parents.

Recommended reading:

Sheras, P., Abidin, R., & Konold, T. 1998. *Stress Index for Parents of Adolescents, Professionals Manual.* Psychological Assessment Resource, Inc., USA:

1.4.2

Why do parents attend emergency departments with children presenting with minor illnesses? A survey

Pippa Hemingway, *SchARR, University of Sheffield, Sheffield, UK*
Co authors: Ursula Werneke; Roderick MacFaul; Kate Armon; Monica Lakhanpaul; Terence Stephenson.
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Abstract:

Background: UK child A&E attendances are rising with 3.5 million children attending A&E annually (Office for National Statistics 2004). The Healthcare Commission (2008) reports that in order to support the integrative working of emergency and urgent care, more data on the patient /parent perspective are required from specific groups. One vulnerable group are parents of children presenting with minor illness who may attend emergency care for their own logical reasons.

Aims: To determine the parental reasons for seeking emergency care for children presenting with minor illness.

Methods: Prospective questionnaire-based survey based on an opportunistic sample of parents of children with minor illness attending the Emergency Department at Queen's Medical Centre, Nottingham. Parents completed a structured questionnaire developed from prior qualitative work (Eccleston et al 2001). Uni – and bi-variate analysis was conducted using SPSS™.

Results: In 2000, 272 parents of children aged 15 years or less were recruited over 12 months, 87% responded and the data were representative of 8302 child medical attenders on key variables. The five variables most important to parents in determining their need for paediatric emergency care were need for self-care advice (46%), sudden deterioration of the child's condition (14%), parental expectation of expertise in the emergency department (9.3%), unsuccessful treatment attempts at home (9%) parental need to reduce their own anxiety about their child's illness (9%).

Discussion: The decision to seek emergency care for children with minor illness is based on a complex trade-off of illness related factors in the child and psychological needs of the parents as well as the need for access to practical advice.

Conclusions: Understanding those factors which may make parents seek emergency care for children presenting with minor problems may assist in directing resources intended to support

the integrative working of emergency and urgent care for children.

Recommended reading:

Eccleston P, Werneke U, Armon K, Stephenson TJ, MacFaul R. (2001). Accounting for Overlap? An Application of Mezzich's Kappa Statistic to Test Inter-rater Reliability of Interview Data on Parental Accident and Emergency Attendance. *Journal of Advanced Nursing*

Healthcare Commission (2008). *Not Just a Matter of Time: A Review of Urgent and Emergency Care Services in England.* London.

Office for National Statistics. (2004). *Health for Children and Young People. Provision of Use and Services.* Chapter 2. London

1.4.3

Experience of parents diagnosed with head and neck cancer who are caring for young children

Cherith Semple, *Cancer Services, South Eastern Trust NI, Belfast, UK*
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Abstract:

Background: The incidence of head and neck cancer (H&NC) is steadily rising in the UK, especially in the younger age groups. As a direct consequence more parents of young children are being diagnosed with H&NC.

Aims: The aim of this study was to explore the experience of parents diagnosed with H&NC who are caring for young children. The objectives were to: – 1. explore what support was provided to assist patients to function as a parent 2. identify who provided this support 3. explore perceived changes in support needs for parents overtime in their cancer journey.

Methods: A qualitative descriptive design was employed, using indepth one-to-one interviews as the method of data collection. The interviews were unstructured with a topic guide to frame the interview. Cognitive mapping was used to analysis the data.

Results: A total of 12 patients were interviewed. At diagnosis the overriding emotion was fear; fear of 'missing milestones' and fear of 'telling the children' about their diagnosis. Parents inevitable stay in hospital during treatment led 'to separation from the children' and the need to prepare their 'children for the first hospital visit'. Parents experienced many debilitating 'effects of treatment', which impacted on family activities, especially those that involved eating. The experience of parents living with cancer gave them an increased appreciation of life, but simultaneously they were living with many uncertainties as a result of their cancer. After treatment parents had an overriding desire to re-establish a routine for family life.

Discussion and Conclusions: Parents' revealed an internal struggle that centred around their parental responsibilities and the impact of their diagnosis. This study emphasised the need for increased support with: sharing the news of their cancer with their children, preparing children for their first hospital visit, financial support and adjustment to living with cancer.

Recommended reading:

Barnes J, Kroll L, Burke O, Lee J, Jones A & Stein A. (2000) Qualitative Interview Study of Communication Between Parents and Children About Maternal Breast Cancer. *British Medical Journal*, 321: 479 – 482

Fitch, M, Bunston, TMSW & Elliot, MMD (1999) When Mom's Sick: Changes in a Mother's Role and in the Family after her Diagnosis of Cancer. *Cancer Nursing*, 22(1): 58 – 63

Elmberger E, Bolund C & Lutzen K. (2000) Transforming the Exhausting to Energising of Being: A Good Parent in the Face Cancer. *Health Care Woman International*, 21; 485 – 499

Theme: Nurse prescribing

1.5.1

Negotiating the prescribing role: District nurses reveal strategies for managing conflict

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Abstract:

Background: Nurse prescribing by District Nurses is well established in the UK. Although considerable work has been undertaken which discusses nurse prescribing, there is little which focuses on relationships between prescribers and those with whom they interact, in particular the ways in which prescribing can appear to question established professional boundaries.

Aims: This project seeks to explain how District Nurses negotiate difficult conflicts related to prescribing.

Methods: Using qualitative semi-structure interviews, District Nurses, Pharmacists and General Practitioners explained their working activities associated with prescribing. Data were analysed after Morrell's (2004) notion of naïve functionalism. Critical realism, as espoused by McEvoy and Richards (2003) was used as a bridging strategy in order to link findings to the works of Weber and Foucault.

Results: For many District Nurses, prescribing appears unproblematic; however, for others there was evidence showing that GPs were explicit in the control they exerted over prescribers, even when they had no authority to do so.

Discussion: Despite having no legal 'authority' over nurse prescribers, some prescribers reveal practices that show a clearly authoritarian

approach to nurse prescribing, by some GPs. These range from GPs stipulating times when they were available for professional dialogue, to direct supervision and (dis) approval of a nurse prescribers's activities.

Conclusions: Although nurse prescribing was expected to enhance inter-professional working and collaboration in the interest of improved service to patients, there is an indication that, for some nurses and GPs, relationships focussed on nurse prescribing are less than harmonious. Contribution to the development of knowledge and policy and practice within health and health care. As a result of these research findings, relationships within Primary Care may be re-evaluated. For educators there is an opportunity to explore inter-professional relationships from a practitioner perspective.

Recommended reading:

McEvoy, P; & Richards, D. (2003) 'Critical Realism: A Way Forward for Evaluation Research in Nursing?' *Journal of Advanced Nursing* vol 43, no.4 pp 411-420

Morrell, K. (2004) 'Analysing Professional Work in the Public Sector. The Case of NHS nurses.' Research Series Paper, no.1 Loughborough University.

1.5.2

The impact of mental health nurse prescribing in UK

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Abstract:

Background: Mental health nurses who are licensed to prescribe medication in Scotland differ from non mental health nurse prescribers. The difference is both quantitative and qualitative (Snowden, 2008). Although the quantitative findings may be explained as artefacts of the history of non medical prescribing in UK the qualitative differences are not so easily explained. This current phase of the study therefore sought to explore the nature of prescribing in mental health nursing, and how it impacted on mental health nurses prescribing in practise.

Methods: Constructivist grounded theory was used to interpret all data (Strubing, 2007). In depth interviews were conducted with 7 mental health nurse prescribers, 2 mental health nurse senior managers, 2 mental health nurse educators, 1 expert in nurse prescribing research and 1 consultant psychiatrist. The literature was subject to the same interpretist methodology. That is, all data were subject to line by line coding, thematic analysis and constant comparison.

Results: Mental health nurse prescribers demonstrate competence through practise. They manage the complex concept of concordance by focusing on individual care. They stop as much medication as they start. They seek advice and assistance

appropriately, and clearly understand the limits of their own competence. Confidence is a major factor, related to the increased responsibility inherent in prescribing. Their understanding of medication management has significantly improved, which has wider beneficial consequences on patient care and the teams they work within.

Discussion: Organisational support for mental health nurse prescribing often takes the form of tightening up external governance structures or recommending further education prior to practise. This research suggests that although governance and education are clearly vital for safe prescribing, individual prescribers are very good at seeking out and meeting their own competency needs once practising. Organisational support of these needs is the next step.

Recommended reading:

Snowden, A (2008) Quantitative Analysis of Mental Health Nurse Prescribing in Scotland *Journal of Psychiatric & Mental Health Nursing*, Volume 15, Number 6, August 2008, pp. 471-478(8)

Strübing, J. (2007) Research as Pragmatic Problem Solving: The Pragmatist Roots of Empirically Grounded Theorising in Bryant, A. and Charmaz, K. eds. (2007) *The SAGE Handbook of Grounded Theory* London: Sage pp580-601

1.5.3

Nurse prescribing for patients with diabetes: Stakeholder views

*Karen Stenner, School of Health and Social Care, University of Reading, Reading, UK
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Abstract:

Background: Appropriately qualified nurses in the UK have virtually the same prescribing rights as doctors and over 30% of nurses prescribe medicines for patients with diabetes. Service provision for patients with diabetes is expected to be enhanced by nurse prescribing, however there is little evidence as to how this may occur or its impact on other members of the healthcare team.

Aims: To explore the views of doctors, receptionists and non-prescribing nurses on how nurse prescribing affects work patterns and the provision of care for patients with diabetes.

Methods: Interviews with 9 doctors, 9 receptionists and 3 non-prescribing nurses were conducted in 9 case-sites across England between 2007 and 2008. Case-sites were chosen where a nurse prescribed for patients with diabetes either in general practice (5) in hospital (2) or in community clinics (2). Thematic analysis was conducted on the interview data.

Findings: Participants reported that nurse prescribing improved service efficiency by reducing interruptions. Quality of care was reported to be enhanced by nurse's skill in communicating with

patients. Doctors reported that nurse prescribing facilitates the national shift of diabetes care into community settings and helps clarify lines of responsibility. There were mixed reports regarding the impact of nurse prescribing on workload. Acceptance of nurse prescribing was dependent upon the extent of nurses' prior experience and awareness of their own limitations.

Discussion: Nurse prescribing was viewed as a positive and welcome addition to the nursing role. Although the uptake of prescribing had not markedly reduced workload for participants, it was regarded as an important contributor towards service improvement for patients with diabetes. This work contributes to our understanding of how care for patients with diabetes within hospital and community settings can be enhanced through nurse prescribing.

Theme: Midwifery

1.6.1

The perspective of midwives offering down's syndrome serum screening

Jenny McNeill, School of Nursing and Midwifery, Queen's University, Belfast, UK

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Abstract:

Background: The decision to accept or decline screening for Down's syndrome may present ethical or moral dilemmas for women and their partners in early pregnancy. Midwives are usually the key professional to offer serum screening for Down's syndrome in the UK yet their perspective is relatively neglected in the literature. As the first point of contact for antenatal care midwives are ideally positioned to counsel women regarding antenatal screening, but the extent of their influence on women's decision-making is not clear and may be complex.

Aims: To explore the perspective of midwives offering serum screening for Down's syndrome in Northern Ireland

Methods: exploratory qualitative interviews were conducted with 29 midwives in Northern Ireland involved in offering serum screening for Down's syndrome

Results: Midwives reported difficulty explaining the test to women and felt unable to provide the necessary information to adequately inform women within their appointment time. The test offered (the triple test) and potential pathway of subsequent care, were identified as sources of professional and personal conflict by midwives. The expectation that midwives would provide a universal offer of Down's syndrome serum screening but yet be unable to support women regarding termination of pregnancy also created dissonance.

Discussion: The feasibility of proceeding with a universal serum screening programme for

Down's syndrome is questionable in countries, which legally or culturally oppose termination of pregnancy. Professionals practising within environments such as this experience conflict in their role, which affects communication with women when discussing screening tests.

Conclusions: As midwives are often the primary health professional providing information to women, it is important that midwives are key participants in ongoing planning and discussions about screening policy to ensure programmes are implemented successfully.

Recommended reading:

Green, J.M., Hewison, J., Bekker, H.L., Bryant, L.D. & Cuckle, H.S. 2004, 'Psychosocial Aspects of Genetic Screening of Pregnant Women and Newborns: a Systematic Review', Health Technology Assessment (Winchester, England), vol. 8, no. 33, pp. iii, ix-x, 1

Lewis, S.M., Cullinane, F.N., Bishop, A.J., Chitty, L.S., Marteau, T.M. & Halliday, J.L. 2006, 'A Comparison of Australian and UK Obstetricians' and Midwives' Preferences for Screening Tests for Down Syndrome', Prenatal Diagnosis, vol. 26, no. 1, pp. 60-6

Bishop, A.J., Marteau, T.M., Armstrong, D., Chitty, L.S., Longworth, L., Buxton, M.J. & Berlin, C. 2004, 'Women and Health Care Professionals' Preferences for Down Syndrome Screening Tests: A Conjoint Analysis Study', BJOG

1.6.2

An ethnography of pregnant women's decision-making processes with regard to antenatal screening for Down Syndrome in Northern Ireland

Bernie Reid, Institute of Nursing Research, University of Ulster, Derry, UK

Co-authors: Marlene Sinclair; Owen Barr; Frank Dobbs; Grainne Crealey

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Abstract:

Background: In Northern Ireland, it has been proposed that all pregnant women should be offered second trimester screening for Down syndrome (National Screening Committee 2006). Yet the momentum towards universal screening fails to adequately consider the complexity of the decision-making processes confronting women (Getz and Kirkengen, 2003). There is a demonstrable lack of understanding about women's decision-making (Williams et al. 2005) and with the development of more sophisticated technologies it is imperative that midwives have a more informed understanding of the factors that influence women's decision-making before, rather than following, the adoption of routine screening in Northern Ireland.

Aims: This study explored the decision-making processes of pregnant women with regard to antenatal screening for Down syndrome.

Methods: An ethnographic research methodology was adopted. A purposive sample of 11 pregnant women was recruited from antenatal booking clinics at a hospital in Northern Ireland. The primary source of data collection was a solicited unstructured diary. Women used paper and electronic diaries. Data from the diaries were clarified using interviews. Inductive analysis was undertaken using an established framework.

Findings: Five core concepts were identified. These concepts were not a 'bog-standard' test; just one stage of a journey ...; 'liveable with' levels of risk; perceptions of Down syndrome and, betwixt and between.

Conclusions: This study provides new insights into pregnant women's complex decision-making processes about antenatal screening for Down syndrome. The challenge for midwives is in facilitating meaningful and ethically sound engagement that responds to the needs of pregnant women in making such decisions

Theme: Research policy and practice

1.7.1

UK Department of Health research strategy and funding: A historical perspective and future opportunities for nursing research

Daniel Wolstenholme, Research Team, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK

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Abstract:

This concurrent session will critically review the policy related to research funding and governance from the creation of the NHS through to the current changes in Research Governance and the new research infrastructure. The key landmarks of this landscape being the National Research Ethics Service, the UK Clinical Research Collaborative and the Topic Specific and Comprehensive Research Networks and their impact on nurses and nursing research. A fully defined national research strategy has only been in place since Best Research for Best Health (DH 2006). Before this, there have been a series of initiatives to unpick the confused and complicated process of funding and regulating research (Shergold & Grant 2008) all of which have led us to the emergent National Research Infrastructure we encounter today.

With this historical perspective in mind, this paper will identify some of today's key issues that can potentially benefit nursing and nursing research, namely:

A national strategic direction to fund research examining the second translational gap, an area of research in which nurses are uniquely placed to consolidate a strong position and lead multi disciplinary, multi method research

An explosion of opportunities for research nurses in the new infrastructure, with a strong push towards clearly defined career paths acknowledging the contribution nurses make to clinical research.

These benefits are equally relevant for both clinical and academic nurses and in fact, partnerships between these groups are a prerequisite for success in the new funding opportunities. Looking back, moving forward is the title of this year's conference, the author of this session hopes to help nurses make sense of and see opportunities in the rapidly changing present by understanding how the policies have developed over time.

Recommended reading:

Department of Health (2006) Best Research for Best Health – A New National Health Research Strategy. London, Stationery Office

Shergold, M and Grant, J. (2008) Freedom and Need: The Evolution of Public Strategy for Biomedical and Health Research in England. Health Research Policy and Systems, 6(2)

Finch, J. (2007) Developing the Best Research Professionals Qualified Graduate Nurses: Recommendations for Preparing and Supporting Clinical Academic Nurses of the Future[online]. UK Clinical Research Collaboration Available from: <http://www.lincoln.ac.uk>

1.7.2

Research capacity building in nursing, midwifery and the allied health professions: A seven year review of the Consortium for Healthcare Research

Bob Heyman, School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK

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Abstract:

In response to a number of UK reports, the Health Foundation, a major UK charity, funded a major research capacity building programme in nursing, midwifery and the allied health professions. Following a national competition, £2,300,000 was awarded to the Consortium for Healthcare Research, a partnership of four universities based in South East England. An additional £350,000 was subsequently granted by the Burdett Trust for Nursing, allowing a total of 21 three year doctoral and postdoctoral fellowships to be funded over a seven year period, starting in 2003. Similar UK projects have subsequently been funded in Scotland and Wales. Fellowship activities have been complemented by a leadership programme provided by the King's Fund.

The proposed paper will critically review the Consortium project with respect to lessons learned and implications for any future research capacity

building investments. The paper will draw upon annual evaluations obtained over a six year period and an independent survey undertaken by the Health Foundation. However, the main focus will be on process issues. The medium term implications for career development will also be addressed as contact has been maintained with fellows over the entire span of the project. The paper will conclude by mapping Consortium outcomes onto policy debates such as those arising from the Report of the UK Clinical Research Collaboration Subcommittee for Nurses in Clinical Research (UKRC, 2007).

Recommended reading:

UKRC (2007) Developing the Best Research Professionals – Qualified Graduate Nurses: Recommendations for Preparing and Supporting Clinical Academic Nurses of the Future. London: Department of Health

1.7.3

Graduate nurses and midwives perceptions of conducting and implementing research in one health trust.

Sherrill Snelgrove, University of Wales Swansea, School of Health Science, Swansea, UK
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Abstract:

Background: The progress made by nurses and midwives in research and development is considerable (Cowman 2004). However, a lack of support from organisations and a lack of perceived authority and skills have been shown to preclude implementation of research (Sitzia 2001). Education has also been found to play an important role in the formation of positive attitudes towards research but there are concerns that post-graduate studies 'gather dust' and are not implemented because of nurses' lack of confidence in their own research skills (Wilkinson 2001). There is little known about the perceptions of graduate nurses and midwives towards conducting and implementing research findings. The following study addresses this important gap and presents qualitative data that develops further understanding about graduate nurses and midwives perceptions of research.

Aims: To explore graduate nurses and midwives views about conducting and implementing nursing research in one NHS trust in South Wales, U.K.

Methods: A mixed methods design was used to collect data in 2007/8. Phase one consisted of a survey of all graduate nurses and midwives in a South Wales NHS trust. Phase two consisted of three focus group discussions that concentrated further on issues arising from the survey. Participants for the focus groups were recruited from the questionnaire responses and by professional contact. The following paper reports data from phase two that was subjected to thematic analysis.

Results: Research education was perceived by some as promoting positive attitudes towards research and for others, discouraging further research. The participants' supported evidence based practice by 'consulting' research findings rather than 'doing' research. A close analysis of the data revealed the following themes as determinants of conducting and implementing research: teamwork, time, opportunity, personal motivation, and conflicting work cultures.

Discussion and Conclusions: The study develops understanding about graduate nurses and midwives attitudes towards research. The findings are discussed with reference to developing nursing and midwifery research in the trust. Key words: graduate nurses and midwives, conducting and implementing research, focus group enquiry.

Recommended reading:

Cowman, S (2004) Commentary on Glacken, M & Chaney, D (2004) Perceived Barriers to Implementing Research Findings in the Irish Practice Setting. Journal of Clinical Nursing, 13, 731 – 740

Sitzia, J. (2001) Barriers to Research Utilization: the Clinical Setting and Nurses Themselves. European Journal of Oncology Nursing, 5, 154 – 164

Wilkinson, S. (2001) Nurses Must Seize the Research Initiative. International Journal of Palliative Care Nursing, Vol 7, No 1, p.4

Theme: Education and workforce

1.8.1

Training for CRC Cymru – the new research infrastructure in Wales

Joyce Kenkre, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK
Co author: Susan Figueirido

Abstract:

Aims: To discuss the development of the training strategy for all professions within the developing research infrastructure in Wales

Design: In 2005, the Welsh Assembly Government funded the development of a research infrastructure in Wales. The training and development strategy aims primarily to develop an expert workforce to support clinical and social care research in Wales.

Results: In Wales there has been funding for the support of ten thematic research networks. These are been supported by infrastructure services including: methodological advice, health economics, health informatics, research governance, equality and diversity and Welsh language awareness. There is also a co-ordinating centre which provides support in the development of a research professional network, portfolio management, links to industry, service user and carer network and training and development. The challenge has been to develop an evolving training programme for people with different backgrounds such as users of services, academia, clinical practice and laboratories covering a wide range of

thematic network specialities and professional disciplines. Training is continually being evaluated and highly rated. All comments are responded to especially for information, future training and specialist needs from the thematic networks. Acknowledged accreditation is being developed for all courses to European standards.

Conclusions: The training and development of personnel at all levels is crucial to evolving research infrastructure to deliver research to international standards, to ethical standards, and the creation of evidence to base future practice and policy decision making.

Recommended reading:

UK Clinical Research Collaboration (2006). *Igniting the Potential*. London: UKCRC

1.8.2.

The first national census of Australian nurse practitioners

Anne Gardner, School of Nursing, Midwifery & Nutrition, James Cook University, Townsville, Australia

Co authors: Glenn Gardner; Sandy Middleton; Phillip Della

Abstract:

Background: The nurse practitioner (NP) role is new to Australia. Importantly, the Australian role has title protection and is clearly distinguishable by legislation and scope of practice from other registered nurse roles.

Aims: The aim of this study was to conduct the first national census of Australian NPs.

Methods: A five section questionnaire was developed, externally reviewed, pilot tested and mailed to all 234 Australian NPs authorised in 2007.

Results: An 85% response rate was achieved (N=202). Respondents had a mean age of 47.0 years and 84.2% were female. Only 145 NPs (73%) reported being employed in Australia at the time of the census. Emergency NPs were the most common model employed nationally (26.9%). One third of employed NPs reported that they were still awaiting approval to prescribe medications despite this being a core legislated skill. Over 70% stated that lack of authority to access national health benefits schemes such as patient reimbursement for approved tests (through Medicare Benefits Scheme MBS) and prescriptions (through Pharmaceutical Benefits Scheme PBS) was extremely limiting to their practice.

Discussion: PBS and MBS fall under Commonwealth legislation and require service-provider numbers to which NPs do not currently have access whereas professional authorisation is legislated at state level. These inconsistencies between Commonwealth and state legislation result in considerable under-utilisation of this highly experienced sector of the Australian health workforce. These findings are consistent with the international lit-

erature describing policy and legislative difficulties during establishment of reformative health-care roles. We argue for more efficient utilisation of NPs and legislative restructure to enable full practice privileges. This first census of Australian NPs provides valuable information about a new level of healthcare services close to its inception. The findings have international significance in the context of establishment of new healthcare roles.

1.8.3

Nurse and health care professional education: How are we using e-learning?

Pam Moule, Faculty of Health and Social Care, University of the West of England, Bristol, UK

Co-authors: Rod Ward; Lesley Lockyer

pam.moule@uwe.ac.uk

Abstract:

Background: The research was conducted for the Higher Education Academy Health Sciences and Practice subject centre (HEA HS&P) to scope the development and use of e-learning across nursing and health care professions. The uptake of e-learning to deliver nurse and health sciences education varies across higher education institutions (HEIs), but reasons for this variation have not been fully examined (Moule, 2007).

Aims: We aimed to survey e-learning implementation in nursing and health science disciplines in the UK and explore enablers and barriers to use.

Methods: Following ethical approval, this mixed methods study included a postal survey using an adapted tool from the Joint Information Systems Committee (<http://www.mlestudy.ac.uk>) and case study visits. From a sample of 95 HEIs, identified by the HEA HS&P subject centre, 25 responses (28%) were received. Descriptive statistics in the form of frequency tables were produced. Survey responses were also used to identify four case study sites, where data was collected from staff and students through interviews and focus groups. Qualitative data were transcribed and thematically analysed.

Results: The findings suggest a number of factors enable or hinder e-learning development and use. The majority of e-learning applications are concerned with information retrieval and database use. All nursing and health care students have access to a virtual or managed learning environment but there are only limited examples of Web 2.0 technologies such as mobile learning, wikis (online documents), blogs (online diaries) and social networking tools being used.

Discussion and Conclusions: E-learning is being used in the education of nurses and health care professions to varying degrees. The presentation will explore current use, factors affecting this and reflect on those issues that need consideration if e-learning is applied more widely, providing a framework to support future use.

Recommended reading:

Moule P (2007) Challenging the Five-Stage Model for E-learning: A New Approach. *Association for Learning Technologies Journal (ALT)* 15 (1), 39-52

Concurrent session 2

Tuesday 24 March 2009

Theme: Narrative investigation

2.2.1

The use of narrative inquiry in clinical practice based research

Caroline Sanders, Royal Liverpool Children's Hospital, Liverpool, UK

Co-authors: Bernie Carter; Lynne Goodacre; Alan Armstrong

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Abstract:

Aims: To discuss the use of narrative inquiry in clinical practice based research

Methods: Nursing research often seeks to understand the complex nature of research participants' experiences. Nursing research has the potential for the discovery of unanticipated or extraordinary outcomes. Holloway & Freshwater (2007) suggest nursing should not focus solely on science as this can neglect the biographical model of developing understanding. After reading texts including Elliott (2005) I considered that narrative inquiry gave participants the permission and opportunity to tap into their tacit knowledge embedded within their experiences while also allowing me as the researcher to learn from the process. Since narrative relies on communication and relationships, this link can facilitate connections between research roles and participants, perhaps providing a sense of 'shared' learning (Gaydos, 2005). Narrative inquiry highlights these close alliances and allows for the exploration of personal truths and core values of both the researcher and participants (Holloway & Freshwater, 2007). Narrative inquiry offers an in-depth understanding of the situation and meaning for those being studied. Narrative inquiry (using in-depth narrative interviews) provided a basis for both entering participants' life worlds (through their stories) and understanding socially embedded knowledge (through the interpretation and analysis of their narratives).

Results: After exploring the narrative analysis literature I developed a six 'steps' approach towards understanding, exploring and later interpreting my data. Narrative analysis resulted in three keystone stories which contained aggregate stories and foundational stories. Interpretation and synthesis of the three keystone stories revealed three core elements fundamental to my study participants' stories.

Conclusions: Narrative inquiry, analysis and interpretation gave the participants in my study a voice. I entered into their worlds through stories and was able to generate new knowledge about participants search for harmony as evidenced from their experiences.

Recommended reading:

Elliott, J (2005) *Using Narrative in Social Research: Qualitative and Quantitative Approaches*. London: Sage

Gaydos, H. L. (2005) *Understanding Personal Narratives: An Approach to Practice*. *Journal Advanced Nursing*, 49(3), pp. 254-9

Holloway, I & Freshwater, D (2007) *Narrative Research in Nursing*. Oxford: Blackwell

2.2.2

Can unsolicited illness narratives be used as research data?

Mary O'Brien, Evidence-based Practice Research Centre, Faculty of Health, Edge Hill University, Liverpool, UK

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Abstract:

Background: Health professionals are increasingly recognising the value of illness narratives to inform them about the personal experiences of living with illness. Most research involving narratives obtains them through interviews, yet a vast amount of written material detailing life with specific illnesses is available within the public domain. To date no published work has sought to investigate the use of unsolicited illness narratives written by people with motor neurone disease (MND). Objectives This study set out to identify published and unpublished illness narratives written by people with MND and to compare the genres to establish the characteristics of the authors and their writings.

Methods: A comprehensive strategy, based on systematic review methodology, was adopted to identify and locate electronic and print medium narratives written by people with MND. Identified literature was assessed according to inclusion/exclusion criteria to obtain a comprehensive sample of narratives to subject to analysis.

Results: A substantial quantity of both published and unpublished personal illness narratives from the 1960s onwards was identified. A geographically and demographically diverse cross-section of people with MND, including those not normally associated with publication of personal stories, have documented their illness experiences within print and electronic mediums. Clear differences are apparent between genres.

Discussion: This study demonstrates the extent of the availability of writings about the personal experience of living with MND and has identified an unparalleled collection of personal illness narratives that will help to illuminate what it means to be diagnosed with the illness. It clearly indicates that unsolicited written narratives can legitimately be used as research data.

2.2.3

Narrative as a research method in understanding experiences of nurse academics

Maria Joyce, School of Health and Social Care, University of Lincoln, Lincoln, UK

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Abstract:

This presentation explores narrative research methods and outlines findings of primary research in understanding the career influences of nurse academics. Narrative derives from a long history of literary tradition and is increasingly used as a research method. Narrative in essence is the stories of our lives and the stories of the lives of others. Narrative is open to interpretation.

This interpretation develops through collaboration of researcher and respondent. Narrative, explored through interpretive research allows access to the respondent reality via their socially constructed stories. As a term it is a many sided concept. The terms of life history, autobiography, biography, life story and narrative 'define one another in terms of difference' and 'every term carries a trace of the other terms' (Denzin 1989: 47). Narrative data may be acquired through story telling, life history, in depth interview, biography or focus group (Letherby 2003).

These definitions highlight not only the similar features within narrative and but also the lack of neat categories. The presentation of narrative generally forms a linear, logical style, unlike real life experiences. This presentation assesses narrative for unique features and applications. It is structured in four sections, the first of which is 'types of narrative'. This looks at the meaning of narrative as a research method and a vehicle for providing the individuals story. Then discussing life history, life incidents, story telling, biography, autobiography; affording the opportunity to outline the distinguishing characteristics of each approach whilst identifying potential for overlap. The next section 'Collecting narrative data' reviews the possibilities of interviews, diaries and secondary sources, discussing the pros and cons of each source of data collection. The next section gives some discussion on the findings of the researcher's primary study. The final section concludes the paper drawing together findings and summarises the exploration of narrative.

Recommended reading:

Denzin, N.K., (1989). *Interpretive Biography*. Illinois: Sage

Letherby, G., (2003). *Feminist Research in Theory and Practice*. Buckingham: Open University Press

Theme: Illness and experiences

2.3.1

The lived experiences of women with disabilities facing the challenges of pregnancy, childbirth and motherhood: An interpretative phenomenological study

Dympna Walsh Gallagher, St Angela's College, National University of Galway, Sligo, Ireland
Co-authors: Marlene Sinclair; Roy McConkey

Abstract:

There is limited knowledge about the pregnancy, childbirth and motherhood experiences of women living with a disability. Yet, becoming a mother when you have a label of being 'disabled' in mind or body is viewed very differently by those who have a disability and those who do not. This study explored the impact and challenges facing women with a range of disabilities both physical and intellectual in Ireland.

The study employed a qualitative, phenomenological approach, using interpretative phenomenological analysis (Smith, 2004). Home based, in-depth interviews with women who had physical or a mild intellectual disability were undertaken at key stages in their pregnancy and postnatally, spanning an eighteen month time frame. Focus groups with two multiprofessional groups were undertaken to explore reactions to the data analyses and to identify achievable recommendations. Pregnant women with a range of physical disabilities including, multiple sclerosis, cerebral palsy and motor neurone disease and mild to moderate intellectual disabilities were invited to participate in the study. A purposeful sample of seventeen women was recruited. Nineteen multi professionals were recruited to the focus groups.

Three major categories emerged: 'I'm pregnant', 'You're pregnant', 'Birthing memories' and 'Motherhood'. Underpinning these categories were distinct themes to do with physiological, psychological and social need. Women described a parallel world in which they saw themselves as 'normal' and health professionals saw them as disabled 'high risk' pregnancies.

Professionals identified: lack of knowledge, lack of effective communication and lack of resources. There is a need for a deeper understanding of the lifeworld of women, who become pregnant whilst living their normal life with a disability, to ensure they maintain their independence and autonomy. Health professionals need specific education and training about pregnancy and disability.

Recommended reading:

- Mac Kay-Moffat, S. (1997) *Disability in Pregnancy and Childbirth*. London: Churchill Livingstone
- Lipson, J. G. and Rogers, I. G. (2000) *Pregnancy Birth and Disability: Women's Health Care Experience*. *Health Care for Women International*, 21, 11-26
- Hughes, G. (1998) *Construction of Disability*. In: Saraga, E. (1998) *Embodying the Social: Constructions of Difference*. London: Routledge

2.3.2

The illness experiences of people with idiopathic normal pressure hydrocephalus: A grounded theory study

Leslie Gelling, Faculty of Health and Social Care, Anglia Ruskin University, Cambridge, UK
leslie.gelling@anglia.ac.uk

Abstract:

Background: Idiopathic normal pressure hydrocephalus (iNPH) is a complex and multifaceted disorder of cerebrospinal fluid (CSF) circulation that can have a devastating impact on the lives of those diagnosed with the condition and their families. It is characterised by the clinical triad of gait disturbance, mental deterioration and urinary incontinence (Hakim and Adams 1965).

Aims: The aim was to develop a substantive theory of what it is like to live with iNPH.

Methods: This research was undertaken using a constructivist approach and was underpinned by Grounded Theory. Participants were recruited through purposive and theoretical sampling. Original data was collected through in-depth semi-structured interviews and personal biographies. Data was analysed using constant comparison and thematic analysis, facilitated by NVivo. A favourable ethical opinion was gained from a research ethics committee.

Results: 26 participants were recruited; 15 were interviewed and 11 provided personal biographies. The illness experiences of these individuals was dominated by four themes: frustration; isolation; life-long illness; and hope. Hope is the core theme and is central to the substantive theory identified through this research.

Discussion: This theory offers an insight into the illness experiences of individuals with iNPH. This allows a comparison with alternative theories that have explored the concept of illness and the complex concept of hope (Farran et al 1995, Berger and Luckmann 1966). Hope appears to play a key role in facilitating the transfer between health and illness.

Conclusions: If health care professionals, support groups and carers are to offer the support that is needed by individuals with iNPH they need a deeper understanding of how these individuals live their lives and the factors that impact upon the various aspects of their lives. The research presented in this paper offers a theory that is directly grounded in the experiences of individuals who live with iNPH.

Recommended reading:

- Hakim S, Adams RD (1965) The Special Clinical Problem of Symptomatic Hydrocephalus with Normal Cerebrospinal Fluid Pressure: Observations on Cerebrospinal Fluid Hydrodynamics. *Journal of Neurological Science*. 2, 307-327

Farran CJ, Herth KA, Popovich JM (1995) *Hope and Hopelessness: Critical Clinical Constructs*. Thousand Oaks

Berger PL, Luckmann T (1966) *The Social Construction of Reality*. Middlesex, Penguin Books

2.3.3

Hepatitis C: experiences of stigma when accessing services

Kate Frazer, HRB Clinical Research Fellow, School of Public Health & Population Science, University College Dublin, Ireland

Abstract:

Background: Hepatitis C virus infection (HCV) is a common infection causing chronic liver disease in the European population and an important public health problem. The majority of those infected are unaware of their disease status until symptoms of progressed liver disease present. Many individuals with HCV are from vulnerable groups and may have previous negative experiences from accessing health services. Those experiences can influence a person's future decision to access health services in relation to their HCV.

Aims: To explore with persons with HCV, their primary care health needs and experiences of accessing primary care services.

Methods: Following ethical approval, a descriptive-exploratory qualitative study with non-probability sampling was undertaken. Semi-structured interviews were completed with 24 participants, recruited through third parties, between November 2006 and May 2007. Interviews were recorded and transcribed verbatim. NVIVO software was used to manage the data.

Analysis: Content analysis guided the data analysis process. Two main categories were identified: 'access to services' and 'primary care needs'. This presentation focuses on one sub category: 'stigma'.

Findings: Stigma was perceived when accessing services in three distinct areas: with health professionals, in social settings and with the general public. Participants all identified episodes of discrimination and stigma since their diagnoses, which resulted in a lack of trust in health professionals' knowledge of the disease. Participants reported difficulties in confiding their diagnosis in others.

Conclusions: Ignorance about HCV and its transmission, leads to a reduced quality of life for those diagnosed. More information on the virus is required for health professionals to enable them to deliver a high standard of evidence-based care in the primary care setting. Health care professionals need to be aware of the stigma and discrimination often experienced by people who have HCV, to help them in accessing primary care services.

Theme: Nurse educators

2.4.1

Gender, gender roles and completion of nursing education: A longitudinal study

Katrina McLaughlin, School of Nursing and Midwifery Research Unit, Queen's University, Belfast, UK

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Abstract:

Background: The ongoing worldwide nursing shortage and high attrition of nursing students underpins the need to select those most likely to complete their course and stay in the nursing profession.

Aims: The aim of this paper was to investigate how key psychological attributes and constructions differentiate between completers and non completers of nursing education.

Methods: This study employed a longitudinal design. A questionnaire including measures of gender role identity (Bem, 1974) and perceived gender appropriateness of nursing specialisms (Muldoon & Reilly, 2003) was administered to 384 first year students. At the end of the programme attrition rates were obtained from university records for a total of 350 students.

Results: The majority of nursing specialities were viewed by the students as more appropriate work for women than for men. Only seven of the 19 specialities were viewed as occupations suitable for both males and females. These included mental health, accident and emergency, learning disability, theatre, surgical and medical nursing, as well as nurse teaching and management. The remaining 12 were perceived as feminine or highly feminine specialities. Chi-squares analyses were performed to assess associations between course completion and gender, and course completion and gender role orientation. There was a significant relationship between gender and course completion ($\chi^2 = 8.200$, $df = 1$, $p = 0.009$); in that males (28.1% of all males) were more likely to withdraw from their course than females (10.7% of all females).

Discussion and Conclusions: The female dominated nature of nursing, prevalent stereotypes and gender bias inherent in nursing education seem to make this an uncomfortable place for both males, and those with less gender typed views. The nursing profession need to address this bias to ensure their profession is open equally to both female and male recruits. Until this is established, the nursing shortage will remain an issue.

Recommended reading:

Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology*, 4, 155-162

Muldoon, O. T. & Reilly, J. (2003). Career choice in nursing students: gendered constructs as psychological barriers. *Journal of Advanced Nursing*, 43, 1, 93-100

2.4.2

An evaluation study of lecturer practitioners in Ireland

Ann Cummins, Catherine McAuley School of Nursing & Midwifery, University College Cork, Cork, Ireland

*Co-authors: Irene Hartigan; Liz O'Connell; Brendan Noonan; Mary Hughes; Claire Hayes; Patricia Fehin
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Abstract:

Background: Nursing continues to struggle to integrate the theoretical and clinical aspects of nurse education for the development of competent practitioners. Collaborative approaches to nurse education as well as the development of joint clinical-academic roles have had questionable success to date on merging the theoretical and clinical components of nursing. Lecturer practitioners' posts are new in Ireland. These posts were created as nurse educators were cognisant of the need for students to integrate theory to practice. The role of the lecturer practitioner is unique in Irish health-care as they are directly involved in patient care when in clinical practice. The aim of lecturer practitioner role is to increase the support for student nurses in both academia and practice.

Aims: The aim of this study was to evaluate the impact of the lecturer practitioner role in Ireland.

Methods: A non-experimental descriptive design using a quantitative and qualitative approach was used to conduct this study. Non probability, purposive sampling permitted recruitment of 311 participants including student nurses, staff nurses and clinical nurse managers where Lecturer Practitioners are engaged in clinical practice. An adapted version of a previously validated questionnaire developed by Richardson and Turnock (2003) to evaluate the impact of the lecturer practitioner role in a critical care setting was used in this study with permission from the authors.

Results: Overall, 64% of students and 67% of registered nurse participants perceived lecturer practitioners as very effective in increasing student nurses' knowledge and 59% of students and 39% of nurse participants identified lecturer practitioners as very effective in developing nurses' knowledge.

Conclusions: The results of this study suggest that as lecturer practitioners have both a clinical and academic remit they can integrate theory to practice through collaborative practice.

Recommended reading:

Dearmun, A.K., Supporting Newly Qualified Staff Nurses: The Lecturer Practitioner Contribution. *Journal of Nursing Management*, 2000. 8 (3): p. 159-165

Brown, S.J., The Experiences of Lecturer Practitioners in Clinical Practice. *Nurse Educ Today*, 2006. 26(7): p. 601-8

Williamson, G.R., Lecturer Practitioners in UK Nursing and Midwifery: What is the Evidence? A Systematic Review of the Research Literature. *J Clin Nurs*, 2004. 13(7): p. 787-95

2.4.3

The current and future clinical role of lecturers in nursing: Results from a policy Delphi study.

Pauline Meskell, School of Nursing and Midwifery, National University of Ireland, Galway, Ireland

*Co-authors: Kathy Murphy; David Shaw
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Abstract:

Introduction: The clinical role of lecturers in nursing has been identified as instrumental in strengthening the clinical focus of nursing. The main focus of debate surrounding the clinical role of lecturers centres on educationalists viewpoints. This paper will examine the spectrum of views within and between different stakeholder groups of educationalists, clinicians and policy formulators, involved in the provision of nurse education in Ireland.

Aims: To present the results from a three round policy Delphi study investigating perceptions from key stakeholder groups on the current and future clinical role for lecturers in nursing.

Methods: A Policy Delphi technique (Turoff, 1975) was employed to reveal the spectrum of views from different stakeholder groups involved in the provision or delivery of nurse education. A purposively selected stratified panel of 50 experts participated in a three round policy Delphi study. Round 1 questionnaire was informed by the results of an initial qualitative phase. Likert scales of measurement were used to assess panelists level of agreement with outlined statements. Responses were statistically analysed using SPSS. Panelists re-rated responses in Round 2 following feedback on group median and IQR item ratings. Policy statements were formulated based on Round 2 results and panelists indicated the importance and feasibility of suggestions in Round 3.

Results: Key findings: Response rates: 96% – Round 1, 98% – Round 2, 100% – Round 3. High levels of consensus were evident in relation to factors surrounding role definition, visibility and clinical connectivity of lecturers. There was polarity between educationalists and clinicians and policy formulators regarding issues surrounding engagement with practice, clinical credibility and teaching effectiveness.

Conclusions: The consideration of perspectives from key stakeholder groups in an innovative approach will assist in the re-evaluation of the current and future clinical role in terms of its structure, definition and operationalisation and implications for practice will be addressed.

Recommended reading:

Turoff, M. (1975) The policy Delphi. In Linstone, A.H. & Turoff, M. (eds) *The Delphi Method: Techniques and Applications*. London, Addison Wesley, 84-101

Theme: Long term conditions

2.5.1

A national survey to examine the provision and the nature of psychosocial assessment and support for individuals with skin disorders

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Abstract:

Background: The incidence of psychosocial comorbidity associated with skin disorders is high. Numerous studies have explored the impact of psoriasis on life quality in particular. Other studies have examined psychological distress in a range of skin conditions, especially the longer term disfiguring types. Skin specific life quality measures have evolved as a result of such findings. However, the frequency and forms of psychosocial assessment, and any evidence of efficacy, remain unclear

Aims: To clarify the frequency and forms of psychosocial assessment and interventions being undertaken in dermatology care centres in England

Methods: Questionnaires (400) were sent to centres providing dermatology care addressed to nurses working within the speciality. Responses (130) were loaded in to SPSS and analysed using descriptive statistics. Qualitative data were analysed using framework analysis to identify common themes and categories that emerged from the data.

Results and Discussion: The findings of the survey will be presented and discussed. There appears to be greater knowledge than ever concerning the psychosocial impact of skin conditions, not only on life quality but in some cases, on disease exacerbation and treatment response. However a lack of expert knowledge, skills, time, resources and the absence of any referral networks continue to impede the formal and effective management of the psychosocial dimensions of skin disease. These findings will be demonstrated in the presentation by displaying quantitative data such as percentages and frequency distributions and using qualitative data extracts to illustrate the findings.

Conclusions: The findings reveal a lack of formal procedures to assess and address psychosocial dimensions of skin disease and suggest that this fundamental area of dermatological care remains inadequately managed. Clearly, attempts to address the psychosocial needs of dermatological patients will need to be adequately resourced and thus limited resources may need to be redistributed in order to offer patients holistic care.

Recommended reading:

Adams, T. Glenn, S. Byatt, K. (2001) The Psychosocial Assessment of People with Chronic Plaque Psoriasis. *Clinical Effectiveness in Nursing*

All Parliamentary Group on Skin. (2003) Enquiry into the Impact of Skin Disease on People's Lives. A Report. APPGS. London

Fortune, D. Richards, H. Kirby, B et.al (2003) Psychological Distress Impairs Clearance of Psoriasis in Patients Treated with Photochemotherapy. *Arch Dermatology*

2.5.2

Comparison of patient-centered variables between patients with heart failure and preserved versus non-preserved ejection fraction

Debra Moser, College of Nursing, University of Kentucky, Lexington, KingdomStates

Co-authors: Terry Lennie; Jia-Rong Wu; Seongkum Heo; Martha Biddle; Donna Corley; Betty Kuiper; Lynn Roser; EunKyeung Song
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Abstract:

Background: Most heart failure (HF) research has been conducted among patients (pts) with systolic dysfunction and low ejection fraction (SD-LEF). Yet, HF is not a homogeneous syndrome; up to 40% of HF pts have preserved left ventricular ejection fraction (Pres-EF). Although there are differences in morbidity, mortality and epidemiology in these groups, little is known about potential differences in pt-centered variables that could explain differences in outcomes.

Aims: To compare pt-centered variables between pts with SD-LEF and Pres-EF.

Methods: 2122 HF pts (39% female; age 63 14 yrs) were enrolled; 1495 (70%) with SD-LEF and 627 (30%) with Pres-EF. The pt-centered variables tested were quality of life, depressive symptoms, anxiety, perceived social support, adherence behaviors, and functional status measured by the Minnesota Living with HF Questionnaire (MLHFQ), PHQ-9, Brief Symptom Inventory, Perceived Social Support Scale, Medical Outcomes Study Specific Adherence Scale, and Duke Activity Status Index, respectively.

Results: The groups differed on adherence behaviors, physical scale of the MLHFQ, and individual MLHFQ items. SD-LEF pts were more likely to follow a low salt diet ($p=0.001$), low fat diet ($p=0.005$), weigh daily ($p=0.002$), and monitor their symptoms daily ($p=0.003$). Although total MLHFQ scores were similar between the groups, Pres-EF pts reported worse quality of life in the physical scale. Examination of individual items on the MLHFQ revealed that Pres-EF pts reported greater distress from edema ($p=0.001$), difficulty walking ($p=0.05$), shortness of breath ($p=0.001$), fatigue ($p=0.001$), and hospital stays ($p=0.001$).

Conclusions: Although similar with regard to anxiety, depression and functional status, SD-LEF pts were more adherent than Pres-EF pts. Pres-EF pts reported greater distress related to physical symptoms. This suggests that these groups differ

regarding pt centered factors most affected by HF. Pt well-being and morbidity and mortality outcomes may rely on our ability to recognize and appropriately manage these differences.

2.5.3

Evaluation of the Blackpool budget holding lead practitioner initiative

Joan Livesley, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, UK

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Abstract:

Background: Blackpool was designated by the DCSF as one of 16 Budget Holding Lead Practitioner (BHLP) pilot projects, known locally as Blackpool Early Action for Change (BEACH). The BEACH processes were founded on a comprehensive and inclusive purpose that set out to help children and young people (CYP) and families benefit from the ethos and application of integrated working and the Common Assessment Framework (CAF); aiming to promote more effective intervention through earlier identification of additional or unmet needs. Each lead practitioner had access to a budget of £1000 per child via a designated BHLP. Practitioners were encouraged to involve children and their families in the decisions about how the money was used.

Aims: This presentation reports findings from the evaluation that examined:

- how BEACH project integrated processes contributed to a family – centred service for CYP.
- the impact that access to the BHLP exerted on CYP and families.
- the impact that access to the BHLP pilot exerted on lead practitioners.

Methods: An Appreciative Inquiry approach (Cooperrider and Whitney 1999) was used to discover what worked well and why it worked. Eighteen family interviews and an 'Openspace' event with staff ($n=27$) were undertaken in 2007. Cases were examined for cost effectiveness. Data was analysed using modified framework analysis. Formal ethics approval was secured.

Results: Outcomes for families and individual children demonstrated that the BEACH processes worked and should be emulated in a wider sphere. Recognition by practitioners of early indicators of an impending family crisis was vital to effective intervention. Joined-up working exerted a positive impact on families' ability to negotiate processes and secure essential services.

Contribution to Policy and Practice: The ways of working promoted by the project were particularly effective in engaging families which had been persistently service-resistant, and this informed further service developments.

Recommended reading:

Cooperider C, Whitney D (1999) *Appreciative Inquiry a Positive Revolution in Change* In Holman P, Devane T (Eds) *The Change Handbook: Group Methods for Shaping the Future*. San Francisco, CA: Berrett-Joehler Publisher, pp 245–261

Eggenberger S K & Nelms T P (2007) Family Inter-views as a Method for Family Research. *Journal of Advanced Nursing* 58(3) 282–292

Theme: Service user's views

2.6.1

Centre stage storylines: Giving vulnerable people a voice in researching their experiences and co-constructing grounded theory

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Abstract:

Aims: The presentation discusses the development of grounded theory that engages with participants as equal partners. Charmaz (2000) contends that meaning should be achieved through negotiation to reach a 'shared understanding'. A research approach has been developed that involves the innovative use of diagrams and other visual artefacts to identify 'centre-stage' events that highlight the most important 'storylines' for those living a life with long term conditions.

Methods: Centre stage storylines include a temporal analysis underpinned by a biographical perspective. The centre-stage diagrams emerged as crucial from earlier work on co-constructing grounded theory (Keady, Williams and Hughes-Roberts, 2007). Generated in this way storylines are both interactive and literal, with the middle of the page representing the centre-stage storyline with other issues being placed close to, or far away from, the centre in order to represent their perceived importance at a given moment within a frame of reference that has autobiographical and temporal dimensions.

Analysis: The centre-stage storyline technique goes beyond simply labelling life events chronologically or generating categories (Strauss and Corbin, 1998) and, instead, uses the 'storyline' as a thread linking together the life course and life events thereby helping to 'make sense' out of people's lives. This presentation will report upon the development of centre stage storylines with reference to case exemplars drawn from studies with people with early and late-stage Parkinson's disease (PD) and Alzheimer's Disease (AD).

Results: Centre-stage storylines develop a more participatory approach to grounded theory co-developed by/with people with vulnerable people enables their voices to be heard.

Recommendations: Greater user participation in is central to developing knowledge and practice in health and social care yet requires accessible methods. Centre stage storylines incorporate transferable techniques that could be used in a variety of approaches within the field of qualitative research.

Recommended reading:

Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In: N.K. Denzin and T.S. Lincoln (Eds.). *Handbook of Qualitative Research*. 2nd Edition. Thousands Oaks: Sage. Pp. 509-535

Keady, J.; Williams, S. and Hughes-Roberts, J. (2007) 'Making Mistakes': Using Co Constructed Inquiry to Illuminate Meaning and Relationships in the Early Adjustment to Alzheimer's Disease – a Single Case Study Approach. *Dementia: the International Journal*

Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research*. London: Sage

2.6.2

Using stated preference discrete choice modelling to elicit women's preferences for maternity care.

Bernie Reid, Institute of Nursing Research, University of Ulster, Derry, UK

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Abstract:

Background: Existing evidence suggests that women's acceptability or preferences for maternity care interventions have been largely overlooked despite initiatives aimed at promoting evidence-based women-centred maternity care. Stated preference discrete choice modelling offers a research methodology to examine such preferences.

Aims: To critically appraise discrete choice modelling methodology and to explore its potential research uses within the context of maternity care.

Methods: Discrete choice modelling methodology is analytically described and some key methodological issues are considered. Key stages in the design and analysis of discrete choice modelling studies are outlined. Strengths and limitations of discrete choice modelling are summarised and its potential future uses in midwifery research discussed.

Implications: Midwives are challenged to embrace the use of stated preference discrete choice modelling in evaluating women's preferences for maternity care interventions.

Keywords: Discrete choice modelling; women's preferences; maternity care, midwifery research.

2.6.3

Flexible and responsive services in cancer care: Service users' experiences and views

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*Co-authors: Anne Lydon; Ziv Amir
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Abstract:

Background: The UK government is advancing policies relating to consumer choice in health care, and the flexibility and responsiveness of services. However, apart from work on treatment decision-making and preferences in end-of life care, there is little relevant evidence about the experiences and views of people affected by cancer.

Aims: To explore patient/carer experiences of and views on the flexibility and responsiveness of services for cancer To draw lessons that can be applied when designing and evaluating services

Methods: A purposive sample of 38 patients and 26 carers participated in digitally-recorded conversational interviews. These were transcribed and analysed thematically using a qualitative data analysis package. The study drew on grounded theory methods: a flexible interview guide was used and analysis ran concurrently with data collection.

Results: Specialist cancer services and clinical nurse specialists were cited as the most flexible/responsive services, although access to nurse specialists was patchy. Some day-case chemotherapy services and outpatient appointment systems lacked flexibility/responsiveness. Participants had a range of preferences about continuity, treatment decision-making and choosing a hospital/service. Responsiveness to carers/family and negotiations re transitions in care were prominent themes. Some service users had to be assertive to get the care they wanted/needed.

Discussion: Services vary considerably in terms of flexibility/responsiveness and service users have preferences about a wide range of issues. A service user may wish to have a choice and/or negotiate about some aspects of care and at some points in his/her trajectory but remain passive in other contexts. Professional and peer support can strengthen assertiveness in service users, which may promote flexibility/responsiveness in current and future services.

Conclusions: Opportunities for developing flexible/responsive services exist in relation to the role of specialist nurses, follow-up, appointment systems and outpatient chemotherapy. Issues raised by participants could be investigated in observational research and/or interviews with health professionals.

Theme: Academic workforce/work based learning

2.7.1

Recruitment and retention of midwifery academic staff across south west England

Elizabeth Rosser, School of Health & Social Care, Bournemouth University, UK
Co-author: John Albarra

Abstract:

Background: With radical changes being implemented across the UK National Health Service, the need for a skilled educational workforce to prepare the new generation practitioners has become imperative. However, with national shortages of midwifery practitioners and introduction of a career pathway to retain experienced professionals in practice, recruitment and retention of academic staff into higher education is becoming a major challenge.

Aims: This paper explores factors influencing recruitment and retention of midwife practitioners into higher education across South West England.

Methods: A mixed methods approach was used, with a purposive sample of departmental heads (n= 3) and midwifery lecturers (n=19). Data collection was conducted during August-September 2008 and included a survey of lecturer demographics, one to one interviews and three focus group interviews.

Data analysis: Quantitative data were analysed for descriptive statistics and qualitative data used a thematic analysis. **Findings:** focused on three themes: i) context of change including biographical data of current academics ii) processes used to promote recruitment of academics identifying key drivers and strategies used and challenges they face iii) factors influencing retention including job satisfaction, team working and management style.

Conclusions: Our data indicates that within five years, 79% existing midwife academics will be eligible to retire. However, recruiting suitable professionals has been problematic due to midwife shortages and expectations of higher education as to the essential qualifications for lecturing posts. Attracting midwives requires improved transparency over career opportunities and progression, and innovative marketing strategies. Collaboration between education and practice sectors is pivotal to future endeavours. In terms of retention, providing new staff with a period of transition, practice links and a facilitative management style are crucial in keeping academics motivated, engaged and committed. The lack of rewards for excellence in teaching and increasing demands placed upon them are seen to compromise staff retention.

Recommended reading:

Strategic Learning and Research Committee (StLaR) (2004) Developing and Sustaining a World Class Workforce of Educators and Researchers in Health and Social Care. Accessed on 29th September

2008 at: <http://www.stlar.org.uk/consultation> HR Strategic Report 2

Ball L, Curtis P. & Kirkham M (2002) Why do Midwives Leave? Women's Informed Childbearing and Health Research Group, University of Sheffield, Sheffield, UK

Kirkham M., Morgan R.K. & Daviews C. (2006) Why do Midwives Stay? Women's Informed Childbearing and Health Research Group, University of Sheffield, Sheffield, UK

2.7.2

A realistic evaluation of work-based learning for qualified nurses

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Abstract:

The awareness of the importance of work-based learning (WBL) as a valid way to effect change is not just happening in the UK for it has been hailed as important for raising the international standards of health care. However, critics have identified that there have been no robust evaluations of WBL and its impacts on healthcare. This paper focuses on a longitudinal, realistic evaluation of embedding a prototype to support WBL (2005-2008), funded by Faculty and the Burdett Trust for Nursing.

Aims: Project aims were to:

- Explore & examine the impact of work-based learning on practice
- Explore the sustainability of the preferred mechanisms that have supported the outcomes in practice
- Report on the learning that has been sustained & developed over time
- Explore the nurses' experience of work-based learning & changing contexts.

Methods: Pawson & Tilley's (1997) realistic framework was used. A triangulation of methods included semi-structured interviews and documentary analysis. The sample interviewed included 28 learners, 9 academic facilitators and 17 managers/mentors.

Results: Content and thematic analysis of the data revealed enabling and disabling mechanisms, transitions and transformations of learners, and positive patient outcomes. The impacts on patient care included improved communication, innovative change projects and enhanced team working. Main disabling factors were lack of systems, and managers and mentors who did not effectively engage with WBL. Those managers who advocate WBL had experienced the processes themselves.

Conclusions: A strong recommendation is that systems are in place to support managers development and understanding of WBL. WBL can be the catalyst for the change in learners to become reflexive and as Garrick & Usher (2000,) said, 'selves can become enterprising,' capable of

meeting the challenges of continually restructured workplace environments. However, there are issues arising which need to be resolved if WBL is to be sustained in the health sector.

Recommended reading:

Garrick, J., & Usher, G. (2000) Flexible Learning, Contemporary Work and Enterprising Selves. Electronic Journal of Sociology. Available at: www.sociology.org/content/vol005.001/garrick-usher.html accessed 20.11.07.

Pawson R. and Tilley N. (1997) Realistic Evaluation. London: Sage Publications

2.7.3.

Recruiting nurses as research participants – what are the issues?

Philippa Atkinson, Faculty of Medicine and Health Sciences, School of Nursing, Midwifery & Physiotherapy, University of Nottingham, Nottingham, UK

Co-authors: Sarah Redsell; Cris Glazebrook; Judy Swift; Niro Siriwardena; Dilip Nathan

Abstract:

Introduction: Improving participation rates within primary care research is a challenge. Whilst it is known that reaching recruitment targets is a widespread problem in randomised controlled trials in primary care (Chew-Graham, Lovell, Roberts et al., 2007), less is known about the process of recruiting health visitors and nurses. Low participation rates were reported in a study examining health visitors' roles in the immunisation programme (18%) (Redsell, Bedford, Siriwardena et al., 2007) and in a study exploring General Practitioners' (GPs) and practice nurses' views of adolescent obesity (23%) (Magnusson, 2008). The Early Prediction and Prevention of Obesity in Children (EPOC) study requires 5 practice nurses, 10 nursery nurses and 20 health visitors to participate in telephone interviews. Current participation rates are 0, 20 and 40% respectively. This paper discusses approaches to recruitment and possible reasons for the low participation rate.

Methods: To recruit participants to this study presentations have been made at locality meetings; relationships have been developed with health visitor managers and the local Primary Care Research Network (PCRN) and meetings have been held with individual health visiting teams.

Discussion: There are a number of possible explanations for the low participation rate. Research that focuses on issues that are 'integral' to a professional's practice could evoke feelings of anxiety about the prospect of having key knowledge assessed. Health visitors and nurses who have previously participated in research may feel more confident to participate subsequently but those practising near Universities could be 'over researched'. Reimbursement of Service Support Costs through the PCRN may not be as important for nurses as they are for GPs. Unlike GPs, nurses are not private contrac-

tors and costs may not appear ring fenced specifically for the purpose of backfilling their time. In the present climate of competing priorities health visitors and nurses may not have adequate time to participate regardless of the payments available.

Recommended reading:

Chew-Graham, CA., Lovell, K., Roberts, C., Baldwin, B., Morley, M., Burns, A., Burroughs, H. (2007) Achieving Target Recruitment in a Primary Care Trial: Lessons from PRIDE. Primary Health Care Research & Development 8: pp. 264-270

Redsell, SA., Bedford, H., Siriwardena, N., Collier, J., Atkinson, P. (2007) Health Visitors' Role in Communicating with Parents about Immunisation. Report Submitted to the School of Nursing, University of Nottingham

Magnusson, J. (2008) Managing Adolescent Obesity in General Practice: The Views of Health Care Professionals. Presented at the Researching Adolescent Health Conference October 2008

Theme: Evaluation and care

2.8.1

Patients perceptions of the multi-professional team in chronic back pain management services

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Abstract:

Background: In the UK, chronic back pain affects 437,000 individuals; multi-professional working is advocated as one of the key strategies to chronic pain management. Furthermore the Wanless Report (2002) advocated that patients should be fully engaged in their healthcare. Although evident within policy, there is a dearth of research that has explored the reality of patient engagement within multi-professional chronic back pain management services.

Aims: The aim of this study is to elicit the patients' experience of multi-professional working within a chronic back pain management service in order to explore for evidence of patient engagement.

Methods: A grounded theory approach based on Corbin & Strauss (2008) guided the study. Initially, seventeen patients were recruited from four multi-professional pain centres across the North West of England between November 2007 and September 2008. Following this, a theoretical sampling framework was used to identify a further three patients and eight team members from the sites. Data were collected through semi-structured interviews, which were then transcribed verbatim, and a constant comparative analysis was used to identify codes, categories, and a final emergent theory.

This presentation will describe the patient stories which highlight professional-patient partnerships through which patients were able to share and confirm their experiences of pain. Adjunct to

this was the collective efficacy of the team that supported the partnerships growth and development. These two aspects form part of a co-validation process that created a safe platform from which patients could be central to the care process through their role in the partnership that confirmed their pain, thus empowering patients to take control of their pain. These findings have shed light on previously unknown territory. Understanding the co-validation process and the patients experience of multi-professional working could support future multi-professional team development and enhance patient engagement in back pain management.

Recommended reading:

Corbin J, Strauss A (2008) Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory. 3rd Ed. Sage Publications. Los Angeles

Wanless D (2002) Securing Our Future Health: Taking a Long-Term View. Final Report. London. HM Treasury

2.8.2

Pain evaluation in positioning procedures for patients with invasive mechanical ventilation

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Abstract:

Background: The evaluation of pain is particularly difficult in critical patients who cannot communicate verbally.

Aims: To compare behavioural responses to pain, using the Critical-Care Pain Observation Tool (CPOT) scale, and the physiological responses before, during and after positioning, in patients with invasive mechanical ventilation. To analyse if there are CPOT scores differences between surgical-medical patients, and also between conscious-unconscious patients during positioning. To describe the analgesia/sedation administered to patients one hour prior positioning.

Methods: This descriptive prospective study was carried out in the 12-bed intensive care unit of a Spanish teaching hospital. 330 observations in 96 patients were analyzed. Data was gathered one minute before, during, and 10 minutes after the procedure. CPOT includes: facial expression, body movements, muscle tension and compliance with the ventilator (total range 0-8 points). Simultaneously, were monitored: mean blood pressure, cardiac rate, respiratory rate and oxygen saturation. The reliability of CPOT was tested using the Kappa index in the first 88 observations. The agreement percentages were 97-100% and the Kappa index 0.79-1.

Results: The total mean score on the scale before positioning was 0.27, during 1.93, and 0.10 after positioning (p=0.000). The indicator facial expressions showed the greatest increase compared to the base situation, 52% of observations; body movements increased over 42%; compliance with the ventilator, 31%; muscle tension in 24% observations. There are slight variations in the physiological variables during the procedure compared with the base rates. The CPOT score during the procedure was higher in surgical patients than in medical ones, and also in conscious patients compared to the unconscious. In 97.88% of the observations the patients received analgesia/sedation one hour before the positioning.

Conclusions: Patients' behaviour and physiological changes during procedures allow the professionals to objectify pain in nonverbal patients. Prior to a nociceptive procedures is recommended to administer additional analgesia.

Recommended reading:

Gélinas, C., Fillion, L., Puntillo, K.A., Viens, C., Fortier, M. (2006).Validation of the Critical-Care Pain Observation Tool in Adult Patients. American Journal of Critical Care, 15(4), 420-427

Gélinas, C., Johnston, C. (2007). Pain Assessment in the Critically Ill Ventilated Adult: Validation of the Critical – Care Pain Observation Tool and Physiologic Indicators. The Clinical Journal of Pain, 23(6), 497-505

Puntillo, K.A., White, C., Morris, A.B., Perdue, S.T., Stanik-Hutt, J., Thompson, C.L., et al. (2001). Patients' Perceptions and Responses to Procedural Pain: Results from Thunder Project II. American Journal of Critical Care, 10(4), 238-251.

2.8.3

Evaluation of the Blackpool Springboard Project: Outcomes of intensive interagency support for chaotic, dependent families

Tony Long, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, UK

Co-authors: Mike Ravey; Michael Murphy; Debbie Fallon; Merle Davies; Moya Foster
t.long@salford.ac.uk

Abstract:

This paper reports evaluation outcomes of a virtual multi-agency team approach to intervention with chaotic, dependent families. The cross-agency Springboard project supported marginalised families that placed the highest demands on services: families described by SET (2007) as the 'small proportion of families with multiple problems which are still struggling to break the cycle of disadvantage'. Information sharing, co-ordination of effort across agencies, and continued support after crisis management were key feature of the project. External evaluation was undertaken from 2006-08, examining both process and outcome criteria.

The evaluation aims were to measure the project against target outcomes for families (n=60) and to identify change in practice amongst practitioners. Formal ethical approval was secured. Instruments were designed for the project: an assessment matrix to measure the most obvious signs of disadvantage and need in families, and a baseline document for on-going reporting of project team activity and progress. Data was recorded from a comparison group of families (n=9) which met the recruitment criteria but which were not included in the project. Interviews were held with 9 case-study families to elicit perspectives/reflections on involvement in the project. An 'OpenSpace' event and individual/group interviews were undertaken to explore cultural change within teams. Senior managers were interviewed about wider impact on provision of services. Cases were analysed for cost-effectiveness. Quantitative data from the baselines was compared directly with comparison group data, the borough, and national statistics where available. Modified framework analysis was applied to remaining data.

Dramatic changes occurred in criminal and anti-social behaviour, housing, and education. More subtle changes appeared in health and employment. Families recognised significant positive impacts on their lives from engagement with the project. The Springboard project resulted in a truly preventative, early intervention approach to vulnerable children and their parents in Blackpool, providing a model for future service development.

Recommended reading:

Social Exclusion Task Force (2007) *Reaching Out: Think Family*. London: SET

Theme: Patient experience

2.9.1

The experiences of patients with chronic low back pain (CLBP) after treatment at a chronic pain clinic: An Interpretative Phenomenological Analysis (IPA).

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Abstract:

Background: CLBP is a variant of chronic pain and an overarching term for a diverse number of painful and benign conditions. CLBP can be challenging for both the patient and the practitioner as it may be resistant to treatment, the symptoms may become disproportionate to the original injury and there may be no evidence of structural damage. A growing body of research into the experiences of CLBP patients pay little attention to developmental changes in chronic pain (Busch 2005). The present study addresses this important gap in the literature by exploring participants' experiences over a three year period. The paper reports data from a second set of interviews after treatment.

Aims: To explore participants' experiences after attendance at a chronic pain clinic.

Methods: Interpretative phenomenological analysis (IPA) (Smith 1994) was used to interpret the semi-structured interview data of nine purposely selected patients who had attended a chronic pain clinic.

Results: The focus of the presentation is upon the three main themes that emerged from the data of those participants who had received treatment and experienced a pain free period:

- Living without pain: a window of opportunity: the absence or lessening of pain had offered the participants 'psychological space' from attending to the somatic aspects of the pain. The data resonated with increased cognitive control as these participants spoke about their hopes of the future.
- Adjustment to no pain: there was concern about managing unknown boundaries.
- Acceptance and engagement: maintaining and developing social roles, engaging in activities

Discussion: The data show that the experiences of the CLBP patients fluctuate and change according to personal and social context that includes treatment changes. These data represent changing illness perceptions and coping strategies that support a dynamic model of chronic pain.

Conclusions: Nurses are in a key position to assess CLBP patients and offer interventions and support at appropriate times.

Recommended reading:

Busch, H. (2005) *Appraisal and Coping Processes Among Chronic Low Back Pain Patients*. Scandinavian Journal of Caring Sciences, 19, 396 – 402

Smith, J.A (2004) *Reflecting on the Development of Interpretative Phenomenological Analysis and its Contribution to Qualitative Research in Psychology*. Qualitative Research in Psychology, 1, 39 – 54

2.9.2

Patients' self-reported experiences of dietary and other lifestyle influences on gastro-oesophageal reflux disease.

Lesley Dibley, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK

Co-authors: Christine Norton; Roger Jones
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Abstract:

Background: Gastroesophageal reflux disease (GORD) is common and impacts on quality of life and socio-economic functioning. Up to 50% of GORD patients remain symptomatic despite regular proton pump inhibitor (PPI) therapy. Existing lifestyle management strategies appear to be under-utilised or ineffective.

Aims: The overall purpose of the project was to determine whether a nurse-led disease management programme for GORD could improve patient wellbeing, enhance symptom control and reduce PPI prescription costs in primary care. This paper reports on Stage 1 of the study: devising the education programme.

Methods: Using purposive sampling, 669 patients on regular repeat PPI medication for at least 6 months were identified from 4 GP practices in rural Norfolk. 176 agreed to take part in the two stage study. For Stage 1, we conducted 22 semi-structured interviews in July and October 2008. Respondents were aged 30 – 84 years, matched for gender and age, and were interviewed about lifestyle issues in

GORD. Interviews were digitally audio recorded, transcribed verbatim and the content analysed thematically. Data findings were combined with evidence from a systematic review of lifestyle risk factors and interventions for GORD, to create an education programme for Stage 2.

Results: Stage 1: many patients (N=15, or 86%) reported breakthrough symptoms despite regular PPI use, and wide ranging lifestyle factors affecting their wellbeing.

Discussion: A variety of lifestyle changes and strategies were identified in this study which, along with proven patient education approaches, will be incorporated in the Stage 2 study (group education intervention).

Conclusions: Patients perceive that dietary and lifestyle aspects, which may be more individual and varied than previously appreciated, have an influence on their symptoms. Current guidance may not support patients effectively, suggesting that a nurse-led disease management programme for GORD has potential.

Recommended reading:

Salyers WJ, Mansour A, El-Haddad B, Golbeck AL, Kallail KJ (2007) *Lifestyle Modification Counseling in Patients with Gastro-oesophageal Reflux Disease* Gastroenterology Nursing 30 (4) 302-304

Kaltenbach T, Crockett S & Gerson LB (2006) *Are Lifestyle Measures Effective in Patients with Gastroesophageal Reflux Disease?* Archives of Internal Medicine 166 965-971

Wright CC, Barlow JH, Turner AP, Bancroft GV (2003) *Self-management Training for People with Chronic Disease: An Exploratory Study* British Journal of Health Psychology 8 465-476

2.9.3

Improving the patient experience through user involvement: Action research in elective orthopaedic care

Brian Lucas, Orthopaedic Department, Whipps Cross University Hospital NHS Trust, London, UK

Co-author: Pat Howie

blucas@hotmail.co.uk

Showalter, A., Burger, S., and Salyer, J. (2000) Patients' and Their Spouses' Needs After Total Joint Arthroplasty: A Pilot Study. *Orthopaedic Nursing*. 19(1): 49-57

Abstract:

Background: The presentation will outline user involvement in an action research study designed to change the preparation of patients for Total Knee Replacement (TKR) surgery at one English District General Hospital.

Aims: The 2006 study aimed to describe the changes made in the preparation of patients for TKR surgery, explore the process of change and describe the impact of changes made on patients waiting for TKR surgery.

Methods: An action research approach was used, enabling participation and collaboration between staff, users and the insider researcher (the presenter). A Project Management Group of staff and five users planned and carried out action cycles, reflected on the outcomes and the need for future cycles. Users were involved in concurrent data analysis as part of the study.

Results: A multidisciplinary information and assessment session (the 'Knee Clinic') for patients waiting for TKR surgery was developed and is run by staff and users. Analysis using the theoretical framework of Social Cognitive Theory demonstrated that the environment and staff/user personal characteristics such as self-efficacy beliefs affected the changes made.

Discussion and Conclusions: The study builds on the knowledge related to user involvement in healthcare by extending it to acute orthopaedic care. Previous work on user involvement has concentrated on chronic illness such as osteoarthritis rather than acute interventions such as TKR surgery. Studies have indicated that users could become partners in care through involvement (Edwards 2003) and this study demonstrates how this involvement can be put into practice. After the study ended the users agreed to set up a user group, the Joint Information Group (JIG), which continues to this day and provides support for patients both before and after surgery. JIG members also represent users on an Orthopaedic Department project group undertaking further work on the patient pathway.

Recommended reading:

Coulter, A., Ellins, J. (2006) *Patient Focused Interventions: A Review of the Evidence*. London: The Health Foundation

Edwards, C. (2003) Exploration of the Orthopaedic Patients 'need to know'. *Journal of Orthopaedic Nursing*. 7(1): 18-25

Concurrent session 3

Wednesday 25 March 2009

Theme: Wound care

3.1.1

Results of a randomised controlled trial comparing honey to conventional treatment in wound care and the problems arising during the course of the trial

Val Robson, General Surgery, University Hospital Aintree, Liverpool, UK

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Abstract:

Background: It has been suggested that the use of honey in wound care hastens healing by clearing infection, reducing inflammation, de-sloughing the wound and therefore providing the optimum environment for wound healing to take place. Robust evidence on its efficacy compared to standard treatment is lacking.

Aims: Compare healing rates with honey and conventional wound dressings. The primary aim was to assess whether, in a pragmatic setting, the application of honey in wound management is beneficial compared to conventional dressings.

Methods: A sample of 105 patients were involved in a single centre, open label randomised controlled trial and received either Medihoney Antibacterial Wound Gel™ or conventional treatments. Data were collected between September 2004 and May 2007

Results: The median time to healing in the honey group was 100 days compared to 140 days in the control group. The healing rate at 12 weeks was equal to 46.2% in the honey group compared to 34.0% in the conventional group, and the difference in the healing rates (95% confidence interval, CI) at 12 weeks between the two groups was 12.2% (-13.6%, 37.9%). The unadjusted hazard ratio (95% CI) for the honey group compared to conventional dressing from a Cox regression was equal to 1.30 (0.77, 2.19), $p=0.321$. When the treatment effect was adjusted for confounding factors (sex, wound type, age and wound area at start of treatment), the hazard ratio increased to 1.51 but was again not statistically significant.

Discussion: There were a number of unforeseen problems that arose during the course of the trial including failure to recruit sufficient numbers, inability to blind the trial and compliance with treatment which impacted on the power and resulting statistical significance of the trial.

Conclusions: The results support the proposition that there are clinical benefits from using honey in wound care, but further research is needed.

Recommended reading:

Molan PC. A Brief Review of Honey as a Clinical Dressing. Primary Intention. 1998;6(4): 148-58

3.1.2

The 'gold' standard problem in researching the diagnosis of wound infection

Julie Santy, Faculty of Health and Social Care, University of Hull, Hull, UK

Abstract:

In many aspects of wound care it is important to know when a wound is infected. In health care, generally, diagnosing a condition or problem is sometimes simply a matter of applying a standard diagnostic test (Guyatt, Sackett & Haynes 2006). On many occasions, however, the issue is more complex and one example of this is the diagnosis of wound infection. In order to carry out research into interventions that prevent wound infection it is necessary to have a standard diagnostic test for wound infection that can be used as an outcome measure, particularly in randomised controlled trials. Two approaches to identifying wound infection are prevalent in the literature: i) Using the clinical signs and symptoms of wound infection and ii) wound culture. Validity and reliability are important methodological issues in diagnostic research. Both of these diagnostic options, then, are contentious in terms of their validity (Strainer & Norman 2003) and as with many other diagnostic questions a 'gold' standard test providing certainty about the diagnosis of infection does not exist (Knottnerus & van Weel 2002).

The aim of this paper is to discuss how neither of these options provides a 'reference' standard for research into interventions for the prevention of wound infection. It also aims to outline the practical problems this creates for a doctoral research study of the diagnosis of wound infection as well as offer some options for resolving the problem.

Recommended reading:

Guyatt, G. Sackett, D. and Haynes, R.B. (2006) Evaluating Diagnostic Tests. In: Haynes, R.B. Sackett, D.L. Guyatt, D.H and Tugwell, P (Eds) Clinical Epidemiology.

How to do Clinical Practice Research. Third Edition. Chapter 8 pp 273-322. Philadelphia. Lip

Knottnerus, J.A. and van Weel, C. General Introduction: Evaluation of diagnostic Procedures. In: Knottnerus, J.A. (Ed) The Evidence Base of Clinical Diagnosis. Chapter 1 p 1-18 London. BMJ Books

Streiner, D.L. and Norman, G.R. Health Measurement Scales. A Practical Guide to Their Development and Use. Third Edition. Oxford. Oxford University Press

Theme: Obesity

3.2.1

Sagittal abdominal diameter: An alternative method of measuring abdominal obesity

Valerie Shephard, Faculty of Health and Social Care, Anglia Ruskin University, Chelmsford, UK
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Abstract:

Background: Increasing epidemiological evidence links excessive central adipose tissue with cancer, cardiovascular and metabolic diseases. One of the challenges of providing health care for overweight and obese people is the limitations of the available methods to distinguish between weight change and adipose tissue distribution. Body mass index (BMI) is the gold standard for classification of overweight (BMI 25-29.9kg/m²) and obesity (BMI ≥30kg/m²) (World Health Organisation 1998), while waist circumference (WC) and sagittal abdominal diameter (SAD) have been proposed as methods of measuring central adiposity (Pouliot et al 1994).

Aims: To explore the stability of BMI, WC and SAD in a primary care setting in a pragmatic longitudinal study.

Methods: 28 working aged men and women consented to repeated measurement at eight-week intervals for up to four years (2001-2004). Recording of BMI (weight/height²), WC using a tape measure, and SAD using the Holtain Kahn abdominal calipers enabled exploration of the reliability of these methods for measuring central adiposity. SPSS was used to analyse the longitudinal and cross-sectional using Pearson's correlation coefficient and linear regression.

Results: In the cross-sectional data both SAD and WC performed well, however SAD correlated more strongly with BMI than WC for obese men and women and overweight men. In the longitudinal data SAD showed significant ($p<0.01$) stability for individual participants. In linear regression, only SAD performed consistently.

Discussion: The findings indicate SAD is a better predictor of intra-abdominal obesity than WC because:

- it is subject to less fluctuation than WC
- more accurately tracks weight change

Conclusions: SAD was demonstrated to be a more reliable measure to assess central abdominal adiposity longitudinally in primary care. It provides a tool for continuing clinical assessment of overweight and obese individuals.

Recommended reading:

Pouliot MC, Després JP, Lemieux S, Moorjani S, Bouchard C, Tremblay A, Nadeau A, Lupien PJ. (1994) Waist Circumference and Abdominal Sagittal Diameter: Best Simple Anthropometric Indexes of Abdominal Visceral Adipose Tissue Accumulation and Related Cardio

World Health Organisation (1998) Obesity, Preventing and Managing the Global Epidemic. Report of a WHO Consultation on Obesity. Geneva WHO

3.2.2

An ethnographic study of student nurses' care of obese patients

Alexandra Sardani, Health Science, University of Wales, Swansea, UK

Co-authors: Susan M. Philpin; Daniel Warm

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Abstract:

Background: Obesity is characterised as an emerging 'global epidemic' and the number of obese patients in need of health care is increasing (WHO, 2003). Previous studies (Petrich, 2000; Sardani, 2006) suggest that nursing students hold negative attitudes towards overweight and obese patients. In the latter study students stressed that their attitudes were influenced by external factors, such as unavailability of health care resources, shortage of nursing staff and their unmet educational needs relating to nursing obese patients. Despite their negative attitudes towards obese patients, nursing students argued that their beliefs did not affect obese patients' care, since they managed to control them (Sardani, 2006).

Aims: To identify if patients' weight influences student nurses' care.

Methods: This paper draws on early findings from doctoral research in hospital wards, in which ethnography was utilised to explore nursing students' practice on their clinical placements.

Results: The findings suggest that obese patients' care was affected. Students categorized obese patients as 'difficult' and their physical appearance was described negatively. This process of categorization was complex, characterized by moral judgements and influenced by qualified nursing staff attitudes, shortage of nursing staff, and students' unfamiliarity with manual handling equipment. This negative categorization influenced the student nurses' care in that they avoided obese patients. Students attempted to disguise their negative attitudes by utilising humour and social politeness in their interactions with these patients. However, a lack of understanding of obese patients' needs was observed, for example obese patients were not weighed and health promotion was not offered. In addition nurses' avoidance resulted in patients' psycho-social needs remaining unmet.

Conclusions: These early findings illuminate the complex ways in which patients' obesity influences the care nursing students provide. The findings of the study could be used to inform students' curricula and potentially ameliorate patients' care.

Recommended reading:

World Health Organization (2003) Global Strategy on Diet, Physical Activity and Health. Geneva, World Health Organization

Petrich B. (2000). Medical and Nursing Students' Perceptions of Obesity. *Journal of Addictions Nursing* 12, 3-16

Sardani A.W. (2006) Nursing Students' Attitudes Towards Obese Patients. Unpublished Master's Thesis. Swansea, Swansea University

Theme: Recruitment and retention

3.3.1

Motivation to nurse: What is the place of vocation and altruism in primary care careers?

Melody Carter, Faculty of Health and Life Sciences, University of the West of England, Bristol, UK

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Abstract:

Background: The work of nurses and nursing has always been a complex subject to investigate partly because of its history and because of continual change and development of arrangements for health care (Davies 1995, DH 2006). Understanding these changes and their impact on the experience and motivation of nurses to practice is central to workforce planning and practice development.

Aims: The ideas of French scholar Pierre Bourdieu (Bourdieu 1986) have been used to explore the way that career motivations can be expressed in nursing, with a particular focus on the notions of vocation and altruism, through the process of acquisition and exchange of various forms of capital during a career history. The concepts of field and habitus have also been applied to the analysis of data:

Methods: In 2005, twelve Community Nurses were recruited from the NHS in the South West of England. In the course of a long interview, they related their life histories and views about the place of vocation and altruism in their own career journey. Using a reflexive methodology a thematic analysis of the content of these vivid and challenging accounts was undertaken.

Results: The following findings have been discussed:

- Atrocity stories: the emergence of challenging experiences in the field
- Symbolic capital and violence in nurse education and career
- Vocation and altruism as features of the habitus in women's work

Discussion: The findings raise questions about existing ideas about vocation, altruism and other emotional and ideological expressions of goodwill.

Conclusions: This paper argues that the generalised use of such terms is blind to the conditions of situation, class, gender and culture where women's work is concerned and that it is a risky position to have patients' experience subject to such arbitrary and individually defined motives.

Recommended reading:

Bourdieu P. (1986) *Distinction: A Social Critique of the Judgment of Taste* (translated by Richard Nice) London: Routledge Kegan and Paul

Davies C. (1995) *Gender and the Professional Predicament in Nursing* Buckingham: Open University Press

Department of Health (2006) *Modernising Nursing Careers: Setting the Direction* London: The Stationary Office

3.3.2

Leadership, job satisfaction and clinical wisdom: A hermeneutic study of charge and clinical nurses' experiences

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Abstract:

Background: Charge nurses (CNs) are the largest group of hospital leaders and nursing leaders in wards. They struggle to operate within budgetary guidelines to maintain nursing standards and promote motivation between staff. Nursing in Denmark is influenced by Nordic and US scholars, with philosophical issues of caring, and scholarly empirical studies of knowledge development in clinical practice.

Aims: to investigate CNs leadership practices and proficient clinical registered nurses' (RNs) job satisfaction.

Methods: Gadamerian hermeneutics was used; multiple interviews with 10 CNs and 10 RNs (year: 2004), who received accompanying stipend and were nominated by colleagues as proficient nurses with job satisfaction. The data were analyzed stepwise inspired by Kvale and Alvesson & Skoldberg.

Results: CNs' leadership practices were caring focusing on ethical discernment and consciousness towards their own role in ethical dilemmas between staff. Three different practices of leadership were identified:

- 1) Patient-oriented
- 2) Interactive
- 3) Staff-developmental. Intellectual stimulation of staff was part of all three leadership practices

RNs clinical practices revealed clinical wisdom which develops when practice is built on thinking and conscience. RNs job satisfaction, autonomy, courage and capability was threatened when the nurse-to-patient ratio was low, or there were too many tasks to do. CNs leadership practices were decisive factors for RNs autonomy.

Discussion: Proficient CNs showed their concern about staff and patients through different leadership practice; they possessed ethical discernment in what Benner et al (1999) describe as clinical wisdom with clinical grasp & forethought, thinking-in-action and reasoning-in transition. Possible conflicting areas emerged between proficient RN's demands for autonomy, actual staffing and the CNs with an interactive leadership practice.

Conclusions: CN's leadership practices were decisive for RNs autonomy; as they supported or curbed the autonomy. RNs job satisfaction was connected with each patient based on the patient's aims and needs working independently with clinical wisdom.

Recommended reading:

Benner, P., Hooper-Kyriakidis, P., & Stannard, D. (1999). *Clinical Wisdom and*

Lu, H., While, A.E., Barriball, K.L., (2005). *Job Satisfaction Among Nurses: A Literature Review*. *International Journal of Nursing Studies*, 42, pp. 211–227

Uhrenfeldt L (2007) *Leadership, Job Satisfaction and Clinical Wisdom: A Hermeneutic Study of Charge and Clinical Nurses' Experiences*. Dissertation. Faculty of Health Sciences, University of Aarhus: Aarhus

Theme: Long term care

3.4.1

Meeting the needs of individuals with complex long term conditions in the community: Exploring professionals' experiences

Fiona Ross, Faculty of Health and Social Care Sciences, Kingston University, St George's University of London, London, UK

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Abstract:

Rapidly changing systems in health and social care create uncertainty and ambiguity for professionals, teams and the delivery of care. The literature suggests that little is known about the links between governance (organisational structures), incentives (supportive and enabling mechanisms) and the professional experience of providing care to individuals with complex long term conditions (LTCs).

This paper reports the findings from a recently completed study focusing on Professionals' Experiences of Governance and Incentives (PEGI). The study explored: what motivates health and social care professionals working in primary care to provide 'good' care to people with LTCs and the role of policy, incentives, organisational structures, teamwork and emotional labour within this.

The two year study was carried out in three sites. We worked with service users to identify their perceptions of 'good' care in the context of their LTCs. We carried out three in-depth case studies focusing on senior managers perceptions of how LTCs should best be managed in the community and explored in detail the reality of professionals' experiences.

This paper will present the key findings from the study including: the service users perspective of 'good' and 'not so good care'; how this relates to the organisation of care in the community including the impact of national and local policy and to the professionals' experience; motivating and de-motivating factors to do the job; the experience of team and partnership working; and the influence of relationships with others and emotional labour on the experience of caring for individuals with LTCs.

The findings contribute towards understanding how incentives work for diverse groups of professionals working in a variety of organisational contexts in the context of managing LTCs.

3.4.2

Human rights in nursing homes

Natalie Yates-Bolton, School of Nursing, University of Salford, Salford, UK

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Abstract:

Human rights are based on the principles of freedom, respect, equality, dignity and autonomy. There are international and national frameworks of conventions, laws and guidance on human rights. There are also cultural, religious and philosophical ideals of the treatment of individuals in society (Griffin, 2008). However, there are accounts of nursing home care failing to fulfil residents' human rights (JCHR, 2007).

The aim of this study was to examine the integration of human rights in nursing home life. This study used an appreciative inquiry approach to identify aspects of nursing home life that enhance residents' human rights.

An appreciative inquiry approach was selected as opposed to a problem solving approach in order to identify aspects of current care provision that made a positive contribution to acknowledging residents' human rights (Elliott, 1999). The study also identified aspects of nursing home life that could be developed to further enhance the fulfilment of residents' human rights. The sensitivity of this method provided an approach that was able to identify the realities of individual's experiences. This was the result of the development of a research experience where participants were able to contribute in a non-defensive way because of the non-threatening approach being used. This approach also minimised power asymmetries between residents and staff within the research process. One to one and focus group interviews were undertaken with residents and staff from two units at a large nursing home.

The findings of the study identified aspects of nursing home life where residents and staff held similar and different views on how human rights were evident in nursing home life.

This study demonstrates the benefits of using an appreciative inquiry in health care research, as the involvement of the community most closely involved in the situation resulted in findings grounded in the reality of nursing home life.

Recommended reading:

Elliott C (1999) *Locating the Energy for Change: An Introduction to Appreciative Inquiry*, International Institute for Sustainable Development, Canada

Griffin J (2008) *On Human Rights*, Oxford University Press, UK

Joint Commission on Human Rights (2007) *The Human Rights of Older People in Healthcare: Eighteenth Report of Session 2006-07*, The Stationery Office, London

Theme: Termination and miscarriage

3.5.1

Termination of pregnancy: Implications for nurses

Allyson Lipp, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK

alipp@glam.ac.uk

Abstract:

Background: This study has been funded as part of a two-year post-doctoral fellowship by the Research Capacity Building Collaboration, Wales. Advances in termination of pregnancy have resulted in more terminations performed through the sole use of pharmacological agents, commonly administered by nurses. In addition, a recent House of Commons Science and Technology Committee reported and debated amending the Abortion Act (House of Commons Science and Technology Committee, 2007). This research was undertaken to examine the potential implications for nurses having more involvement in abortion.

Aims: To explore the affective attributes of the nurses/midwives involved in termination of pregnancy.

Methods: Following ethical and research governance approval, a grounded theory study was undertaken in 2007. A convenience sample of 12 NHS nurses/midwives experienced in abortion services in the National Health Service in Wales were interviewed using a semi-structured technique.

Results: The data were analysed with the aid of NVivo. Through constant comparative analysis, each interview was refined in response to findings. Despite raising non-judgementality as an attribute, data showed that the nurses/midwives conceded judging the women for whom they cared. They concealed their judgements when providing care through various means such as 'keeping it back there'. On an abortion continuum, they were more likely to be judgemental about women seeking repeat abortions. To counteract judgements they used maxims to defend women's predicament such as 'there but for the grace of God go I'. They were keen advocates of their service recognising the women as vulnerable, stigmatised and requiring expert care.

Conclusions: Although not fully generalisable, the findings have elucidated an interesting phenomenon and are worthy of consideration by those working in abortion services internationally. Results have also prompted a third phase of theoretical sampling where the issues of judgementality will be further explored.

Recommended reading:

House of Commons Science and Technology Committee. (2007). *Scientific Developments Relating to the Abortion Act 1967*. In House of Commons (Ed.) (12th Report of the Session 2006-07 ed., Vol. 1, pp. 1-93): TSO

3.5.2

Early miscarriage as ‘matter out of place’

Fiona Murphy, School of Health Science, University of Wales, Swansea, UK
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Abstract:

Background: Early miscarriage has been conceptualised as loss and bereavement where nurses are urged to provide sympathetic, psychological care for women. However, the reality of women's experience is also about blood, ‘dirt’ and failure and this tends to be ignored in the literature.

Aims: To explore the management and care of women having an early miscarriage within a hospital setting.

Methods: An ethnographic approach consisting of 20 months participant observation working alongside gynaecological nurses in a UK gynaecological unit. In-depth interviews were also conducted with a purposive sample of 8 women experiencing early miscarriage and 16 health professionals including 10 nurses. Data analysis was completed in 2006.

Results: Vaginal blood loss associated with miscarriage emerged as highly significant for both women and nurses. It was observed that nurses were constantly noting and recording the amount and type of vaginal blood loss that women had. To the women, the blood loss was feared as to them it signalled the end of the pregnancy. For both, there was a link between this blood loss, menstruation and elimination of bodily fluids.

Discussion: Drawing on anthropological literature and the concepts of dirt and pollution, it will be suggested that miscarriage could be seen as an exaggerated form of menstruation, which in some cultures is considered polluting. Secondly in anthropological terms, miscarriage and the early passage of the foetus are anomalous and may be seen as ‘dirt’ or ‘matter out of place’ (Douglas 1966 p.36).

Conclusions: This link to dirt and pollution is rarely discussed but was an important part of women's experience. Nurses tend to emphasise the ‘clean’ aspects of caring, those relating to emotions rather than the ‘dirty’ physical care required (Patistea 1999). Raising awareness of this may be a first step towards nurses managing this sensitively and critically examining their practice.

Recommended reading:

Douglas M (1966) Purity and Danger. An Analysis of the Concepts of Pollution and Taboo. Routledge. London

Patistea E (1999) Nurses' Perceptions of Caring as Documented in Theory and Research. Journal of Clinical Nursing. 8: 487-495

Theme: Long term care

3.6.1

Evaluating the outcomes of intermediate care. Whose quality of life is it anyway?

Valerie Thomas, School of Health Science, Swansea University, Swansea, UK

Abstract:

Background: Intermediate care (IC) is a concept which is familiar to many people working in health and social care in the UK but evidence on the effectiveness of IC is scarce.

Aims: The aim of the study was to explore the perceptions of staff working in and referring to community based IC teams.

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

Results: The teams empower individuals to set their own rehabilitative goals and to make best use of the services available. However, the measurement of health and health services must be based on a specific conceptual approach (Bowling 1997). Conceptual difficulties, and the interaction of factors, compound the problem of measuring independence and quality of life (QoL) in relation to IC. Exercising choice may lower the score on commonly used measurement scales which assumes a lower QoL.

Discussion: Developing an evidence base of the effectiveness of a model of care that is characterised by diversity and difference in practice is problematic (Thomas and Lambert 2008). This paper explores the challenges of defining and measuring quality of life issues within the heterogeneity of services that are labelled IC.

Conclusions: Person centred care at home is a key strand in the development of services for Older People and IC has the potential to achieve this. It is necessary to adopt an appropriate range of tools to which have the ability to identify and measure the variables and factors that are relevant to the person being supported by the IC interventions (McDowell and Newell 1996).

Recommended reading:

Bowling A (1997) Measuring Health: A Review of Quality of Life Measurement Scales. Buckingham: Open University

Thomas, V and Lambert, S (2008) An Ethnographic Study of Intermediate Care Services in Wales: The Hidden Work. Journal of Nursing Management Vol 16 pp181-187

McDowell I & Newell C (1996) Measuring Health: A Guide to Rating Scales and Questionnaires. Oxford: Oxford University Press

3.6.2

Self-management in long term conditions: Developing a typology of the expert patient

Patricia Wilson, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, UK

Co-authors: Sally Kendall; Fiona Brooks
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Abstract:

Background: Self-care expertise in long-term conditions (LTC) is seen as empowering the individual and reducing resource demand, and is characterised in the UK by the Expert Patient Programme (DH 2001). This paper presents findings of a qualitative study exploring the expert patient concept.

Aims: The aims of the study were to explore how patient expertise was:

- defined and experienced by patients and clinicians
- promoted and enabled through the self-management process
- what mechanisms enhanced or impeded the development of patient expertise

Methods: Using grounded theory underpinned by critical realism (Bhaskar 1986), data was collected and analysed between 2003 and 2007. The study recruited more than 100 patients with LTCs and 100 nurses, doctors and physiotherapists in England. Methods included semi-structured interviews, focus groups and observation. Utilising constant comparative method, data was analysed thematically with categories and core category development.

Results: A substantive theory was generated in the study. Beyond the stereotypical expert patient, the findings suggested a typology of expert patients that could be mapped onto four quadrants. The expert patient type appeared to be dependent on responses to National Health Services, emotional responses to LTCs, motive for knowledge seeking, and communication style within the patient-clinician consultation.

Discussion: The differing responses reflected cultural codes of gender discourse (Gilligan 1982), in particular the category of overt-acceptor was characterised by the masculine gender code and presented as the idealised expert patient within the biomedical paradigm. Expert patients who did not fit with this type were marginalised or had unmet needs.

Conclusions: Health professionals need to recognise that expert patients are not limited to the idealised overt-acceptor type. It is suggested that the skills of a variety of expert patient types are utilised within clinician education for exposure to a fuller range of patient narratives surrounding the experience of LTCs.

Recommended reading:

Department of Health (2001) *The Expert Patient – A New Approach to Chronic Disease Management for the 21st century*. Stationary Office. London

Bhaskar R. (1986) *Scientific Realism and Human Emancipation*. Verso. London

Gilligan C. (1982) *In a Different Voice: Psychological Theory and Women's Development*. Harvard University Press. London

Theme: Young people/parenting

3.7.1

Evaluation of a school-based sexual health drop-in service for young people living in areas of high deprivation

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Abstract:

Easy access to sexual health services and the provision of good quality sex education, particularly for those young people considered as "hard to reach", are essential features of any successful strategy aimed at lowering rates of teenage pregnancy and sexually transmitted infections (TPU 2005, DH 2005, UNICEF 2001). Currently in Bristol a nurse led – drop-in service is being run in 16 schools in areas of high deprivation. This paper reports on an evaluation of the implementation of a sexual health drop-in service in schools in areas of high social deprivation. The 2007 evaluation sought to identify young people's patterns of and reasons for attendance, explore the views of young people and analyse reasons for non-attendance by 'hard to reach groups'.

Methods included quantitative and qualitative designs. Methods and analysis drew on routine monitoring data from service attendances; comprehensive data on nurse consultations with 515 young people; 1826 youth work attendances; a survey of 222 young people highlighting user views and interviews with 44 young people focusing on reasons for non-attendance. Quantitative data were analysed using SPSS v12 and interview data were subjected to thematic analysis.

Results show that unlike traditional provision, large numbers of teenagers are accessing these drop-in services, particularly those in 'hard to reach groups', including boys, black and minority ethnic groups and children excluded from school. Young people are attending for information prior to their first sexual intercourse and are using the broad range of services provided, including contraception, STI testing and advice about relationships and delaying sex.

They report high levels of satisfaction, including perceived high quality of staff input and are

attending the clinic because of easy accessibility within school. DCFS and PCTS across the country are using this work as evidence to support the current expansion of sexual health services within schools.

Recommended reading:

Teenage Pregnancy Strategy Evaluation (2005) Final Report Synthesis. TPU: London www.teenagepregnancyunit.gov.uk. DH (2005) You're Welcome Quality Criteria. Gateway ref.5673. DH: London

The Kingdom Nations Children's Fund (UNICEF). A League Table of Teenage Births in Rich Nations. (Innocenti Report Card, Issue No. 3, July 2001). UNICEF Innocenti Research Centre, 2001: Florence, Italy

3.7.2

'Granny School' – Evaluation of a parenting skills course for grandparents

Jo Corlett, *School of Nursing and Midwifery, University of Dundee, Dundee, UK*

Co-authors: Julie Taylor; Carol Murray

Abstract:

Background: Substantial evidence exists to support the benefit of providing parenting skills classes for parents (Morgan et al 2004). Less evidence exists regarding provision of similar classes for grandparents. Yet with increasing numbers of parents returning to work soon after the birth of their child, or unable to look after their child due to health or social problems, grandparents now often play an important role parenting their grandchildren. This paper reports the findings of a research study evaluating a parenting skills course provided for grandparents parenting their grandchildren, sponsored by the Jennifer Brown Trust Appeal.

Aims: To evaluate the impact of the 'Granny School' in helping grandparents develop effective, up to date parenting skills.

Methods: Questionnaires (n = 35) were administered to grandparents completing a parenting course offered by a local Trust. Questionnaires focused on the circumstances in which grandparents care for their grandchildren and the usefulness of the course in giving them confidence in providing such care, these were analysed using SPSS. Focus groups were also conducted (n =12) to explore these issues in more detail. These were analysed using the constant comparative approach.

Results: Quantitative data analysis demonstrates the course is helpful and informative, with an appropriate range of topics covered. Qualitative data analysis is also positive, highlighting the opportunities provided for grandparents to practice skills and clarify issues they are unsure about. Useful insights have also been gained regarding why fewer grandfathers attend the course.

Discussion and Conclusions: Results indicate that providing parenting skills courses for grandparents is beneficial in assisting them update their skills and develop confidence in caring for their grandchild. Information gained can also be used to plan future courses, building on existing strengths and ways of encouraging grandfathers to participate in the course.

Recommended reading:

Moran P, Ghate D, van der Merwe A. (2004). What Works in Parenting Support? A Review of the International Evidence, Research Report RR574 Policy Research Bureau, London

Theme: Professional issues

3.8.1

Assistant or substitute: Ambiguities in the role descriptions of assistant practitioners

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Abstract:

Background: Assistant practitioners (APs) are a 'new breed' of 'higher-level' support worker, introduced to support healthcare delivery across the National Health Service (NHS) (Department of Health 2000; Modernisation Agency 2002). Data for this paper are drawn from a funded study which is using a mixed methods approach to explore the impact of introducing the AP role in acute NHS (hospital) Trusts in England. Part of the study specifically examines local policy expressions of the AP role as outlined in job descriptions, so that these can be compared and contrasted with national policy expectations.

Aims: This paper examines AP job descriptions from one case site (an acute hospital trust) to explore the potential occupational ambiguities that AP's may be exposed to as part of their role.

Methods: Sixteen AP job descriptions representing all clinical divisions from one acute trust were both macro and micro analysed for broad similarities and differences (Hammersley & Atkinson, 1995). The analysis specifically focused on how clinical tasks were related to clinical responsibilities. Following this the job descriptors were then indexed as belonging to one of five discrete categories.

Results: Our analysis revealed the following five categories: fully assistive (n=1), supportive/assistive (n=7), supportive/substitutive (n=4), substitutive/autonomous (n=3) and fully autonomous (n=1). From this, a number of anomalies manifest in the form of divergent organisational expectations regarding the AP role.

Conclusions: By definition, job descriptions provide a framework within which a practitioner is expected to work. This study highlights a series of tensions extant between policy visions and implementation of the AP role in practice. Introduction of new healthcare roles requires compromise and negotiation to shape and define what social space incumbents of these and existing roles occupy. However the way in which new roles are defined also determines how they become embraced and embedded within future healthcare services.

Recommended reading:

Department of Health (2000) *The NHS Plan: A Plan for Investment, A Plan for Reform*. HMSO London
 Hammersley M & Atkinson P. (1995) *Ethnography: Principles in Practice*. London: Routledge. 1995
 Modernisation Agency (2002). *Improvement in the NHS*. London: Department of Health

3.8.2

Investigating the work pattern of Australian nurse practitioners using work sampling methodology

Glenn Gardner, School of Nursing, Queensland University of Technology, Brisbane, Australia
 Co-authors: Anne Gardner; Sandy Middleton; Phillip Della
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Abstract:

Investigating the work pattern of Australian nurse practitioners using work sampling methodology

Background: In 2000 the first nurse practitioner (NP) was authorised in Australia. Numbers now exceed 300 and are increasing daily. This work sampling research is part of a three phase study investigating the profile, work patterns, and patient outcomes of Australian NPs.

Aims: The of the study was to conduct work sampling research to measure and investigate the patterns of NP work to gain an understanding of the clinical service and provide a basis for further research.

Methods: A national study was conducted with a geographically stratified sample of 30 NPs. They were randomly selected from a frame of 144 registered expressions of interest following a national NP census. Work sampling is an observational technique producing counts from observing practice against a range of activities located across 4 practice categories^{1,2}. Periods for data collection in 10 minute intervals in 2 hour blocks were randomly generated to cover 2 working weeks from a 6 week period. Descriptive statistics were used to measure time spent on activities within each of 4 categories: direct care, indirect care, personal and service related.

Results: 12,500 individual observations were recorded. Just one third (31.8%) of NP time was in direct patient care; 28.7% indirect care, and 29.1% service related activities. The largest individual

count was ‘meetings and administration’ (service related) at 13.6%. The second largest was care coordination (9.7%) (indirect care).

Discussion: The findings indicate that Australian NPs spend a high proportion of their work day in indirect care and service related activities and less on direct patient care. NP service is relatively new in Australia and may not yet be fully integrated into clinical services.

Conclusions: The potential for NPs in Australia to extend the reach of health service is not fully realised. In-depth research is needed to further explore development of this role. 1 Pelletier, DS, & Duffield, CM. 2003, ‘Work sampling: Valuable methodology to define nursing practice patterns’, *Nursing and Health Sciences*, 5, pp. 31 – 38. 2 Rosenfeld, P., McEvoy, M., & Glassman, K, 2003, ‘Measuring practice patterns among acute care nurse practitioners’, *Journal of Nursing Administration*, 33(3), pp.159-165.

Recommended reading:

Pelletier, DS, & Duffield, CM. 2003, ‘Work Sampling: Valuable Methodology to Define Nursing Practice Patterns’, *Nursing and Health Sciences*, 5, pp. 31 – 38
 Rosenfeld, P., McEvoy, M., & Glassman, K, 2003, ‘Measuring Practice Patterns Among Acute Care Nurse Practitioners’, *Journal of Nursing Administration*, 33(3), pp. 159-165

Concurrent session 4

Wednesday 25 March 2009

Theme: Pressure ulcers

4.1.1

The effect of washing and drying practices on skin barrier function

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Abstract:

Background: General skin care often consists of washing with soap and water and towel drying. Collectively, these factors may disrupt the barrier function of the skin, and increase the risk of breakdown (Cork, 1997; Huh 2002, Voegeli 2008).

Aims: To investigate skin barrier disruption caused by washing and drying techniques used in basic nursing care.

Methods: An experimental cohort design was used. Healthy volunteers (n=15) received six different washing / drying techniques to the volar aspect of the forearm. Subjects underwent three washing/drying techniques on each arm; each technique being repeated twice, separated by a 2 hour rest period to simulate clinical practice. Skin integrity was assessed by measuring transepidermal water loss (TEWL), skin hydration, skin pH and erythema. Comparisons were made between washing with soap or water alone, and drying using a towel (rubbing & patting) or evaporation.

Results: TEWL increased following each type of wash, and with repeated washing. Drying of the skin by 'patting' with a towel increased TEWL to give readings similar to wet skin. Skin pH increased with all washing and drying techniques. Erythema also increased with repeated washing, particularly when soap was used. No significant changes were observed in skin hydration.

Conclusions: These data suggest that washing with soap and water and towel drying has a significant disrupting effect on the skin's barrier function. There is tentative evidence to suggest that a cumulative effect may exist. Drying the skin by patting with a towel offers no advantage to conventional gentle rubbing as it leaves the skin significantly wetter, and at greater risk of friction damage.

Implications for practice: Routine skin care using soap and water disrupts the normal skin barrier function, and continued use may contribute to skin breakdown in vulnerable individuals.

Recommended reading:

Cork, M.J. (1997) The Importance of Skin Barrier Function. *J. Dermatol. Treat.* 8, S7-13

Huh, C.H. et al. (2002) Biophysical Changes After Mechanical Injury of the Stratum Corneum in Normal Skin. *Contact Dermatitis.* 46, 24-28

Voegeli, D. (2008) Care or Harm: Exploring Essential Components in Skin Care Regimens. *British Journal of Nursing.* 17(1), 24-30

4.1.2

An evaluation of albumin and the waterlow score in pressure ulcer risk assessment

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Co-authors: Linda Rafter; Tim Reynolds

Abstract:

The research questions were 'which sub-scores of the Waterlow score contribute to pressure ulcer risk assessment?' and 'do serum values add to the predictive ability of the Waterlow score?' The sample analysed was 9,409 patients aged over thirteen admitted non-electively who had no pressure ulcer recorded on admission, of whom 139 developed nosocomial pressure ulcers. The unique (i.e. those who had no pressure ulcer on admission) nosocomial pressure ulcer incidence was thus 1.5%. Mann Whitney was used to compare two groups. Binary logistic regression using the forward conditional method was employed to measure the predictive value of variables and receiver operating characteristic to demonstrate their classification ability. Factor analysis and Cronbach alpha analysis of the Waterlow sub-scores were conducted to identify if we were measuring several things once or one thing several times. The sub-scores of the Waterlow score were explored.

While they constitute a multi-dimensional dataset, many were not found relevant to pressure ulcer risk in this sample. Some sub-scores were not recorded correctly, and body mass index was particularly badly reported. Age was found to be as predictive of pressure ulcer as the more complex Waterlow score. Serum albumin was at least as good as the Waterlow score in risk assessment of pressure ulcers. Matching patients with pressure ulcers to patients with none, who had identical Waterlow sub-scores, confirmed serum albumin as a robust predictive value in pressure ulcers. We conclude that risk assessing patients based on their age is as good as the more complex Waterlow score. Additional risk information can be gained from knowing the serum albumin value. Nutritional support to patients with low albumin levels, who may otherwise show low risk according to the Waterlow score, may reduce pressure ulcers in this population.

4.1.3

Pressure Ulcers Risk Evaluation (PURE) Project

Jane Nixon, Clinical Trials Research Unit, The University of Leeds, Leeds, UK

Co-authors: Jane Nixon; Claudia Gorecki; Lisette Schoonhoven; Andrea Nelson; Jose Closs; Tom Defloor; Ruud Halfens; Julia Brown

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Abstract:

Background: A major problem with current pressure ulcer (PU) prevention practice and research is the inability to identify patients at high risk of PU development. In recent years there has been an increase in the number of studies undertaken and in order to provide a foundation for further research and development of the risk assessment process, the existing research base has been systematically appraised.

Methods: A systematic review of primary research (Pressure Ulcer Risk Evaluation (PURE) Project) was undertaken to identify variables independently predictive of PU development in adult patient populations. Seven electronic databases searched, contact with experts, hand searching, and cross-referencing was undertaken. Inclusion: prospective cohorts and RCTs of adult patient populations in any setting where the primary outcome was the development of (or time to development of) a new PU(s); study outcome was clearly defined as \geq Grade 1; length of follow-up was at least 3 days; multivariate statistical methods used to identify factors affecting PU. Study inclusion was determined using quality criteria for the publication of cohort studies (STROBE) and these will be discussed.

Results: 47 studies fulfilled the inclusion criteria. The studies combined included 32,289 patients in a range of patient populations (ie intensive care, surgery, acute care, rehabilitation, nursing homes, community, and various mixed specific diagnostic groups). 112 differently named variables were identified as predictive of PU. These were reviewed and summarised by theme and will be presented. A major finding of importance to practice is the relationship between alterations to intact skin including non-blanching erythema and the development of Grade 2 pressure ulcers.

Conclusions: There is considerable evidence about PU risk factors, but the interpretation and application of this evidence in practice is complicated by the heterogeneity of patient populations, methodological limitations and the absence of a minimum data set in risk factor research.

Theme: Research with children

4.2.1

The elephant and the bad baby: Visual methodologies and researching with children

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Abstract:

Using the story of The Elephant and The Bad Baby by Elfrida Vipont (2000-illustrated by Raymond Briggs), this paper explores how visual methodologies can be used in research with children. The paper also draws on examples from a study of how children experienced receiving nursing care in community settings to examine inter generational issues and the use of visual methodologies.

The 'elephant' in the room, arguably, for research with children is that much of research methodology was designed for use with adults. This paper looks at how research methodologies can utilise children's skills in image making with in research. By linking the visual in children's cultures, using as an example Briggs illustration of Viponts moral tale, the paper argues that visual methodologies allow children a way of giving data on their own terms. Using examples from a study conducted in 2007 which used Clarke's (2004) Mosaic approach, it is further argued that using visual methodologies has the potential to allow children to usurp the power of adults. However, the visual field is not without problems. Adults may influence children's image making just as they can influence other data given by children. There are legal and ethical considerations related to data protection, the use of images made for research and the extent to which using visual methodologies may invade children's privacy or the privacy of those with whom children live or socialise.

Visual methodologies have been used successfully with children to explore both their health and social worlds (Wang and Pies 2004; Sharples et al 2003). What this paper adds is an analysis of how using visual methodologies may affect the power relationships between adults and children in research.

Recommended reading:

Clark A 2004, 'The Mosaic Approach and Research with Young Children,' in *The Reality of Research with Children and Young People*, Lewis V et al., eds., Sage/The Open University Press, London, pp. 142-161

Sharples M, Davison L, Thomas G V, & Rudman P D (2003) 'Children as Photographers: An Analysis of Children's Photographic Behaviour and Intentions at Three Age Levels', *Visual Communication*, vol. 2(3), pp. 303-330

Wang CC & Pies CA (2004) 'Family, Maternal and Child Health Through Photovoice', *Maternal and Child Health Journal*, vol. 8(2), pp. 95-102

4.2.2

Interviews with children: Notes from the field

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Abstract:

Attitudes in Western society, often frame children as vulnerable, incompetent and in need of protection (Berman, 2003). This may lead researchers to interview children with their parents present; in the belief that having a familiar adult with them supports children during the interview process (Mayall 2008). However, it has also been noted that adults often answer for children, or direct children's answers in interviews in order, normally, to portray the child, and by extension themselves as carers/parents, in a positive light (Mayall 2008).

This paper explores the benefits and difficulties in interviewing children in the presence of their parents (main carers). According to Kortessluma et al (2003) although interviewing has become a common method in qualitative research, there is still surprisingly little guidance on conversational methods with children and the 'empirical and conceptual foundation for the child interview is not very clear' (p. 43). By using data from two separate studies the authors examine interviews conducted with and without parents present.

By exploring with delegates the differences and similarities in the content and process of these interviews the authors intend to debate;

- How children, researchers and parents might construct the interview as a negotiated conversation
- How researchers ensure children's voices are heard
- The ways in which parents (main carers) participation may support children giving their data, and/or provide context to children's data

These debates may inform how practitioners approach clinical interviews. The experiences of the authors suggest a pragmatic approach incorporating reflexivity, flexibility and responsiveness when engaging with children and parents in research. The skills of the researcher as interviewer may determine whether parental presence results in joint meaning-making or the dominance of the parental perspective, at the expense of the voice of the child.

Recommended reading:

Berman, H. (2003) 'Getting Critical with Children: Empowering Approaches with a Disempowered Group', *Advances in Nursing Science*. vol. 26, no. 2, pp. 102-113

Kortessluma, R. L., Hentinen, M. and Nikkonen, M. (2003) 'Conducting a Qualitative Child Interview: Methodological Considerations' *Journal of Advanced Nursing*. vol. 42, no. 5, pp. 434-441

Mayall, B. (2008) 'Conversations with Children: Working with Generational Issues,' in *Research with Children: Perspectives and Practices*, 2nd edn, Christensen P & James A, eds., Routledge, Abingdon, pp. 109-125

4.2.3

Measuring the unmeasurable? Issues in paediatric quality of life assessment

Rachel Taylor, Patient Care Research & Innovation Centre, Institute of Child Health, University College London, London, UK

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Abstract:

Interest in quality of life (QoL) in health care has increased significantly over the past 25 years. In 1966 QoL research contributed 0.002% to the scientific literature while in 2005 this had increased to 1.4% (Moons et al. 2006). The increase in publication reflects the increased number of instruments that have been developed to measure QoL. This is especially so in paediatrics.

In a review of QoL measures for use in children, Eiser & Morse (2001) noted that prior to 1990 researchers used a battery of methods to assess QoL. Since 1990 they identified 21 generic instruments specifically designed to measure QoL and 24 disease specific measures. However, the increased number of publications and availability of instruments has sometimes been at the cost of the quality of research. For example, in a critical review of QoL research in paediatric liver transplantation, acceptable methodological quality was found in $\leq 50\%$ of studies and many of these failed to identify what QoL was (Taylor et al. 2005).

The aim of this paper is to discuss the methodological issues that should be addressed when measuring QoL in children and young people. Each of the following questions will be discussed in detail: Why measure QoL? The reason for measuring QoL is the first step towards deciding how it will be measured. What is QoL? The way in which QoL is conceptualised needs to be made explicit. Can you measure QoL? Subjective personal experience versus objective measurable features? How can it be measured? Generic versus disease-specific questionnaires? Who measures it? Self-report versus proxy assessment? Is there an instrument available? Validity, reliability and sensitivity to changes over time?

The paper will conclude by proposing standards for QoL assessment in children and young people.

Recommended reading:

Eiser C, Morse R (2001b) Quality-of-life Measures in Chronic Diseases of Childhood. *Health Technology Assessment* 5(4): 1-157

Moons P, Budts W, De Geest S (2006) Critique on the Conceptualisation of Quality of Life: A Review

and Evaluation of Different Conceptual Approaches. *International Journal of Nursing Studies* 43: 891-901

Taylor RM, Franck LS, Gibson F, Dhawan A (2005) A Critical Review of the Health-Related Quality of Life of Children and Adolescents After Liver Transplantation. *Liver Transplantation* 11(1): 51-60

Theme: Residential care

4.3.1

Decommissioning a care home with nursing

Laura Serrant-Green, School of Health and Social Care, University of Lincoln, Lincoln, UK

Co-authors: Angela Knight-Jackson; Kate Deacon; Lisa O'Leary

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Abstract:

Care home closures are potentially unsettling for residents and their families because care homes are residents' homes which they anticipate living until the end of their lives. In the event of a closure, residents and their families are faced with the prospect of making decisions about alternative accommodation and adjusting to new environments. Care home residents, particularly those in care homes with nursing, are very elderly and typically suffer from a number of disabling physical and mental health problems (Bowman et al., 2004) and facing a major transition of this type may have a range of outcomes.

In February 2008, a Midlands based PCT, in collaboration with the local City Council adults and communities directorate, completed the process of decommissioning a privately owned care home with nursing. The decommissioning process was a multi-agency exercise initiated following concerns relating to safeguarding vulnerable adults and older people. The PCT and Local Authority commissioned this evaluative study (NRES 2007) to ascertain whether the process of decommissioning, including the on-going monitoring of residents who were involved, was as effective as possible and to identify learning points.

The study utilised process evaluation methodology to document and analyse the development and implementation of the decommissioning programme. The aim was to assess whether the programme progressed as planned and the expected outputs were achieved.

This paper outlines some of the findings from the evaluation. The evaluation incorporated two main data sources, documentary evidence and interviews with those participating in the programme (Robson 2002). Through this method a comprehensive picture of the decommissioning process was gained from the perspectives of those involved so that recommendations may be made to assist health and social care managers to maximise learning from this decommissioning, and to contribute towards improving standards of care in care homes with nursing and care homes personal care.

Recommended reading:

Bowman C., Whistler J. & Ellerby M. (2004) A National Census of Care Home Residents. Age and Ageing 33, 561-566

Robson C (2002) *Real World Research*, 2nd edn. Blackwell, Oxford.

NRES (National Research Ethics Service) (2007) *Defining Research*. Issue 3 National Patient Safety Agency www.nres.npsa.nhs.uk

4.3.2

Meaning and purpose in the lives of nursing home residents

Natalie Yates-Bolton, School of Nursing, University of Salford, Salford, UK

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Abstract:

The increasing global population of older people is often presented as a problem rather than cause for celebration (Tang and Lee, 2006), similarly aspects of life in some nursing homes have been identified as a negative experience (JCHR, 2007).

The aim of this study is to examine meaning and purpose in the lives of nursing home residents. This action research study used an appreciative inquiry approach.

This methodology offered an insight into nursing home life that embraced older people as proactive members of the research study. It also provided the opportunity to examine nursing home life from a strengths rather than problem solving perspective. Life story interviews, semi structured interviews and focus group interviews have been undertaken with residents and nursing home staff at two sites. This comprehensive approach to data collection provided a 360 perspective of the social construction of nursing home life. The interviews have been transcribed and analysed using Miles and Huberman's approach to qualitative data analysis (1994). The residents and staff identified aspects of care that already contributed to meaning and purpose in residents' lives. In addition actions that could further enhance meaning and purpose in residents' lives were identified by residents and staff, implemented and evaluated as part of the study.

The findings of this study demonstrate that meaning and purpose in the lives of nursing home residents can be achieved by living in the present; as opposed to looking to the past or to their future. The actions that contributed to an enhanced sense of meaning and purpose were practical in orientation, this was regardless of age or level of disability or illness. The study demonstrates the value of actively engaging nursing home residents in research that relates to their life experience and the impact of autonomy in the lives of nursing home residents.

Recommended reading:

Joint Commission on Human Rights (2007) *The Human Rights of Older People in Healthcare: Eighteenth Report of Session 2006-07*, The Stationery Office, London

Miles M and Huberman A (1994) *An Expanded Sourcebook Qualitative data analysis*, Sage, USA

Tang KL and Lee JJ (2006) *Global Social Justice for Older People: The Case for an International Convention on the Rights of Older People*, British Journal of Social Work 36,1135-1150

4.3.3

The importance of continuity for older people living in residential care settings

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Abstract:

Background: This paper will introduce the concept of 'continuity' and explore its significance to residents' quality of life (QoL) and ability to feel at home in residential settings.

Aims: The paper will draw on the findings from a study which aimed to understand residents' experiences of residential care and focused on whether they experienced a sense of home and how this impacted on their QoL.

Methods: This was a grounded theory study. Semi-structured interviews were carried out with 61 residents living in seven residential care facilities. The settings reflect different types of residential settings.

Results: This research generated the Theory of Finding Home (ToFH). The factors central to 'Finding home' were 'continuity', 'belonging', 'preserving personal identity' and 'being active and working'. A brief overview of the ToFH will be provided but the paper will focus on 'continuity', specifically on how residents can be supported to maintain continuity in life. Atchley's (1989) theory of continuity will be used to contextualise study findings.

Discussion: Participants reported that continuity played an important role in generated home in generating a sense of home in residential settings. Continuity theory (Atchley, 1989) argues that as people grow older they seek to preserve and maintain continuity in their habits, preferences, relationships, roles, environments, attitudes and values. The extent to which residents experienced continuity, the impact on their QoL when they did and did not experience continuity and how nurses can support residents to maintain continuity will be examined.

Conclusions: The paper will examine the concept of continuity and the extent to which residents experience continuity in residential care settings. Understanding continuity and its importance to older people contributes to a fuller understanding of what contributes to residents' QoL in residential settings.

Recommended reading:

Atchley, R. C. (1989) A Continuity Theory of Normal Aging. *The Gerontologist*. 29(2), 183-190

Theme: Instruments and psychometrics

4.4.1

Usefulness and practicability of the Care Dependency Scale (CDS) from nurses' perspective

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Abstract:

Background: Increasing costs within the health systems require an efficient use of time and staff by appropriately satisfying patients' needs. Therefore nurses must have an exact knowledge where their patients need support. The application of valid and reliable measure instruments gives nursing professionals the opportunity to adequately assess patients' needs as a basis for individual and appropriate care. Such an instrument is the Care Dependency Scale (CDS), which has been successfully psychometrically tested in several versions for professionals, patients and relatives, also in different languages and settings (nursing homes, hospitals, rehabilitation). The Scale was developed in the Netherlands (Dijkstra et al. 1996), based on the human needs according to Virginia Henderson (Henderson 1966) and measures dependency regarding physical and psychosocial aspects. Health care professionals in several countries and settings have been using the CDS in daily nursing practice, but till now there has been no evaluation of this instrument from the users' perspective.

Aims: The study aims to determine how nurses evaluate the practicability and usefulness of the CDS.

Methods: Informed nurses from several nursing settings in Austria, like rehabilitation, geriatrics and community care, who had been used the scale in daily practice for several months, were asked to fill in an evaluation-form. The ethical approval for this procedure was obtained.

Results: Data are currently being analysed using SPSS 16.0. First results from the pilot study (N=46) show that most professionals agree that the CDS is a useful instrument for care assessment, planning and documentation, improving continuity in patient care as well as communication and cooperation within the professional team. Final results will be presented at the International Nursing Research Conference.

Conclusions: The first analysis shows satisfying results regarding practicability and usefulness of the scale, wherefore the CDS might be recommended for application in daily nursing practice.

Recommended reading:

Dijkstra, A., Buist, G. & Dassen, T. (1996) Nursing-Care Dependency. Development of an Assessment Scale for Demented and Mentally Handicapped Patients. *Scand J Caring Sci*, 10(3), 437-43

Henderson, V. (1966) *The nature of nursing*, Macmillan, New York

4.4.2

Development of a modified instrument to measure anticipatory grieving in Jordanian parents of children diagnosed with cancer: The MM-CGI childhood cancer

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Abstract:

Development of a modified instrument to measure anticipatory grieving in Jordanian parents of children diagnosed with cancer: the MM-CGI Childhood Cancer Purpose This paper reports on the development and field-testing for validity and reliability of a modified version of the Marwit and Meuser Caregiver Inventory for the assessment of anticipatory grief among Jordanian parents of children with cancer (the MM-CGI Childhood Cancer).

Background: Parents of children with cancer endure the shock of diagnosis and the uncertainty of hope mixed with despair as their child passes through remissions, recurrences and complications. This is commonly known as anticipatory grief. The processes and emotions involved in anticipatory grief may be very different to those associated with post-death grief.

Methods: In 2006, the 50-item MM-CGI Childhood Cancer was administered to 140 Jordanian parents living with a child with cancer. Both mothers and fathers were included, interviewed individually rather than in pairs. SPSS Version 11 was used in data analysis. For descriptive elements of the instrument percentage, mean and standard deviations were computed. Cronbach's alpha was used to assess internal consistency for the whole scale as well as for each factor. Convergent construct validity was analysed by Pearson product-moment correlation with the Anticipatory Grief Scale (AGS). Statistical significance was set at $p < 0.05$.

Results: The instrument demonstrated strong convergent validity and excellent internal consistency reliability. Cronbach's alpha coefficient was 0.95 for the total instrument, and for subscales 0.91 (personal sacrifice burden), 0.90 (heartfelt sadness and longing), and 0.86 (worry and felt isolation). Construct validity was supported by demonstrating a significant positive correlation with the AGS. The instrument is a valid and reliable measure of anticipatory grief among Jordanian parents living with a child diagnosed with cancer.

Conclusions: This new instrument will assist nurses in identifying parents in need of psychological support during anticipatory grief at the time of diagnosis and in the months following in order to promote coping. Further testing on different medical conditions and parent populations is recommended.

Recommended reading:

Marwit, S.J., and Meuser, T.M. (2002) Development and Initial Validation of an Inventory to Assess Grief in Caregivers of Persons with Alzheimer's Disease. *The Gerontologist*, 42 (6), pp.751-765

Theut, S.K, Jordan, L, Ross, L.A. & Deutsch, S.I. (1991) Caregivers Anticipatory Grief in Dementia: A Pilot Study, *International Journal of Aging and Human Development* 33: pp.113-118

4.4.3

Reliability and validity of the Adult Alpha Functional Independence Measure®

Janice Hinkle, School of Health and Social Care, Oxford Brookes University, Oxford, UK
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Abstract:

Aims: The main purpose of this study was to determine the reliability and validity of the Alpha Functional Independence Measure (AlphaFIM®).

Theoretical Framework: It is important for clinicians and researchers to have reliable and valid tools to assess patients. There are many reliable and valid instruments to measure functional ability but the reliability and validity have yet to be reported on the AlphaFIM® instrument.

Methods: A research license was obtained for the adult AlphaFIM® instrument that consists of 6 items, 4 motor (eating, grooming, bowel management and transfers) and two cognitive (expression and memory). A 7-point scoring system is used to score each item. The six items can be summed to generate a total score with 6 indicating complete dependence in function and 42 indicating independence in function. Reliability was estimated in this prospective study using Cronbach's alpha. Validity was examined by comparing AlphaFIM® scores with Barthel Index (BI) scores and by factor analysis in a group of 551 patients admitted to acute medical units.

Results: Cronbach's alpha for the six item AlphaFIM® instrument was 0.90. The correlation between the AlphaFIM® and the BI was 0.682 ($p = .000$). The factor analysis supported a one factor solution for the six item AlphaFIM® instrument. Among the 11 categories of medical diagnoses patients with cardiac problems had the highest AlphaFIM® (mean = 38) scores ($F = 8.50$, $df = 10$, $p = .000$).

Conclusions: This is the first report of reliability and validity on this instrument. This study found the adult six item AlphaFIM® to be a reliable and valid tool to measure functional ability. It can be used with confidence by clinicians and researchers for older acute medical patients. More research is needed on other types of reliability and to test the tool in other populations of patients.

Recommended reading:

Munro, B. (2005) *Statistical Methods for Health Care Research*, Lippincott Williams & Wilkins, Philadelphia

Uniform Data System for Medical Rehabilitation (2006), Vol. 2008 *Uniform Data System for Medical Rehabilitation*

van der Putten, J., Hobart, J. C., Freeman, J. A. and Thompson, A. J. (1999) *Journal of Neurology, Neurosurgery and Psychiatry*, 66, 480-4

Theme: Education and development

4-5.1

A scoping study of bilingual provision in nurse education

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Abstract:

Background: Research evidence demonstrates that offering language choice to patients enhances the quality of health care provision (Jacobs et al 2006). This has particular implications for bilingual countries, where legislation often leads to demands for health care services in both languages and bilingual skills, particularly amongst nurses (Council of Europe 1992). Bilingual provision in nurse education offers a way of preparing nurses for practice in the bilingual setting. Nevertheless, this can be jeopardised by a lack of funding and strategic planning (HEFCW 2004).

Aims: The aim of this study was to produce an overview of bilingual provision in nurse education in Wales, UK and outline plans for developing a national strategy.

Methods: The study was conducted between March and September 2008, adopting a qualitative approach, incorporating a systematic literature review and stakeholder consultation. A systematic appraisal of the national and international literature yielded 29 empirical papers and 31 policy documents that were subject to the integrative review method. A stakeholder consultation was conducted by telephone, e-mail or post with a purposive sample of 71 respondents, including education providers, nursing students and other allied representatives; and the data were subject to thematic analysis.

Results: Six main themes emerged from the stakeholder consultation and these were associated with external influences; policies and strategies; academic staff; students; resources; and outcomes of bilingual provision. These features aligned with the three main themes identified from the literature and policy review that were associated with the strategic, organisational and individual levels of education provision.

Discussion and Conclusions: A national strategy for bilingual provision in nurse education should

give due consideration to the issues that affect provision at different levels. These factors may have commonality with other bilingual settings outside the UK, thus giving the study international relevance and scope to inform the delivery of language appropriate nurse education worldwide.

Recommended reading:

Council of Europe (1992) *European Charter for Regional and Minority Languages*. Council of Europe, Strasbourg

Higher Education Funding Council for Wales (2004) *Strategy for Welsh Medium Provision in Higher Education*. Higher Education Funding Council for Wales, Cardiff.

Jacobs E., Chen A., Karliner L., Agger-Guta N. & Mutha S. (2006) *The Need for More Research on Language Barriers in Health Care: A Proposed Research Agenda*. *The Millbank Quarterly*, 84, 1, 111-133

4-5.2

Developing the community environmental health role of the nurse in partnership with local communities

Elaine Carnegie, *Centre for Advanced Studies in Nursing, University of Aberdeen, Aberdeen, UK*
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Abstract:

Developing the community environmental health role of the nurse in partnership with local communities.

Aims: To describe two models that emerged from one qualitative study: the community environmental health model and the community engagement model.

Background: To participate in an explicit community environmental role demands that nurses challenge professional ideologies in order to partake in the social and environmental dimensions of community nursing.

Methods: Mixed methods within an interpretive approach drawing upon critical social theory. The study focused on one critical situation as a case study, namely the development of a local waste strategy that includes a proposal for a waste incinerator. The sample was derived from documentation related to the case, members of the public, members of local and national government, expert informants and community nurses. Data collection included individual and focus group interviews, observation, local media and policy documentation and was collected between 2003 and 2005.

Findings: The pursuit of community environmental health requires a framework for dialogue between stakeholders. The emergence of the community environmental health model demonstrates how community nurses can support a community with environmental health concerns and the emergence

of the community engagement model reveals a cross-sector strategy.

Discussion: These models will enable community nurses to participate as partners in community environmental health without feeling restricted by organisational policies or fear of conflict. This critical study has shed light on the meaning of nursing advocacy which involves the examination of the multiple agendas of stakeholders involved in decisions that affect communities.

Conclusions: Nurses can become involved in environmental decision-making and environmental advocacy in partnership with the community. Ultimately nurses can act as a resource to communities and to policymakers. Fulfillment of the role will also require working within defined geographical boundaries, a clear environmental health agenda and the development of an environmental information base from which to draw.

4-5.3

Nursing work in Saudi Arabia

Ameera Aldossary, *Florence Nightingale School of Nursing and Midwifery, Kings College London, London, UK*

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Abstract:

Background: While there has been much investment in healthcare provision in Saudi Arabia, much nursing care is delivered by a migrant workforce (Al-Dossary et al, 2008) and little is known about nursing work with regulated nurse education in Saudi Arabia only being established post-1958.

Aims: The study aimed to describe the activities undertaken by hospital nurses from the perspective of registered nurses, doctors and patients in Saudi Arabia.

Methods: A cross-sectional survey of nurses, doctors and patients in ten hospitals in Eastern Province, Saudi Arabia was utilized. The questionnaire drew upon King's Nurse Performance Scale (White et al 1996) as modified by Shurique et al (2008). The data were collected between March – June 2008 with a response rate of 53.3% from 1066 respondents (overall response rate 53.3%) (Saudi patients n=322; registered nurses n=614; doctors n=130).

Results: There was consensus that staff nurses should meet the physical care needs of patients with some activities shared with nurse aides and more advanced activities shared with doctors. In the psychosocial and communication domain of care, no activities were attributed to nurse aides but most activities were shared with doctors or considered to be only the doctor's role. In the professional domain of nursing care, the majority of the activities were attributed to the both staff nurse and doctor. Just over half of the activities in the care management domain of the nursing care were attributed to both the staff nurse and doctor with the remainder attributed solely to the staff nurse

or the doctor. Patients' views were not consistently aligned with those of nurses or doctors.

Discussion: While there were similarities regarding nursing work reported in Jordan, there were also distinct differences with doctors in Saudi Arabia reported to undertake more roles perhaps reflecting both power relations and a migrant nursing workforce.

Recommended reading:

Al-Dossary A, While A, & Barriball KL (2008) Health-care and Nursing in Saudi Arabia. *International Nursing Review*. 55: 125-128

Shurique MA, While A & Fitzpatrick JM (2008) Nursing Work in Jordan: An Example of Nursing Work in the Middle East. *Journal of Clinical Nursing*. 17: 999-1010

While AE, Fitzpatrick JM & Roberts JD (1996) The Report of the Refinement and Validation of the King's Nurse Performance Scale submitted to the Guy's and Thomas's Hospital Trustees. King's College, London

Theme: Palliative care

4.6.1

Developing a regional model of palliative care provision for Northern Ireland

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Abstract:

Aims: To develop a regional model of palliative care provision for Northern Ireland

Background: Palliative care patients present a great challenge to professional service providers, linked with the complex physical needs but also the emotional context in which care is provided. The definition of palliative care was care delivered to any adult in the last 12 months of life.

Methods: In order to achieve the aim six main work strands were developed: 1. A comprehensive review of the literature 2. A regional need assessment 3. Professional Consultation achieved by a variety of different activities, such as email discussions (n= 145 delegates), focus groups and interviews (n=87 participants included GPs, District Nurses, Palliative Care Specialists) 4. User consultation comprised of evidence from separate research studies conducted recently in NI. Through the combined efforts of these studies the views of approximately 82 patients, 91 carers (both active and bereaved) and 123 professionals have been sought. 5. District Nursing Shadowing Exercise 6. Consultation Workshop (n=60 participants)

Results: Following the review of the data obtained from all the strands of work the key guiding principles and core components of service model were

identified. The guiding principles included: Patient and Family Centred Care; Enhanced Community Provision: Care Supported by Specialist & Hospital Provision. The core components of the model were identified as: Timely identification of palliative care needs; Holistic Assessment; Integration of services; Co-ordination of care; End of life & Bereavement Care; and Public and Professional Awareness.

Conclusions: The model proposed in this paper provides a framework around which palliative care services can be developed and made more accessible and effective to the growing numbers of people who require them.

Recommended reading:

NICE (2004) Guidance on Supportive and Palliative Care for Adults with Cancer.

Fitzsimons, D., Mullan, D., Wilson, J.S. et al (2007). The Challenge of Patients' Unmet Palliative Care Needs in the Final Stages of Chronic Illness. *Palliative Medicine* 21;4, 313 – 322

McIlpatrick, S. (2007). Assessing Palliative Care Needs: Views of Patients, Informal Carers and Healthcare Professionals. *Journal of Advanced Nursing* 57(1), 77-86

4.6.2

How does the gold standards framework, (GSF), advanced care planning (ACP) & preferred place of care (PPC) models improve the quality of palliative care for older people with dementia at the end of their lives?

Deborah Mazhinda, Senior Research Fellow, Advanced Practice in Health Care, Faculty of Health, Liverpool John Moores University, Liverpool, UK

Co-authors: R McClelland; B Roe; S Ashton; R Gandy; C Mullen; K Wrigley; S McAinish, E Horgan; S Goom; P Stopforth; J Hughes

Abstract:

Background: In 2006 the Department of Health (DOHa, DOHb,) in the UK (UK) aimed to improve end of life (EOL) care, including those with dementia, but models of care for older people with dementia in the UK are not well documented in key texts nor does it feature specifically to the Liverpool Care Pathway, (LCP) (GSF) for care of the dying (Ellershaw & Wilkinson 2003). In the UK, more than 95% of people with dementia need 24 hour care at the EOL, are older than those dying from cancer and are more likely to have spent the last year of their life in a care home. This paper reports on breaking research commissioned in 2006 by NHS Northwest (UK) completed in October 2008.

Aims: To evaluate the impact of introducing the GSF, ACP & PPC in EOL care for Older People with Dementia in a range of care homes on staff,

patients/service users, family/carers and practitioners.

Methods: Five care homes recruited as case studies represented a range of care environments and yielded a purposive voluntary sample of carers and multi-disciplinary (MDT) team staff participants (N=200).

Phase 1: Baseline EOL care data were collated from documentary evidence. Perspectives and experiences of a range of stakeholders were recorded using focus groups, interviewing and questionnaires.

Phase 2: The implementation of the GSF, ACP & PPC was followed by repeat questionnaire, interviewing and focus groups of carers and MDT staff and a retrospective analysis of hospital admissions for EOL care.

Data Analysis: Used statistical (SPSS Version 14) and constant comparative analysis to assess carers and MDT staff knowledge, satisfaction, practice and policy relating to EOL care

Results and Discussion: Will focus on data sets showing how GSF, ACP and PPC improved palliative care and EOL significantly care and reduced hospital admission rates for EOL care, which has implications for the future education of care home MDT staff, and has significance for policy on EOL care, locally and nationally and internationally.

Recommended Reading:

Department of Health (2006a) NHS End of Life Care Programme. Progress Report March 2006. www.endoflifecare.nhs.uk

Department of Health (2006b) Introductory Guide to End of Life Care in Care Homes. www.endoflifecare.nhs.uk

Ellershaw J.E., & Wilkinson S. (2003) Care of the Dying: A Pathway to Excellence. Oxford University Press

4.6.3

Increasing access to palliative care: An evaluation of a community volunteer programme in Sub-Saharan Africa

Barbara Jack, Faculty of Health, Edge Hill University, Ormskirk, UK

Co-authors: Anne Merriman; Jerif Birakurataki jackb@edgehill.ac.uk

Abstract:

Background: Approx 27,000 new cases of cancer are reported in Uganda in each year affecting 1.5% of the population (Makokha 2006). However a shortage of Doctors, wide geographical distribution, and poor transport systems leads to many patients especially in rural areas experiencing severe uncontrolled symptoms. Hospice Africa Uganda developed a community volunteer worker programme where local villagers are trained to identify patients with palliative care needs. The vol-

unteers refer patients to the hospice and provide basic care and support for patients and families. A training course with ongoing support has resulted in 45 volunteers currently practicing. The volunteers receive no payment, except for a bicycle enabling them to reach remote rural areas.

Aims: The aim of this study was to evaluate the impact of the volunteer programme on patients, hospice staff and volunteers.

Methods: A qualitative methodology using semi structured individual and group tape recorded interviews was adopted for the study. A purposive sample of a volunteers(22), patients(11) and hospice staff involved with the programme(2) were invited to participate in the study. Data was analysed for emerging themes using thematic analysis.

Results and Discussion: The volunteers were seen to be providing a positive impact to patients in helping them to receive appropriate care and intervention from the hospice team; additionally they were providing basic nursing care, support and advice to patients and their families. For volunteers, the role increased their confidence by providing care for their community. Additionally for the hospice team it enables patients in rural areas with palliative care needs to be identified and provided with appropriate care. This paper will discuss the findings from the study and provide an overview of the structure of the programme.

Recommended reading:

Makokha T (2006) Africa No Longer Willing to Suffer in Silence. *Cancer World Dec – Jan Special Issue* 42-45

Theme: Professional roles

4.7.1

An innovative approach to work sampling: Investigating nurse practitioner work activities in Australia

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Co-authors: Glenn Gardner; Anne Gardner; Victoria Kain; Sandy Middleton; Christine Duffield; Phillip Della

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Abstract:

Background: The increasingly ageing population, limited resources and rising health care costs means that workforce reform is on the agenda of service providers. Robust evaluation of reforms to the health care workforce is essential to develop strategies for future health service needs. The nurse practitioner (NP) is a reformative health service model but little is known about the activities of NP work in the Australian or international context. A useful approach to examination of NP work activity is work sampling methods. Work sampling has been used extensively in nursing skill

mix research but existing work sampling methods are not sensitive enough to capture the complexity of NP work because there is scant information to date about the generic activities or procedures of practice.

Aims: The aim of the project was to develop, test and validate a nurse practitioner specific work sampling data collection instrument, develop and implement a data collector training program with in-built inter-rater reliability assessment and operationalise this nation-wide study into NP work activity.

Methods: This paper provides information on a new approach to NP research and a framework for the preparation involved in implementing this innovative research approach in the context of a nation-wide study

Findings: The outcome of the project was information on the logistics and materials developed for the launching of a nation-wide study into NP practice. Included in this presentation will be models and excerpts from the competency-based interactive training DVD developed to ensure inter rater reliability within the data collection team.

Conclusions: The paper provides a template and materials that can be used by other researchers seeking to replicate this unique NP work sampling study. Furthermore the approach to this national Australian study reported here can inform a standardised approach to NP research internationally to enhance cross boarder collaboration.

Recommended reading:

Pelletier, D. & Duffield, C. 2003. 'Work Sampling: Valuable Methodology to Define Nursing Practice Patterns'. *Nursing and Health Sciences*, vol. 5, pp. 31 – 38

Urden, L. & Roode, J. 1997. 'Work Sampling: A Decision-making Tool for Determining Resources and Work Design'. *Journal of Nursing Administration*, vol. 27, no. 9, pp. 34 – 41

Rosenfeld, P., McEvoy, M. & Glassman, K. 2003. 'Measuring Practice Patterns Among Acute Care Nurse Practitioners'. *Journal of Nursing Administration*, vol. 33, no. 3, pp. 159 – 165.

4.7-2

Ward managers: Their perceived role in influencing patient care

Janet Scott, Health Development, School of Health University of Greenwich, London, UK

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Abstract:

Background: This study attempted to examine the role of ward managers in relation to practice as few attempts have been made to consider changes in their role as pressure has increased on nurses to undertake managerial roles. The ward manager is now expected to spend considerable time achieving corporate objectives (Scott et al 2004). Whilst research has been carried out into the role

of nurse practitioners and specialist nurses (Ball 2005) and modern matrons (Scott et al 2004), little research has been carried out into the role of the ward manager since the name change in the early 1990's, the introduction of specialist nurses and the appointment of modern matron. Yet there is increasing evidence that patient outcomes are related to staffing levels and the appropriate skill mix (Rafferty et al 2006).

Aims: To examine the ward managers perception of their role in the provision of quality care.

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

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

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

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

Recommended reading:

Ball, J. (2005) Maxi nurses. *Advanced and Specialist Nursing Roles Royal College of Nursing*

Rafferty A M., Clarke S.P., Coles J., Ball J., James P., McKee M., Aiken L.H. (2006) 'Outcomes of Variation in Hospital Nurse Staffing in English Hospitals: Cross-sectional Analysis of Survey Data and Discharge Records' *International Journal of Nursing St*

Scott C., Savage J., Read S., Ashman M. (2004) Evaluation of the Modern Matron Role in a Sample of NHS Trusts *Royal College of Nursing and University of Sheffield School of Nursing and Midwifery*

4.7.3

Using action research for clinical role development to enhance the quality of patient care

Loretta Bellman, Nursing Department, University College London Hospitals NHS Foundation Trust, London, UK

Co-authors: Philomena Corrigan; Eleanor Higgins; Dorcas Mcasey; Simone Browning; Theresa Rommaney

Abstract:

Clinical leadership and ownership is now considered fundamental to delivering high quality healthcare (Maben & Griffiths 2008). This project evolved from frontline nurses' concern that thoracic patients with complex needs were not receiving the optimal care they required. They engaged in a critical action research project (Bellman 2003) to explore the development of a new Thoracic Support Nurse (TSN) role.

The objectives of the study were to systematically:

1. explore the process of change with the TSN and colleagues
2. highlight the drivers and barriers to developing the TSN role
3. explore problems within TSN role development
4. evaluate the impact of the TSN role

The participants (n=35) were: the action research facilitator; 6 co-researchers, the total population of ward nursing staff and linked multi-disciplinary colleagues. Mixed method data collection encompassed: audio-taped co-researcher meetings; TSN reflective journal; staff focus groups; staff survey; patient survey; semi-structured interview; facilitator reflexivity. Thematic analysis and content analysis were undertaken. Also, triangulation enhanced the validity of the findings and extended understanding through the use of multiple perspectives (Ritchie & Lewis 2003).

Five themes emerged reflecting contemporary change & innovation process and outcomes:

- It's the need to improve the quality of care
- Brought research to life
- A rollercoaster of emotions and experiences
- Process is as important as outcome
- We did it ourselves and learnt so much

The presentation will provide an overview of the recently completed project, including the ethical approval process. The study appears to be in line with current policy proposals to both improve the quality of care, and enable greater freedom, enhanced accountability and empowerment of staff to make change actually happen (Maben & Griffiths 2008).

Recommended reading:

Bellman L (2003) Nurse-led Change and Development in Clinical Practice. Nursing Research Series. London: Wiley-Blackwell

Maben J, & Griffiths P (2008) Nurses in Society: Starting the Debate. National Nursing Research Unit, King's College, London

Ritchie J, and Lewis J (eds) (2003) Qualitative Research Practice. London: Sage

Theme: Long term conditions/neurosciences

4.8.1

Pelvic floor muscle training in people with Multiple Sclerosis

Doreen McClurg, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow, UK

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Abstract:

Background: The incidence of multiple sclerosis (MS) is increasing and up to 98% of people will develop bladder dysfunction (Nortvedt et al 2007). Pelvic floor muscle training (PFMT) is used in the non-neurogenic population for suppression of idiopathic detrusor overactivity, however there is limited research relating to the retraining of these muscles in those with neurogenic detrusor overactivity.

Aims: To determine if PFMT augmented by Electromyography (EMG) Biofeedback was feasible in people with MS and establish if there was a correlation with symptom relief.

Methods: 34 participants, all with a diagnosis of MS and bladder dysfunction were treated using PFMT and EMG Biofeedback. Patients were seen weekly for 9 weeks, and received an individualised PFMT training programme based on the initial assessment and progression, with endurance and relaxation of contraction being emphasised. Outcome measures (at 0, 9, 16 and 24 weeks) included digital and EMG biofeedback assessment of the PFMs, number of leakage episodes (bladder diary), amount of leakage (pad test), uroflowmetry, the International Prostate Symptom Score (IPSS: (Barry et al. 1992) and a Visual Analogue Scale (VAS) relating to the bothersomeness of symptoms.

Results: Data analysis was by intention to treat. The primary analysis was conducted comparing week 0 to week 9 data using a Paired Sample T-Test and a significance level of 0.05 was set. Statistically significant increases in PFM endurance, strength and relaxation; reduction in leakage episodes and quantity; improvement in the IPSS and VAS were all evident (all, p=0.001).

Conclusions: It is possible to improve the function of the PFM in people with MS which appeared to reduce leakage which translated into a better a better quality of life. It would seem practicable to include some form of PFM training as standard in people with MS who have bladder dysfunction.

Recommended reading:

Nortvedt, MW., Riise, T., Frugard, J., Mohn, J., Bakke, A., Myhr, A. 2007, 'Prevalence of Bladder, Bowel

and Sexual Problems Among Multiple Sclerosis Patients Two to Five Years After Diagnosis', Multiple Sclerosis, vol. 13, pp. 106-112

4.8.2

Nursing leaflets and brochures. Are they the most appropriate source of information for chronic neurological patients and carers?

Maria Carmen Portillo Vega, School of Nursing, University of Navarra, Pamplona, Spain

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Abstract:

Background: Several neurological rehabilitation programmes have included written information packs to meet coping and counselling needs of patients and carers. However, further understanding of how to assure the success of these information packs is still needed.

Aims: To describe the development and handling process of leaflets and brochures, and reflect on their usefulness for nurses, and chronic neurological patients and carers.

Methods: Data were obtained in an action research project which took place in two neurological wards of a hospital in Spain (2002-2006). A social rehabilitation programme was planned, implemented and evaluated with nurses from the wards (n=37), and two groups of neurological patients and relatives (n1=22/22; n2=18/18), selected through convenience sampling. Two leaflets and two brochures for Parkinson and Multiple Sclerosis were developed and handed, and were also available for the general public in Internet. The contents focused on the disease, lay care, architectural hazards, social life, and community services. Semi-structured interviews and non-participant observations took place. Furthermore, opinion emails (n=10) about leaflets in internet were received after the study concluded (2007-2008). Content analysis (N-Vivo v.2.0) and statistical analysis (SPSS v. 15.0) were conducted.

Results: Most participants underlined the need for leaflets and brochures to ease the information process. After the rehabilitation programme, nurses' initiative in the educational process significantly increased (p=0.01) partly due to the significant use of written resources (p<0.001). Carers were significantly more involved in the educative process (p=0.01). The contents of the leaflets and brochures were considered very useful even after discharge.

Discussion: Written information eased the educative process and constituted a reliable source of information because leaflets and brochures were designed according to individual needs of professionals and clients.

Conclusions: This paper will shed light on the design and use of written sources of information for future rehabilitation programmes of chronic diseases.

Recommended reading:

Thomas S, Sweetnam C (2002) Parkinson's Disease. *Caring for the Carers*. *Primary Health Care* 12: 27-31

Forbes A, While A, Dyson L, Grocott T, Griffiths P (2003) Impact of Clinical Nurse Specialists in Multiple Sclerosis-Synthesis of the evidence. *Journal of Advanced Nursing* 42 (5): 442-462

Miles MB, Huberman AM (1994) *Qualitative data analysis: an expanded sourcebook*. 2nd Edition. London: Sage publications

4.8.3

The first 40 years of the American Association of Neuroscience Nurses—It took nerve!

Janice Hinkle, School of Health & Social Care, Oxford Brookes University, Oxford, UK

*Co-authors: Virginia Prendergast; Elizabeth Reedy
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Abstract:

Purpose: The American Association of Neuroscience Nurses (AANN) celebrated 40 years as an organization in 2008. In preparation for this a task force was formed and conducted video-taped interviews with past presidents to document their historical perspectives.

Background: The AANN was founded in 1968 as the American Association of Neurosurgical Nurses. The association was suggested by a committee of the American Association of Neurological Surgeons (AANS).

Methods: Two of the researchers viewed each of the 16 interviews. Then usable interviews were transcribed. Content analysis was used to identify historical themes and influences on the AANN in its first 40 years. The researchers also read early documents from both the AANN and the AANS.

Results: The themes that emerged about the historical evolution of AANN mirrored the growth and development process seen in children. Past presidents in the first decade recalled 'the birth of the organization' and made comments such as 'we were babies' and 'here we were infants, didn't have the vaguest idea of what we were doing'. During the childhood of the organization developmental milestones such as learning communication skills were an issue. Past presidents during the middle years felt the organization moved into an adolescent phase of development with conflicts about moving into their own office space and out of space they shared with the AANS. Moving into early adulthood involved learning to manage finances and moving the organization from an executive director to a management firm.

Conclusions and Implications: This study adds to the growing body of knowledge about nursing specialty organizations. Remembering the origins of neuroscience nursing helps make connections with the past, present, and future of this specialty.

Concurrent session 5

Wednesday 25 March 2009

Theme: Children and parents

5.1.1

Researching experience, experiencing research: Living with autism spectrum disorder

Sarah Mackay, School of Health, Social Care and Exercise Sciences, Glyndwr University, Wrexham, UK

Abstract:

Autism Spectrum Disorder (ASD) involves significant impairment in social communication and repetitive, ritualistic behaviour and interests. Problems in these areas cause considerable disturbance in all aspects of everyday living, and rising prevalence is a concern for health and social care providers and policy makers (MRC, 2001).

This paper provides a narrative account of the process of undertaking doctoral research using methodological insights from hermeneutic phenomenology to explore experiences of living with ASD. Incorporating philosophical questions of being and knowing, this methodological perspective underpinned both fieldwork methods and thematic analysis using hermeneutic tools of conversation, interpretation and reflection. Parents/carers were interviewed to obtain a historical narrative of living with autism, and young people (aged 8-21) shared their narratives through camcorder and interview.

This highlighted the usefulness of pursuing alternative methods of conducting research with young people with communication difficulties. Influenced by the theoretical work of Benner (1994), the transcribed narratives were then subject to systematic analysis, enabling movement between 'whole and part', transparent reflection of interpretations, and identification of 'paradigm cases'. As well as gaining insight into the experience and needs of those affected by ASD as they journey through health, social care and educational provision, the aims of the study included the synthesis of evidence from literature and narratives regarding historical and societal influences, and the development of a rich account documenting the diverse perspectives of those living with ASD. These insights will contribute to the development of knowledge and practice which reflect the experience and needs of people affected by ASD.

Recommended reading:

Benner, P. (1994) 'The Tradition and Skill of Interpretive Phenomenology in Studying Health, Illness and Caring Practices' In: Benner, P. (Ed.) *Interpretive Phenomenology: Embodiment, Caring and Ethics in Health and Illness*. California, Sage

MRC (2001) *Review of Autism Research: Epidemiology and Causes*. London, Medical Research Council

5.1.2

Parents of children with ambiguous genitalia: Stories of experiences of reconstructive genital surgeries and finding harmony

Caroline Sanders, Nursing, Royal Liverpool Children's Hospital, Liverpool, UK

Co authors: Bernie Carter; Lynne Goodacre; Alan Armstrong

Abstract:

Aims: To explore and understand parents' experiences of their child's genital ambiguity and the reconstructive surgeries for AG.

Background: The determination of sex and gender for a child born with AG is an extremely complex medical and social process (Thyen et al, 2005). Academic debate, professional practice, the law and increased political and ethical debate have all more recently challenged the evidence base for practice. Currently the 'optimal gender policy' and the 'informed consent policy' drive treatment options. Health, surgical and psychological outcome studies from individuals born with ambiguous genitalia are limited and focus on adults. Little research has been conducted to understand the significance gender ambiguity has in parents' lives and how the child's genital surgery affects parents.

Methods: An exploratory design of narrative inquiry (Riessman, 2008) was chosen and data were collected through eighteen in-depth narrative interviews with a purposive non-random sample of fifteen parents of 11 children (aged 0-11 years).

Findings: Narrative analysis (Holloway & Freshwater, 2007) resulted in three keystone stories which contained in total eight aggregate stories and twenty foundational stories. The three keystone story themes were parents' stories about their child, about being a parent of a child with AG and healthcare professionals. Interpretation and synthesis of the three keystone stories revealed three core elements fundamental to parents stories; shock, protection and anxiety. The synthesis reveals how even though parents had to cope with shock, protect their child whilst experiencing anxiety they were able to achieve a sense of harmony about their child. Harmony is a concept that brought consistency and agreement together resulting in parents embracing their experiences holistically and giving their experiences meaning.

Conclusions: Parents overcame the tensions inherent in their experience of their child's AG and found a sense of harmony. Harmony has not previously been described in the literature.

Recommended reading:

Holloway, I & Freshwater, D (2007) *Narrative Research in Nursing*. Oxford: Blackwell

Riessman, C (2008) *Narrative Methods for the Human Science*. California: Sage

Thyen, U et al (2005) *Deciding on Gender in Children with Intersex Conditions: Considerations and Controversies*. *Treatment Endocrinology*, 4(1), pp.1-8

Theme: Fasting and operations

5.2.1

The patients' priorities for care when fasting for elective surgery

Jacqueline Chandler-Oatts, Research Team, Royal College of Nursing Institute, Oxford, UK

Co-authors: Claire Hawkes; Jo Rycroft Malone; Claire Allen; Kate Seers; Ian Bullock; Nicola Crichton; Leo Strunin

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Abstract:

Background: Findings will be presented from a randomised trial involving 19 NHS Trusts in the UK evaluating guideline implementation strategies, on patients' priorities for care when fasting for elective surgery. Fasting practice is ingrained in hospital rituals often resulting in prolonged fasting times. A difference between patient identified outcomes and those identified by the healthcare professional or researcher has been observed (Staniszewska, 1999), which includes obtaining the patient perspective rather than make assumptions (Mahon, 1996). Within the study we explored the patient's perspective about processes and outcome of care in relation to the time they fasted pre and post operatively.

Approach: Patient advisers were involved in study design, development of interview schedules and questionnaire, and as members of the project team and advisory group.

Methods: Information collected through patient organisations informed the development of data collection tools. All patients recruited in the trial received a questionnaire to complete and return about their experience of care. Semi-structured interviews were also conducted with a convenience sample of patients' pre and post intervention.

Key findings: Preliminary findings suggest that thirst (78.9%) (N=1062) is more of an issue for patients than hunger (46.5%) (N=1062). Key themes from seventy interviews included some patients maintained their eating and sleeping routines irrespective of fasting advice. Receiving clear and consistent information and being kept informed of operation times was important. Low expectations and tolerance of less care from busy staff suggests patients put up with the discomfort of prolonged fasts.

Conclusions: It is important not to assume the effect of care on patients or underestimate the value of their perspective. Clarity of patients' priorities suggest they need clearer information on food and fluids in preparation for fasting. Better communication between staff and patients is required on the impact of fasting and operating schedules.

Recommended reading:

Mahon PY (1996) *An Analysis of the Concept 'Patient Satisfaction' as it Relates to Contemporary Nursing Care*. *Journal of Advanced Nursing*; 24: 1241-1248

Staniszewska SH. (1999) *Patient Expectations and Health-Related Quality of Life*. *Health Expectations*; 2: 93-104

5.2.2

Implementing peri-operative fasting recommendations: A process and outcome evaluation

Jo Rycroft-Malone, Centre for Health-Related Research, University of Wales, Bangor, UK

Co-authors: Claire Hawkes; Jackie Chandler; Kate Seers; Ian Bullock; Nicola Crichton; Leo Strunin; Claire Allen

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Abstract:

Background: There is good quality research evidence translated into national guidance, which recommends that it is safe for healthy adults to drink clear fluids up to two hours before induction of anaesthesia for elective surgery and eat up to six hours beforehand. However, UK survey data show most departments follow traditional rules, i.e. fasting from midnight. Prolonged fasting can lead to dehydration, electrolyte imbalance, nausea and reduced nutritional intake. This presentation will report the results of a process and outcome evaluation in which recommendations for reducing peri-operative fasting times were being implemented.

Approach: Through a pragmatic randomised trial using time series, we evaluated three strategies for the implementation of national fasting guideline recommendations in 19 UK NHS Trusts. Duration of fasting was measured 4 times pre and 4 times post intervention. Process data from participating practitioners was obtained through interviews, focus groups, and a learning organisation survey. Patients' experiences were explored through interviews and a survey.

Findings: Pre intervention duration of fasting results show patients' mean fluid fast was 9.5 hours (n=1440) and their mean food fast was 14 hours (n=1435). Nearly 79% (n=1069) patients reported feeling thirsty pre-operatively and 47% (n=1069) feeling hungry. Post intervention results indicate a small reduction in fasting times. Process data show there is a lack of clarity about authority for fasting decisions amongst staff; there are big challenges co-ordinating services across boundaries and professions and in implementing changes within a constantly changing NHS environment. Patients tended to be tolerant of busy staff, sometimes fast to suit their own routines, and find ways to cope with prolonged fasting.

Discussion: Findings will be discussed in the context of practical and methodological issues of implementation research, including intervention fidelity being compromised by local contextual influences and how patients' experiences might be used as levers in implementation efforts.

Theme: Prevention and screening

5.3.1

Factors related to the prevention behaviors of osteoporosis in urban Chinese

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Abstract:

Background: Osteoporosis is common among elderly. As a disease which can be delayed or even prevented by lifestyle modification (Larkey 2003), it is important to find an effective way to persuade people to prevent it in daily life.

Aims: To access the factors related to osteoporosis prevention behaviors in Chinese based on health belief model.

Methods: A questionnaire requesting demographic information, related to intention/clues of behavior, prevention behaviors survey, Osteoporosis Knowledge Test, Osteoporosis Health Belief Scale (Kim 1991), and Osteoporosis Self-Efficacy Scale (Horan 1998) was administered to 300 Chinese city-dwellers over forty between April and August, 2008. Analysis used Binary Logistic Regression.

Results: 282 valid questionnaires were collected. Only 46 (16.31%) of subjects do regular exercise however 182 (64.54%) have good dietary habit for osteoporosis prevention. After adjusting for confounding factors, barriers to exercise is the unique factor related to suitable exercise $P=0.000, OR=1.302$ Women ($P=0.000, OR=4.049$) and people having previous knowledge about osteoporosis ($P=0.000, OR=2.805$), have better dietary habits. In addition, age ($P=0.000, OR=1.060$), barriers to calcium score ($P=0.026, OR=1.088$) and levels of health belief ($P=0.001, OR=1.036$) are also positively correlated to dietary habit.

Discussion: Elder's poor health (most have chronic disease, e.g. CHD) increases the perceived barriers to exercise and hinders them from doing sufficient exercise. Women and people having previous knowledge about osteoporosis have better dietary habits, this indicates health education is effective in helping people take measures to prevent osteoporosis, but in future this should also focus on men.

Conclusions: Reasonable and effective exercise plans for people with chronic disease need to be developed to help them avoid osteoporosis. The next phase of this study will use parallel questionnaires to evaluate the results of a nurse educator working with the same clients based on these results.

Recommended reading:

Larkey L K. (2003) Osteoporosis Prevention: Knowledge and Behavior in a Southwestern Community. *Journal of Community Health*, 28(5): 377-388

Kim K K. (1991) Development and Evaluation of the Osteoporosis Health Belief Scale Research in Nursing and Health, 14(2): 155-163

Horan M L (1998). Development and Evaluation of the Osteoporosis Self-Efficacy Scale, Research in Nursing and Health, 21(5): 395-403

5.3.2

An investigation of the factors that influence participation in mammography screening in Greece

Aikaterina Kaltsa, Faculty of Medicine and Health Sciences, School of Nursing, Midwifery & Physiotherapy, University of Nottingham, Nottingham, UK

Co-author: Karen Cox

Abstract:

Background: Breast cancer is a threat for the female population worldwide. In Greece, 1,500-1,800 women die annually from breast cancer out of the 4,000 who are affected. Interestingly, only 5% of them are detected at an early disease stage, through mammography screening.

Aims: To explore the psychological, socio-economical and health related factors that influence Greek women's decisions to utilise or abstain from mammography screening.

Methods: Exploratory mixed methods govern the research design. Questionnaires and interviews were utilized as measurement tools. Data were collected in Athens-Greece, during the period March-July 2008. 186 questionnaires were collected from 6 women's associations. Interviewees were recruited using the questionnaires and 33 semi-structured interviews followed. Descriptive and constant comparative data analysis is in progress, for the questionnaires and interviews respectively.

Results: According to the questionnaires, 85% of the participants attend mammography screening. However, preliminary findings from the analysis of interviews suggest the existence of obstacles in the screening procedure, such as the problematic communication between women and health care professionals and deficiencies of the health care system. Psychological factors and cancer experiences arising from women's immediate environment determine their participation in breast cancer screening. Lack of familiarisation regarding education on cancer and early detection is perceptible. Women's role and privacy in the Greek society are currently investigated and findings are interpreted using a health behavioural model.

Discussion and Conclusions: Power relationships, education and health taboos in Greek society appear to influence women's behaviour towards breast cancer screening. These issues need to be taken into account in any future interventions with Greek women and breast cancer screening.

Theme: Nurse prescribing

5.4.1

Nurse prescriber-patient consultations: A case study in dermatology

Molly Courtenay, School of Health and Social Care, University of Reading, Reading, UK

Co-authors: Nicola Carey; Karen Stenner

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Abstract:

Aims: To explore the consultations between nurse prescribers and dermatology patients.

Background: Communication skills, consultation time, information, and follow-up are central to the treatment management of dermatology patients (Dermatological Care Working Group (DCWG) 2001). The contribution nurses make to the care of these patients has significant potential (Courtenay & Carey 2006). Indications are that nurse prescribing enables a more holistic approach to care and greater opportunity for patients to be involved in treatment decisions (Stenner & Courtenay 2008); however there is no evidence specifically exploring the consultations of nurse prescribers with dermatology patients. This is important given the high number of patients with skin conditions treated by nurse prescribers.

Methods: A multiple case study of 10 practice settings across England in which nurses prescribed medicines for dermatology patients. Data comprised of semi structured interviews (n=40), patient questionnaires (n=165/200) and video-taped observations of nurse consultations (n=40). Data analysis included thematic analysis, descriptive statistics, Chi-square and non-parametric tests. Data were collected between June 2006 and September 2007.

Findings: Nurses believed that their holistic approach to assessment combined with prescribing knowledge, improved prescribing decisions. Listening and explanation of treatments were aspects of nurse communication rated highly by patients. Listening and dealing sensitively with emotions were also aspects of the video-taped consultations rated highly by assessors. Nurses were less consistent in providing information about medicines.

Conclusions: Triangulated data from this study confirms that nurse prescribing enhances the care of dermatology patient through improved prescribing decisions. If patients are to be more involved in this decision making, nurses must provide them with more information about their medicines. Benefits provided by prescribing are most evident in the practices of dermatology specialist nurses. Further evidence is required to identify whether prescribing offers specialist nurses in other therapeutic areas similar benefits.

Recommended reading:

Courtenay, M & Carey, N (2006). Nurse-led Care in Dermatology: A Review of the Literature. British Journal of Dermatology. 154, 1-6

DCWGroup (2001). Assessment of Best Practice for Dermatological Services in Primary Care. London: HMSO

Stenner, K. & Courtenay, M (2008). The Benefits of Nurse Prescribing According to Nurses Prescribing for Patients in Pain. Journal of Advanced Nursing, 63 (1), 27-35

5.4.2

Stakeholder views on the impact of nurse prescribing on dermatology services

Nicola Carey, School of Health and Social Care, University of Reading, Reading, UK

Co-authors: Molly Courtenay; Karen Stenner

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Abstract:

Aims: The aim was to explore stakeholder views on the impact of nurse prescribing on dermatology services. Background Nurse led care enhances the services that dermatology patients receive. Research indicates that care delivered by nurse prescribers can improve efficiency and access to medicines (Bradley & Nolan 2007). Whilst there is recent evidence which suggests that 75% of nurses are prescribing for skin conditions (Carey et al. 2007, Courtenay et al. 2007), there is no evidence exploring the impact of nurse prescribing on the configuration of dermatology services. This is important given the increasing number of patients with skin conditions, and the high number of nurses who prescribe for them.

Methods: A collective case study of 10 practice settings across England in which nurses prescribed medicines for dermatology patients. A thematic analysis of semi-structured interview data (n=40) collected during 2006 and 2007. Participants were qualified nurse prescribers (n=11), administrative staff (n=11), doctors (n=12) and non-nurse prescribers(n=6).

Findings: Nurse prescribing was reported to support and facilitate the modernisation of dermatology services. It enabled nurses to make effective use of their knowledge and skills, overcome delays in treatment and provide faster access to medicines. However a number of organizational issues including support, access to CPD, and capacity of the workforce, restricted the success of the initiative.

Conclusions: Nurse prescribing is successfully being used to support and deliver a range of services to dermatology patients. Stakeholders reported that both patients and staff had benefited by the adoption of this role by nurses. However provision of adequate support and strategic planning are essential if the impact of nurse prescribing is to be fully realised.

Recommended reading:

Bradley, E.,Nolan, P. (2007) Impact of Nurse Prescribing: A Qualitative Study, Journal of Advanced Nursing, 59, (2), 120-128

Carey, N., Courtenay, M.,Burke, J. (2007) A National Evaluation of Supplementary Nurse Prescribing in Dermatology, Journal of Clinical Nursing, 16, 1230-1237

Courtenay, M., Carey, N.,Burke, J. (2007) Independent Extended Nurse Prescribing for Patients with Skin Conditions: A National Questionnaire Survey, Journal of Clinical Nursing, 16, 1247-1255

Theme: Informal care

5.5.1

A structural equation model of informal caregiving

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Abstract:

Background: A concept analysis of the informal caregiving has shown that caregiving is a multidimensional concept which may affect every single domain of the caregivers' life. However, it has shown that no single study has ever focused on the multidimensional context of the informal caregiving and its consequences. No one has ever tried to predict relationships amongst factors that may influence the caregiving experience.

Aims: The aim of this paper is to present a structural equation model that can predict caregiving experience

Methods: A cross sectional quantitative study has been undertaken to explore relationships between variables of interest. The scales used for this purpose include: Mutuality scale, Preparation, Rewards, Partner's self efficacy, Perceived stress, Quality of life, Caregiver reaction assessment and Overall experience scale. The data were analysed using SPSS, MSP5 for Mokken scale analysis and AMOS for structural equation modelling.

Results: Seventy one spouses of cancer patients recruited in the study between May 2007 and March 2008. The SEM has shown a model that can predict caregiving experience directly by the caregivers' feelings of burden and perception of quality of life, as indicated by the caregivers' scores of strain, stress, impact on health, schedule and finances ($2(df=54) = 50.8, p=.600; RMSEA= .000, GFI= .908, CFI=1.00, PGFI= .539, NFI= .895, and LL= 1.011$). Correlations and direct causal relationships between variables such as the spousal relationships, preparation, self esteem, self efficacy and family support have been found to be indirectly influence the caregiving experience.

Discussion and Conclusions: Results from the SEM analysis describe a model with an excellent fit, which explains the multidimensional aspect of

the caregiving experience. A simplified model B designed to be used in nursing practice, to assess caregivers' experience, and needs.

Recommended reading:

Given, C. W., Given, B., Stommel, M., Collins, C., Sharon, K., Franklin, S. (1992).

The Caregiver Reaction Assessment (CRA) for Caregivers to Persons with Chronic Physical and Mental Impairments. *Research in Nursing & Health*. 15, pp: 271-283

Cohen, S., Karmarck, T., Mermelstein, R. (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behaviour*. 24, pp: 385-396

Archbold, P.G., Stewart, B.J., Greenlick, M.R., Harvath, T. (1990). Mutuality and Preparedness as Predictors of Caregiver Role Strain. *Research in Nursing & Health*. 13, pp: 375-384

5.5.2

Evaluation of a Crossroads Young Carers Initiative

Annette Jinks, *Evidence-based Practice Research Centre, Faculty of Health, Edge Hill University, Liverpool, UK*

Co-authors: Kathleen Richardson; Brenda Roberts
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Abstract:

It estimated in the UK more than six million people are carers, which includes 175,000 young carers under the age of 18 (Office for National Statistics 2003). Aims of the research described in this abstract was to evaluate three Crossroads' Young Persons Carers Projects. A qualitative evaluative study of three Crossroad Young Carers Projects in the Merseyside and Cheshire area of the UK has been undertaken. As the study did not fall within the remit of the NHS ethical processes, ethical approval was applied for and granted by a University ethics committee. Focus group discussions took place with 24 young people aged 11 – 16 years. Data were analysed using a thematic content analysis approach.

Four data themes were identified including experiences of being young carers and that the groups provide peer support, opportunities for time out and purposeful activities. Most of the young people who took part in the study saw themselves as being different. Feelings of being a young carer were allied with a sense of embarrassment and for some being bullying. All of which has resonance with the literature reviewed as part of the study. For example, Banks et al (2002) describes the stigmatisation experienced by some young carers and Clements (2004) the stereotypes associated with being a young carers. The personal characteristics of the participants give rise to a number of worrying conclusions. That is relatively young people were found to be undertaking primary caring roles over long periods of time. However, the groups were found to provide opportunities for young carers to participate in purposeful activities and have

the chance to develop new friendships. Nevertheless the literature suggests that provision of such projects is inadequate and under-resourced which may further disadvantage a group of young people who are known to come from lower income families.

Recommended reading:

Banks, P., Gallagher, E., Hill, M., Rissell, S. (2002) Literature Review of Identification, Needs Assessment and Service Provision for Young Carers and Their Families. Edinburgh Research Findings No 23. Scottish Executive Central Research Unit.

Clements, L (2004) Carers – The Sympathy and Services Stereotype. *British Journal of Learning Disabilities* Vol 32 : 1

National Office for Statistics (2003) April 2001 Census: Informal Care UK Statistics Authority, London

Theme: Communication

5.6.1

An ethnographic study of communication between nurse specialists and doctors in the UK

Mark Radford, *Heart of England NHS Foundation Trust, Sutton Coldfield, UK*

Co-authors: Elaine Denny; Mike Filby; Caroline Williams

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Abstract:

Background: Before Stein (1967) first coined the term 'Doctor Nurse game', the relationship between these two groups has been the focus of much research and debate. Stein, followed by Hughes (1998), Porter (1991) and Allan (1997) have sought to understand the complex communication strategies and cultural behaviours of a unique professional relationship. The NHS has evolved with greater specialisation leading to the development of new advanced level nursing roles interfacing professionally and clinically with doctors.

Aims: The aims of this research are to position the role of the specialist nurse in the contemporary healthcare setting and understand the interactions between them and doctors.

Methods: This ethnographic study, of fieldwork observations and follow up interviews, was undertaken with three hospitals based clinical teams of doctors and specialist nurses. They worked together in specialist areas of surgical, cancer and emergency care.

Results and Discussion: A model of communication emerged from the study that was characterised by a relationship developed through shared experience, and long-term interactions. The 'close' nature of the relationship meant that a blurred division of labour existed challenging the orthodox nurse/doctor perspective. Both groups developed overt communication 'styles', depending upon the intended outcome of interaction. Actual communication methods used by the teams, included verbal,

written and IT supported by rules and feedback loops. The outcomes were multilayered, often with hidden meaning secondary to the subjects under discussion. Interactions were influenced by individual scenario assessments using a range of professional, organisational and personal values/belief systems. Thus 'Pre-Game' strategies emerged to maximise positive outcomes during transactions.

Conclusions: A contemporary collegiate model of interaction is emerging, although 'doctor/nurse games' are still played out in the clinical setting. However, traditional models of interaction and communication based upon the orthodoxy of a subjugated profession will need to be revised in the light of new evidence.

Recommended reading:

Allen (1997): The Nursing-Medical Boundary: A Negotiated Order? *Sociology of Health & Illness* 19, 498-520

Hughes D. (1988): When Nurse Knows Best: Some Aspects of Nurse Doctor Interaction in a Casualty Department. *Sociology of Health & Illness* 10, 1-22

Porter S. (1991): A Participant Observation Study of Power Relations Between Nurses and Doctors in a General Hospital. *Journal of Advanced Nursing* 16, 728-735

5.6.2

The role of the nurse in breaking bad news in the inpatient care setting

Clare Warnock, *Weston Park Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK*

Co-authors: Angela Tod; Julie Foster; Catherine Soreny; Janet Turner; Jeanette Roberts; Judith Payneyman

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Abstract:

Background: The term Breaking Bad News (BBN) is associated with the moment when negative medical information is shared with a patient or relative. However, BBN can also be seen as a process of interactions that take place before, during and after bad news is broken (Fallowfield and Jenkins 2004). This can involve a range of healthcare professionals, including nurses. Little research has been conducted exploring the role of the nurse in the process of BBN in the in-patient clinical setting (Dewar 2000).

Aims: Explore the role of the nurse in the process of BBN in the inpatient clinical setting examine the provision of education and support for nurses carrying out this role

Methods: The study was carried out in a large teaching hospital in the UK. A questionnaire was developed to explore the role and experiences of nurses in BBN. Likert scales and open text questions were used. Five questionnaires were sent to nurse managers in 59 inpatient areas. They distributed them to nurses with a range of experi-

ence and grade. 295 questionnaires were sent and 212 were returned (71% response rate).

Results: The findings indicated that nurses were involved in a range of activities in relation to the process of BBN including helping patients come to terms with bad news over time. Challenges that nurses encountered when involved in BBN were identified. These often arose from uncontrolled and unplanned events. Issues around disclosure were also commonplace. Very little formal education in BBN had been received. Support in the clinical areas was frequently informal from colleagues.

Discussion and Conclusions: Nurses are involved with BBN as a process that occurs over time. Many challenges to BBN arise from the clinical environment. Developments in education and support are required that reflect the reality and challenges that nurses face when involved in the process of BBN.

Recommended reading:

Dewar A (2000) Nurse's Experiences in Giving Bad News to Patients with Spinal Cord Injuries *Journal of Neuroscience Nursing* 32 (6) 324-330

Fallowfield L and Jenkins V (2004) Communicating Sad, Bad and Difficult News in Medicine *The Lancet* 363 312-318

McSteen K and Peden-McAlpine (2006) The Role of the Nurse as Advocate in Ethically Difficult Care Situations with Dying Patients *Journal of Hospice and Palliative Nursing* 8 (5) 259 – 269

Theme: Workforce

5.7.1

Bridging the knowledge gap: An innovative surveillance system to monitor the health of British Columbia's healthcare workforce

Tony Gilligan, IT, Occupational Health and Safety Agency for Healthcare, Vancouver, Canada

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Abstract:

Objective: Healthcare workers are exposed to a variety of work-related hazards including biological, chemical, physical, ergonomic, psychological hazards; and workplace violence. The Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH), in conjunction with University of British Columbia (UBC) and the British Columbia (BC) health regions, developed and implemented a comprehensive surveillance system that tracks occupational exposures and stressors as well as injuries and illnesses among a defined population of healthcare workers.

Intervention: Workplace Health Indicator Tracking and Evaluation (WHITE™) is a secure operational database, used for data entry and transaction reporting. It has five modules: Incident Investigation, Case Management, Employee Health, Health and Safety, and Early Intervention/Return to Work.

Outcomes: Since the WHITE™ database was first introduced into BC in 2004; it has tracked the health of 84,314 healthcare workers (120,244 jobs), representing 39,731 recorded incidents, resulting in 20,704 workers' compensation claims. Currently, four of BC's six healthcare regions are tracking and analyzing incidents and the health of healthcare workers using WHITE, providing OHSAH and healthcare stakeholders with comparative performance indicators on workplace health and safety. A number of scientific manuscripts have also been published in peer-reviewed journals.

Conclusions: The WHITE™ database has been very useful for descriptive epidemiological studies, monitoring health risk factors, benchmarking, and evaluating interventions.

5.7.2

The influence of organizational commitment on Italian nurses' turnover intentions – from 5 Italian hospitals

Elisa Ambrosi, Nursing, Nursing Faculty, University of Verona, Verona, Italy
Co-authors: Elisa Ambrosi; Adalgisa Battistelli
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Abstract:

Background: Organizational commitment is one of the variables that literature defines as turnover antecedents, it is the employee's psychological attachment to the organization and there are three 'mind sets' which can characterize it: affective, normative and continuance (Meyer & Allen, 1991). There is a negative relationship between organizational commitment, in particular affective commitment, and turnover. Although this relationship is verified in the literature, mainly in the field of organizational psychology, it has not been consistently applied in nursing turnover research.

Objectives: The purpose of the study, conducted in 2008, was to analyze the influence of organizational commitment and the weight of its three dimensions: affective, normative and continuance on hospital nurses' turnover intentions and behaviours. The study was carried out based on the following hypotheses: there is a negative relationship between organizational commitment and the intention to leave the job greater affective commitment is associated with less intent to leave the job and the nursing profession nurses' turnover rate is higher in the first two years of work.

Methods: A suitable sample of 1538 nurses (response rate 70%) employed in 5 public general hospitals in the North-Central Italy answered a questionnaire administered by an external trouble-shooter and made up of validated scales concerning the factors of interest, and among these there was the scale for survey and measuring organizational commitment (Meyer & Allen 1991).

Results: The first results confirmed that the intention to leave is more of a concern in the first

two years of employment and that organizational commitment, in particular affective commitment, is significantly related to turnover intention. Final data will be available by January 2009.

Conclusions: Knowing factors that affect Italian hospital nurses' turnover intentions helps the organizations to apply differentiated approaches to retain their nurses and attract others, to maintain high quality of care and productivity levels.

Recommended reading:

Wagner CM. Organizational Commitment as a Predictor Variable in Nursing Turnover Research: Literature Review. *Journal of Advanced Nursing*. 2007; 60(3): 235-247

Meyer JP, Becker TE, Vandenberghe C. Employee Commitment and Motivation: A Conceptual Analysis and Integrative Model. *Journal of Applied Psychology*. 2004; 89: 991-1007

Meyer JP, Allen NJ. A Three-Component Conceptualization of Organizational Commitment. *Human Resource Management Review*. 1991; 1: 61-89

Theme: Interventions

5.8.1

Moving and handling rehabilitation patients: Exploring nurses' perspectives

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Abstract:

Background: Manual patient handling tasks are an important contributory factor in nurses' developing back pain. Legislation and organisational policy encourages nurses to risk assess, avoid manual handling where possible and use patient handling aids (Smith 2005). However, some practitioners' argue that the safety focus impedes patients' rehabilitation progress by removing opportunities for weight bearing.

Aims: A study was designed to explore nurses' beliefs about; rehabilitation patient handling; the impact of patient handling policies and; team-working between nurses and physiotherapists. This presentation will discuss the policy and practice implications of the study findings.

Methods: A multiple case study design was adopted involving a general rehabilitation ward, spinal unit and stroke ward (Stake 1995). Grounded theory methods underpinned data collection and analysis activities (Strauss & Corbin 1990). 39 semi-structured interviews were undertaken (with nurses, physiotherapists and occupational therapists) plus 43 hours of non-participant observation. The study secured ethical and Research Governance approval.

Results: Data analysis confirmed a lack of teamwork related to patient handling. Many nurses perceived the physiotherapist as the expert. Some respondents argued that the 'official line' constrained

patients' rehabilitation progress by reducing the ability to take risks. There was confusion over the interpretation of 'no-lifting' policies.

Discussion: Patient handling occurs within a challenging context and relies on a 'negotiated order' between physiotherapists and nurses (Strauss et al. 1963). Many nurses found their 'ethic of care' was incompatible with the 'no-lifting' mantra. This left nurses feeling guilty and anxious. Thus, 'no-lifting' policies functioned as a means of organisational oppression rather than a mode of protection.

Conclusions: 'Honest' policies are needed which reflect the realities of practice. Nursing work continues to be physically demanding and managers should ensure that practitioners can access sufficient patient handling equipment. Nurses should view patient handling activities as opportunities for rehabilitation.

Recommended reading:

Smith J. (eds) (2005) *The Guide to the Handling of Patients*. Backcare in Collaboration with the RCN and National Back Exchange, 5th edition

Stake RE. (1995) *The Art of Case Study Research*, Thousand Oaks, Sage Publications

Strauss A. & Corbin J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage Publications

5.8.2

Effect on ambulatory blood pressure of a continued nursing intervention using chronotherapeutics for adult chinese hypertetics

Yue Zhao, School of Nursing, Tianjin Medical University, Tianjin, China

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Abstract:

Background: Hypertension, a ubiquitous health problem which, if uncontrolled leads to significant morbidity and premature death, is very common in urban China. Celas et al (2005) Suggests a method of Chronopharmacology using blood-pressure monitoring significantly improves hypertensive control while minimizing side-effects. A nurse led individualized program was instituted to help treatment compliance.

Aims: To explore the blood-pressure control effect of a nursing intervention program designed using chronotherapeutics.

Methods: During winter 2006, adult hypertetics (N=72) from a Chinese city were randomized to intervention and control groups. All patients were taking prescribed antihypertensives. The experimental group received a nursing intervention program designed by the investigator. This involved instruction on correct timing of taking medication based on ambulatory blood pressure monitoring using chronotherapeutics at the end of the first week after collecting baseline blood pressure data,

with follow-up at the end of the 2nd week and the 4th weeks. The 24-hour average blood pressure data of two groups were collected on the 2nd day, the end of the first, second and third month after patient's clinic visit. Repeated Variance analysis was used to compare before and after measures of average blood pressures for the two groups.

Results: Blood-pressure measures showed: systolic: 152.5±12.25, 123.5±3.12, 131.3±3.75, 131.1±2.93 (intervention-group) and 158.6±20.83, 125.3±2.76, 131.3±4.31, 139.2±3.27 (control-group) and diastolic: 87.5±7.69, 81.0±1.72, 82.6±2.28, 82.5±1.41 (intervention-group) and 88.3±8.42, 81.6±1.99, 85.7±2.52, 89.4±1.45 (control-group). Analysis showed a statistically significant drop in both systolic (P=0.004) and diastolic (P=0.016) blood-pressure for the intervention group.

Discussion: This study is limited by small sample size and the lack of precision of the monitoring instrument used. However it clearly demonstrates the effectiveness of community education in producing clinically significant reduction in blood-pressure.

Conclusions: This nursing intervention could effectively improve blood-pressure control of adult hypertetics.

Recommended reading:

Celis H, Den Hond E, Staessen JA. (2005) Self-Measurement of Blood Pressure at Home in the Management of Hypertension[J]. *Clin Med Res*, 3(1): 19-26

White WB; LaRocca GM. (2002) Chronopharmacology of Cardiovascular Therapy[J]. *Blood Pressure Monitoring*, 7(4): 199-207

Concurrent session 6

Thursday 26 March 2009

Theme: Parkinsons Disease

6.1.1

Palliative care for people with Parkinson's Disease and their carers

George Kernohan, School of Nursing, Faculty of Life & Health Science, University of Ulster, Jordanstown, UK

Co-authors: Felicity Hasson; Mary Waldron; Barbara Cochrane; Dorry McLaughlin; Sue Foster; Helen Chambers; Marian McLaughlin

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Abstract:

Background: Whilst management of Parkinson's disease (PD) patients is primarily aimed at preserving life expectancy and limited motor disabilities (Behari et al 2005), a palliative care approach in management of such conditions has been advocated (DH, 2005). However, research suggests that palliative care services are often fragmented and inaccessible resulting in poor quality care for people with advanced PD. (Thompson & MacMahon 2004a).

Aims: To explore experiences, palliative care needs and gaps in service provision from the perspective of the person with PD.

Methods: Exploratory research design using a qualitative approach. Individual semi structured interviews with 54 participants. Data subjected to thematic content analysis.

Results: The participants' reported varied diagnostic experience. Most had little prior PD knowledge. Some felt there was limited subsequent signposting to services. PD placed a physical, psychological and social toll on participants due to loss of mobility and independence, with increasing dependency on informal carers highlighted. Whilst most appreciated their medical provision, their experience of medication relief and service delivery was mixed. Some also referred to a lack of information on financial and social support networks. Palliative care was generally perceived as related to cancer and terminal care. Participants coped with PD by adopting a positive outlook, despite some anxiety about PD's rate of progression. They appreciated the information, advice and supportive role of the PD Society.

Discussion: This study highlights the varied experience of people with PD suggesting some evidence of unmet palliative care need for people with PD and fragmented available services. There was also variation in the levels of clinical and social care support and information signposting among participants.

Conclusions: Although this was a small scale exploratory investigation, involving one time-point, it lends support to the development of a proactive integrative palliative care services approach to address the needs of people with PD.

Recommended reading:

Behari, M., Srivastava, A. & Pandey, R. (2005). Quality of Life in Patients with Parkinson's Disease. *Parkinsonism and Related Disorders* 11, 221-226

Department of Health (2005). The National Service Framework for Long-term Conditions, London, DH. Department of Health (2005)

Thomas, S. & MacMahon, D. (2004a). Parkinson's Disease, Palliative Care and Older People: Part 1. *Nursing Older People* 16(1), 22-6

6.1.2

'Bridging' as a constructivist grounded theory of adjustment and coping through late-stage Parkinson's disease: A longitudinal study

Sion Williams, School of Healthcare Sciences,

Bangor University, Bangor, UK

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Abstract:

Aims: This presentation will explore the experiences of older people (over 60 years) with late-stage Parkinson's disease (PD) and attempts to understand the transitions involved in living with a degenerative neurological condition. The study adopted a longitudinal design which has resulted in 70 collaborative research interviews with 13 people with PD and their carer over an 18-month period.

Methods: Constructivist grounded theory was the main methodological approach in the study (Charmaz, 2000). The search for mutually generated knowledge between the person with PD and the researcher was augmented by centre-stage storyline generation (Keady and Williams, 2007), a process that visually identifies and locates subjective experience. Interviews were the primary source of data collection and the paper will present findings from interviews conducted between June 2007 and October 2008.

Analysis: This paper reports on 70 interviews with 13 people with late-stage PD and their family carers who were recruited from the caseload of two specialist Parkinson's disease nurses working in North Wales and one Consultant Geriatrician. All participants were diagnosed with late-stage idiopathic PD.

Results: From this collaborative approach, 'bridging' emerged as the centre-stage storyline related to life with late-stage PD. Bridging itself consisted of 4 categories: 'Building on the Past' (1); 'Bridging the Present' (2); 'Broaching collapse' (3) and 'Coming to terms' (4). These categories were underpinned by a number of supporting properties that have important implications for the understanding of late-stage PD and informing the development of the nursing role in providing appropriate and tailored supportive interventions.

Recommendations: The strategies used to 'bridge' provide new insights into the experiences of living with, and creating meaning in, late stage PD. As the presentation will highlight, the importance of biography and gaining 'insider experiences' of people living with PD and their carers are crucial if person-centred services are to emerge.

Recommended reading:

Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In: N.K. Denzin and T.S. Lincoln (Eds.). *Handbook of Qualitative Research*. 2nd Edition. Thousand Oaks: Sage. Pp. 509-535

Keady, J. and Williams, S. (2007) Co-constructed inquiry: A New Approach to Generating, Disseminating and Discovering Knowledge in Qualitative Research. *Quality in Ageing*, 8(2): 27-36

Theme: Long term conditions/patient experience

6.2.1

Hereditary Haemochromatosis: The lived experience

Elizabeth O Connell, Nursing Studies, University College Cork, Ireland

Co-author: Orla Sheahan

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Abstract:

Background: Hereditary Haemochromatosis (HH) is one of the most common hereditary disorders (British Haemochromatosis Society, 2008) resulting in excessive intestinal iron absorption, which is then stored in the liver, pancreas, heart and joints resulting in organ damage and impaired function (Adams & Barton, 2007). Recent surveys have shown that the risk of hereditary haemochromatosis amongst people of Northern European origin is 1 in 400. However, little is known about the experiences, needs and expertise of those living with this disorder.

Aims: To explore the experiences of patients living with HH.

Methodology: A descriptive, qualitative approach was used to conduct this study. Purposive sampling led to the recruitment of 13 participants who were attending a clinic for venesection in a large teaching hospital. Data were collected using in depth interviews and were analysed using Colaizzi's Framework.

Results: The main themes emerging from the data was that of stoic acceptance of a lifelong condition, the search for information about this condition, along with the challenge of managing symptoms and complying with treatment regimes.

Discussion: Patients had very little knowledge about this disease and their need for clear concise information was asserted. In particular, patients identified their need for specific dietary guidelines and education about symptom management. Venesection was identified as a frightening experience for many patients.

Implications for Practice: There needs to be increased awareness of HH among healthcare professionals and the general public. Standardised information needs to be made available to patients on diagnosis and throughout the course of the illness. Treatment and the importance of life long compliance in preventing complications needs to be explained. Venesection should be performed by highly skilled and experienced personnel. Members of the multidisciplinary team need to embrace a supportive, patient centred approach to all aspects of patient care.

Recommended reading:

British Haemochromatosis Association. (2007). www.haemochromatosis.org.uk – <http://www.ghsoc.org/home.html> (Accessed 31/10/08)

Adams, P.C., & Barton, J.C. (2007). Haemochromatosis. *The Lancet*. Vol 370 : 1855 – 1860

6.2.2

The person's experience of end stage renal disease and haemodialysis therapy

Aoife Moran, School of Nursing, Dublin City University, Ireland

Co-authors: P Anne Scott; Philip Darbyshire
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Abstract:

Background: Haemodialysis therapy is one form of treatment for end stage renal disease (ESRD). Patients on haemodialysis therapy have to adhere to a strict regime of dialysis, dietary and fluid restrictions, and medications (Curtin et al, 2002). The dependency on the technology and the healthcare team for survival provides haemodialysis therapy with unique characteristics, making it difficult for some individuals to accept (Sloan, 2002).

Aims: The overall aim of the study was to provide a detailed description of the experience of being a patient with ESRD on haemodialysis therapy.

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

Results: A theme labelled 'Communication with Nurses: Myth versus Reality' was created within the study. The participants indicated that they rarely had the opportunity to communicate with the nurses during haemodialysis therapy. Instead, the nurses' time seemed to be completely taken up with the management of the technological and physiological aspects of care. The purpose of this paper is to critically analyse the participants' perspective of communicating with the nurses.

Conclusions: It is well recognised that effective nurse-patient communication is a beneficial influence on the person's experience of illness.

However, this study illustrated that effective nurse-patient communication may be a myth rather than a reality in some healthcare settings. Effective nurse-patient communication is specifically important for the support and care of persons throughout their journey with a chronic illness, such as ESRD. Therefore, it is anticipated that the findings from this study will encourage nurses to be more vigilant about their communication with patients. In turn, this would enhance a more patient-centred approach to communication and care.

Recommended reading:

Curtin, R.B., Mapes, D., Petillo, M. & Oberley, E. (2002) Long-term Dialysis Survivors: A Transformational Experience. *Qualitative Health Research*. 12(5), 609-24

Diekmann, N., Allen, D., & Tanner, C. (1989) A Hermeneutic Analysis of the NLN Criteria for the Appraisal of Baccalaureate Programs. New York, National League for Nursing

Sloan, R.S. (2002) Living a Life-sustained-by-medical-technology: Dialysis is Killing me. in Diekmann, N.L. (Ed.) *First, Do No Harm: Power, Oppression, and Violence in Healthcare*. Wisconsin, The University of Wisconsin Press

Theme: Mental health

6.3.1

The relationship between social support and postnatal depression for first-time mothers: An Irish study

Patricia Leahy-Warren, Catherine McAuley School of Nursing and Midwifery, University College Cork, Ireland

Co-author: Geraldine McCarthy
patricia.leahy@ucc.ie

Abstract:

Purpose of this Paper: The aim of this paper is to present the findings of research which examined the relationship between social support and postnatal depression for first-time mothers at 6 weeks post delivery.

Background: Postnatal depression symptomatology is a common condition. Prevalence rates vary from 4.0% to 73.7%, with the most recent systematic review suggesting a rate of 13%, indicating a serious clinical issue for nurses and midwives providing postnatal care to women (O'Hara & Swain, 1996). Social support has been identified in a number of studies to contribute positively to the transition to motherhood, however, there is a paucity of research on social support and postnatal depression with some empirical evidence, albeit using small samples, attesting to the positive effects of social support in reducing postnatal symptomatology (Leahy-Warren & McCarthy, 2007).

Methodology: A quantitative descriptive design was used. Five hundred and twelve first-time

mothers responded to an investigator developed self-reported questionnaire measuring social support and the Edinburgh Postnatal Depression Scale (Cox, Holden & Sagovsky, 1987) at 6 weeks post delivery. Data were collected via postal questionnaire with a response rate of 72%. Data from the questionnaires were entered and analyzed using the Statistical package for social scientists (SPSS). Descriptive and inferential statistics were used to analyse the data.

Findings: Findings will be discussed with regard to the prevalence of postnatal depression at 6 weeks. In addition, results discussed will focus on mothers' perceptions of the types of support experienced (informational, instrumental, emotional and appraisal) and from what social network members (mother, partner, friends), including healthcare professionals (nurses, doctors). In addition, the relationship between social support and postnatal depression at 6 weeks post delivery will be discussed, including implications and recommendations for nursing and midwifery practice.

Recommended reading:

O'Hara, M and Swain, A (1996) Rates and Risk of Postpartum Depression-A Meta-analysis. *International Review of Psychiatry* 8, 37-54

Leahy-Warren, P. and McCarthy, G (2007) Postnatal Depression: Prevalence, Mothers' Perspectives and Treatments *Archives of Psychiatric Nursing* 21 (2), 91-100

Cox, J., Holden, J. and Sagovsky, R. (1987) Detection of Postnatal Depression-Development of the 10-item Edinburgh Postnatal Depression Scale *British Journal of Psychiatry* 150, 782-786

6.3.2

Theory-practice gap: Findings from an evaluative study in CAMHS

Anne Fothergill, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK
Co-author: Mair Sinfield
afotherg@glam.ac.uk

Abstract:

Background: New modules were developed in Wales on working with children/young people with mental health needs. The modules filled an identified gap in the provision of education courses in Wales for practitioners working with this client group (NAFW, 2001; Jones and Baldwin 2004). It was a collaborative development between two Universities, the All Wales Senior Nurses Group for CAMHS and clinical practice. The work to be presented is on the findings from a longitudinal, evaluative study into the outcomes of these modules on practitioners' practice. This paper will contribute to knowledge on the application of theory to practice in health and social care.

Aims: The aim of this study was to evaluate the outcomes of the modules on professionals' practice.

Methods: Mix methods were used. Quantitative questionnaires were administered pre-commencement of the modules to gain baseline information on the practitioners' knowledge, confidence, competence and skills. A slightly modified version of this questionnaire was administered on completion of the modules. This was to ascertain if there were changes on the above items. Semi-structured interviews were conducted six months post-completion of the modules.

Results: Thirty students from a variety of health and social care backgrounds were surveyed, 15 were interviewed in-depth during 2006/7. Knowledge, confidence and competence had increased for most of the practitioners. All were implementing newly acquired knowledge, skills/interventions into their practice.

Discussion: These modules have filled a gap in education provision in Wales for practitioners working in CAMHS at post registration level (NAFW, 2001). The collaborative approach to developing the modules was successful. The outcomes have been positive and real, actual changes have been made in practice.

Conclusions: This evaluative study demonstrated that learning from education courses takes place and that theory is put into practice; this appears to be enhancing the care/services to a vulnerable client group.

Recommended reading:

Jones, J. Baldwin, L. (2004) Tiers Before Bedtime: A Survey Shows Post-Registration CAMHS Education is Missing the Mark. *Mental Health Practice*. 7 (6) 14-17

Royal College of Nursing (2004), *Children and Young People's Mental Health – every Nurse's Business*, Royal College of Nursing, London

The National Assembly for Wales (2001). *Child and Adolescent Services*. *Everybody's Business*. Cardiff

Theme: Service users

6.4.1

Engaging participants in an ethnographic study of parental involvement in neonatal pain management: Dilemmas for the researcher-practitioner

*Caryl Skene, Jessop Wing, Sheffield Teaching Hospitals NHS Trust, Sheffield, UK
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Abstract:

The aim of this ethnographic study was to explore how parents interact with their babies around the provision of comfort care. It was carried out in a regional Neonatal Intensive Care unit, where I also work as a nurse consultant. Over a period of twelve months, I observed 12 sets of parents on 1-4 four occasions each, as they provided care for their baby. After each session, I explored some of

the issues that had emerged, during in depth interviews. In carrying out this study, I encountered a number of unexpected dilemmas relating to the researcher-participant relationship. The research literature warns against the exploitation of participants (Roper & Shapira 2000), encourages reciprocity in the research relationship (Kvale 1996) and identifies the problem of role confusion for researcher-practitioners (Reed & Procter 1995). In practice however, I found that in these issues were more complex than I had anticipated and I needed to develop my own strategies to address them.

This presentation will identify some of the methodological and ethical issues encountered during this study and present some of the ways in which they were addressed. In doing so, I will draw on the research literature and on my own personal experience of the researcher-practitioner role.

Recommended reading:

Kvale, S. (1996) *Interviews. An Introduction to Qualitative Research Interviewing* London, Sage.

Reed, J Procter, S (1995) *Practitioner Research in Health Care: The Inside Story* London. Chapman & Hall

Roper, J Shapira, J (2000) *Ethnography in Nursing Research*. London. Sage

6.4.2

A qualitative study of the views and preferences of patients who have survived resuscitation and those who have been admitted as emergency cases regarding the presence of family members during resuscitation

*John Albarran, Faculty of Health and Life Sciences, University of the West of England, Bristol, UK
Co-authors: Pam Moule; Jonathan Bengier; Kate McMahon-Parkes
john.albarran@uwe.ac.uk*

Abstract:

Background: Despite an increase of international research inquiries focused around family witnessed resuscitation, the important perspective of patients, particularly those who have survived resuscitation, has been overlooked (Albarran et al 2007). Practical issues around recruitment and the sensitive nature of the subject may account for this, but the views of successfully resuscitated patient should be central to policy development.

Aims: To explore the views and preferences of patients with and without the experience of being resuscitated, about family members being present during resuscitation.

Methods: The sample was recruited from four large hospitals in South-West England. We used face-to-face interviews to collect data from patients who had survived resuscitation (n= 21) and individuals admitted as emergency cases (N=40). Hand-written

interview content was thematically analysed using standard qualitative techniques. Findings Analysis of interview transcripts generated three core themes, which are represented by the following: 'Being there', 'welfare of others' and 'professionals' management of the event'.

Discussion: Participants were generally supportive of family witnessed resuscitation, and this trend was more evident among patients who had been resuscitated. It appears that patients want healthcare workers to routinely initiate discussions around the subject and to provide family members the option to be present. Patients identified that family members benefit from the experience of being present during the resuscitation of a loved one in different ways, but also recognised a need to respect the advice of professionals, and that the resuscitation team should perform their duties unimpeded. Our data also suggests that patients appear less unconcerned about confidential health matters being disclosed in the presence of family members during their resuscitation.

Conclusions: This study provides a unique and in-depth insight into the views of patients, and highlights the need for staff to identify their preferences and wishes in relation to family witnessed resuscitation.

Recommended reading:

Albarran, J.W., Moule, P., Bengier, J., McMahon-Parkes, K., Lockyer L., 2007

Witnessed Resuscitation: What do Patients Really Want? University of the West of England, Bristol

Theme: Education/research context

6.5.1

Effects of a Masters in Nursing on the professional lives of British and German nurses

Dianne Watkins, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, UK

Abstract:

Title: Effects of a Masters in Nursing on the Professional Lives of British and German Nurses Focus This presentation reports on the results of a qualitative study that explored British and German nurses' perceptions of how a Masters in Nursing Studies influenced their professional lives.

Background: Political, professional and academic changes impact on continuing education for nurses, the study is placed within this context. Research participants were 10 German and 9 British nurses who undertook a Masters in Nursing between 2003 and 2006.

Aims: Study aimed to explore:

- Why British and German nurses undertook the course?
- What were their expectations and were these realised on completion?

- How did British and German nurses perceive the course had influenced their professional lives?
- What facilitated/ inhibited the implementation of learning into practice?
- What were the differences between these two groups of nurses?

Methods: A qualitative interpretivist paradigm was adopted and data collected via semi structured interviews undertaken in the UK and Germany during 2007. Interview transcripts were analysed through a coding template, editing and immersion in the data, crystallization of themes and identification of emerging patterns.

Findings: indicated that perceived gains related to an increase in personal confidence, self esteem and motivation; improved cognitive functioning and critical thinking; implementation of evidence based practice; enhanced professionalism; career promotion; role development and increased credibility. These attributes were influenced by the culture of the organisation, perceptions of the profession, political changes, support and relationships with others.

Discussion: Findings are conceptualised into a model presented as a Venn diagram that illustrates the overlapping nature of the areas found.

Conclusions: In conclusion, Masters education may have a positive effect on the professionalisation of nursing and influences the implementation of research based evidence. These benefits may enhance the credibility of the profession and improve the quality of nursing care.

Recommended reading:

Gerrish K, McManus M & Ashworth P (2003) Creating What Sort of Professional? Masters Level Nurse Education as a Professionalising Strategy. *Nursing Inquiry*, 10, 2, 103 – 112

Hardwick S & Jordan S (2002) The Impact of Part-time Post-registration Degrees on Practice. *Journal of Advanced Nursing*, 38, 5, 524 – 535

Whyte D A, Lugton J and Fawcett T N (2000) Fit for Purpose: the relevance of Masters preparation for the professional practice of nursing. A 10 year follow up of post-graduate nursing courses in the University of Edinburgh. *Journal of Advanced Nursing*, 31

6.5.2

Ouch! that hurt – The challenges and lessons learned from undertaking research in an emergency department setting

Rebecca Hoskins, Faculty of Health and Social Care, University of the West of England, Bristol, UK

Abstract:

Conducting effective research in the emergency department is important but challenging. While all the care delivered to our patients should be evidence based, it can be difficult to produce high quality evidence to answer questions generated in clinical practice. The emergency department setting presents particular challenges in the successful completion of the research process. Despite an experienced research team, the rigorous process of ethical approval, sponsorship approval and scientific review the outcome of research projects can still be unsuccessful. It is well recognised that recruiting patients to studies in the emergency department is difficult because of the short time frame in which the patients have to consider their participation in the study as well as the speed and pressure of work, complex ethical issues and the successful engagement of staff (Benger & Carter 2008). Patients in the emergency department are also acknowledged to be a vulnerable population (Moskop 2006). It has also been highlighted that staff can suffer from 'research fatigue' in clinical areas where numerous studies are being undertaken, this is especially relevant in emergency settings where staff may understandably stop recruiting to studies when they perceive that demand for a service outstrips resources (Monico et al 2008). Unique barriers to the successful recruitment, consent of participants and the completion of a project were just some of the challenges we came across during one project carried out in a busy emergency department.

This presentation will identify the issues which contributed to the termination of the project and will also share the lessons learned from undertaking research within a busy and acute environment which delivers a service 24 hours a day, 7 days a week, 365 days a year. The presentation will also identify some possible solutions to successful recruitment in such a demanding environment.

Recommended reading:

Moskop, J.C (2006) Informed Consent and Refusal of Treatment: Challenges for Emergency Physicians. *Emerg.Med.Clin.North.Am.* 24: 605-18

Monico, E. Larkin, G.L. Deguitis, L. (2008) Informed Consent for Research: Current Practices in Academic Emergency Medicine. *Academic Emergency Medicine* 15: 1-4

Benger, J . Carter, R (2008) Could Inter-agency Working Reduce Emergency Department Attendances due to Alcohol Consumption. 25: 331-334

Theme: Experience

6.6.1

Nurses' perception of the quality of care they provide to hospitalized drug addicts: Testing the theory of reasoned action

Merav Ben Natan, Nursing, Pat Matthews Academic School of Nursing Hadera, Israel
Co-authors: Beyil Valery; Okev Neta, meraav@hy.health.gov.il

Abstract:

Background: Over the past two decades extensive research has examined the effect of nurses' attitudes on the quality of care provided to drug users. However, there has been no empirical examination of actual and potential perceptions of quality care provided to drug users within a theoretically based framework.

Aims: To examine nursing staff members' attitudes and subjective norms manifested in intended and actual care of drug users based on the Theory of Reasoned Action.

Methods: A correlational design was used with 135 nursing staff members from 3 central Israeli hospitals. Over the months of October – December 2007 participants completed a questionnaire examining theory-based variables as well as socio-demographic and professional characteristics.

Findings: Most of the respondents reported a high to very high level of actual or intended care of drug users. Nurses' stronger intentions to provide quality care to drug users were associated with more positive attitudes. These were based on their own attitudes and beliefs about what others would wish them to do. Nursing staff members had moderately negative attitudes toward drug users. Nurses were found to hold negative stereotypes of drug addict patients and most considered the management of this group difficult.

Conclusions: The findings offer some support for previous studies examining general attitudes towards drug users and the Theory of Reasoned Action. Positive attitudes towards drug users, perceived expectations of others, and perceived correctness of the behavior are important in their affect on the intention of nurses to provide high quality care to hospitalized patients addicted to drugs. It is extremely important to change nurses' stereotypes of drug users and to hold support workshops for nurses treating this population.

Recommended reading:

Skinner, N., Feather, N.T., Freeman, T., Roche, A. (2007). Stigma and Discrimination in Health-Care Provision to Drug Users: The Role of Values, Affect, and Deservingness Judgments. *Journal of Applied Social Psychology*, 37(1), 163-186

Rassool, G.H., Villar-Luis, M., Carraro, T.E., Lopes, G. (2006). Undergraduate Nursing Students' Perceptions of Substance Use and Misuse: a Brazilian position. *Journal of Psychiatric and Mental Health Nursing*, 13, 85-89

Ajzen, I., Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs, N.J.: Prentice Hall

Theme: Midwifery

6.7.1

Team collaboration in obstetric emergencies

Karen Madden, Woman & Acute Child Health, South Eastern Trust NI, Belfast, UK

Co-authors: Marlene Sinclair; Marian Wright

Abstract:

Background: A maternity unit providing care for 3000 childbearing women per year was the setting for this research study.

Objective: To explore interactions of the maternity care team in a clinical setting during a simulated emergency, and identify key factors underpinning effective teamwork.

Methodology: A qualitative approach using action research methods was used. Ethical approval for the study was sought and received. Trust access and governance procedures were completed. Obstetric emergencies were simulated and videoed to explore interaction, behaviour and practices of health care professionals within a framework of peer support. Video clips were examined using qualitative analysis. Emerging themes were identified and agreed by confirmatory focus groups.

Findings: Three main themes emerged during the cycles of research – communication, collaboration and control. Good teamwork depended on effective communication and professional collaboration, which could be adversely affected by inappropriate behaviour and commands. The most dynamic aspect was the role of team leader, requiring ability to multi-task, control the team, and hand over responsibilities.

Outcome: Inclusive team involvement led to a number of changes in the processes and systems of care in setting. Example-haemorrhage. Estimates of blood loss at delivery are subjective and generally inaccurate, heightened awareness revealed improved reporting.

Transferability: Change has been realised that is transferable and work continues in the emergency department to role out the process.

Sustainability: Real time drills continue challenging and supporting team members to develop positive relationships and practices. Small and significant changes have led to real improvements. Participatory action research involved the staff in the setting testing systems, marrying academia with clinical knowledge. Knowledge, skills and competencies were optimised and team members assisted to explore collaborative solutions to improving care.

Conclusions: to achieve effective team working an identified leader with skills in controlling and managing the situation is central to optimal care.

Recommended reading:

Lewis C 2004 *Confidential Enquiry into Maternal and Child Health 2000-2002* Royal College of Obstetricians & Gynaecologists Press London

Draycott T, Sibanda T, Owen L, Akande V, Winter C, Reading S et al. *Does Training in Black RS, Brocklehurst P. A Systematic Review of Training in Acute Obstetric Emergencies*. BJOG: An

6.7.2

Testing the effectiveness of a motivational program to sustain breastfeeding behaviour

Janine Stockdale, School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland

Co-authors: Marlene Sinclair; George Kernohan stockdaj@tcd.ie

Abstract:

Background: Babies, women and society benefit nutritionally, psychologically and economically by breastfeeding. As a result the WHO challenges health professionals to achieve higher rates of breastfeeding. Initiation rates are increasing, but motivating women to sustain breastfeeding remains equivocal (Infant Feeding Survey 2005, European Commission 2004).

Aims: To examine the effect of a new motivation programme on women's breastfeeding behaviour, a randomised control trial was completed, comparing motivationally-enhanced breastfeeding instruction by midwives with current best practice (BFI, 1998).

Methods: Following a literature review, an experiment was designed and subject to Research Governance and Ethics approval. Primigravida women were recruited at their 20 week antenatal appointment and written consent obtained. Women were randomised to receive the motivationally enhanced instruction or current best practice. Midwives supporting the experimental group attended a one-day training course. Women's motivation to breastfeed was measured prior to discharge from hospital by structured interview. Follow-up telephone calls determined duration of breastfeeding.

Results: 181 women were recruited. With attrition, analysis was performed on an intention to treat basis using Chi Squares. No significant difference in the initiation rates was noted. On discharge from hospital more intervention cases (44) were breastfeeding than controls (33), $p < 0.01$. Persistence at 3-4 weeks was noted in 36 intervention cases (15 controls), $p < 0.001$. Independent t-tests verified the differences in duration of the 69 intervention cases that commenced breastfeeding (75 controls). The differences in motivation to breastfeed were explained in part by the uptake of relevant breastfeeding instruction ($p < 0.001$) and increased maternal confidence ($p < 0.01$).

Discussion and Conclusions: Breastfeeding is a complex activity with many benefits and influences. As motivational enhancement of routine instruction has a positive effect on breastfeeding

duration, further research is required to establish effectiveness in different cultural settings. Funded by Research & Development Office for Northern Ireland Trial Registration: ISRCTN 47056748

Recommended reading:

Baby Friendly Initiative (1998) *Implementing the Ten Steps to Successful Breastfeeding – A Guide for UK Maternity Service Providers Working Towards Baby Friendly Accreditation* U.K. Committee for UNICEF London <http://www.babyfriendly.org.uk/guid-ant.htm>

European Commission (2004) *Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action*: www.eph.org/a/1301

Infant Feeding Survey (2005) Office of National Statistics <http://www.ic.nhs.uk/pubs/breastfeed>

Theme: Qualitative research

6.8.1

'Dear Sally...' Reflections on using email correspondence as a method of generating qualitative data in health and social care research

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Abstract:

Correspondence as a method of data collection has been used by few health and social care researchers although email has been employed to generate data in a variety of ways. As a tool for academic research the Internet is used increasingly but email correspondence presents additional, exciting and challenging opportunities for nurses and others engaged in qualitative research.

In this presentation I will talk about my experience of using email correspondence in my PhD research. Correspondence, participant observation and in-depth interviews have been used in an ethnographic project to understand more about the experience of women who breastfeed for longer than six months. In particular I have drawn on the work of Kralik et al on the use of correspondence (2000) and email (2006), valuing the development of a 'critical reflective conversation' with my participants. A number of issues arising from the work will be discussed. Is there a difference between 'corresponding' and 'interviewing' by email? What are the issues raised when researcher and participants view this differently? What are the advantages of generating data using this method – and are there disadvantages? How do these different methods complement each other? Ethical issues in research of this nature will also be discussed. The use of correspondence as a research tool for those drawing on feminist principles in qualitative research will be considered, alongside feminist critiques of using the internet for health and social care research. This discussion will be illustrated with examples from my research, reflections on my practice and

suggestions as to how this might be a useful tool for nurse researchers.

Recommended reading:

Kralik, D., Koch, T. and Brady, B.M. (2000). Pen Pals: Correspondence as a Method for Data Generation in Qualitative Research. *Journal of Advanced Nursing* 31(4), 909-917

Kralik, D., Price, K., Warren, J., Koch, T. (2006). Issues in Data Generation Using Email Group Conversations for Nursing Research. *Journal of Advanced Nursing* 53(2), 213-220

aid the analysis by helping to 'bracket' preconceptions, which is fundamental in phenomenological research.

Recommended reading:

Buzan T. (2003) *The Mind Map Book*. BBC Books, London

Giorgi A. (1997) The Theory, Practice, and Evaluation of the Phenomenological Method as a Qualitative Research Procedure. *Journal of Phenomenological Psychology*. 28(2), p235-260

Tattersall C, Watts A, Vernon S. (2007) Mind-mapping as a Tool in Qualitative Research. *Nursing Times*. 103(26), pp 32-33

6.8.2

Mind mapping as a tool in qualitative research

Chris Tattersall, Research and Development, Hywel Dda NHS Trust, Haverfordwest, UK

*Co-authors: Ann Watts; Stephen Vernon
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Abstract:

Introduction: This article attempts to describe, justify, but predominately create discussion around the use of mind mapping as a tool in phenomenological research.

Mind Mapping: The mind map starts life as a blank sheet of paper. A central concept as a word or image is then placed in the centre, with sub-headings or related themes branching off. These branches can be sub-divided or related to other branches. Each user develops their own use of shapes, colours, lines or symbols. Information is converted into a combination of written, diagrammatic and graphical representation allowing related ideas or themes to be linked on both paper and in the users mind (Buzan 2003).

Mind Mapping in Phenomenological Enquiry: Bracketing in discovering the essence of a phenomenon, 'bracketing' of preconceived ideas needs to take place. There is also a need to 'awaken possibilities' therefore becoming aware of features of the phenomenon which are essential, but not immediately obvious (Giorgi, 1997). Mind mapping lends itself well to these processes, as it allows free thinking, and has an aim to: 'clear the mind of previous assumptions about the subject'. (Buzan, 2003)

Transcribing & Analysing Qualitative Data: Traditionally transcribed data is broken down into themes and findings derived. A more valid data analysis would allow the interaction to be considered soon after or even during the interaction. Mind mapping may help in this regard. With mind mapping the boundary between transcribing and analysing may become blurred, as the process of transcribing using a mind map will allow the development of creative thinking, with links being made between themes, or statements in real time as the transcribing is underway.

Conclusions: Mind mapping allows rapid and valid transcriptions of qualitative interviews. It can also

Concurrent session 7

Thursday 26 March 2009

Theme: Children's nursing

7.1.1

Experiences of same-sex couples when their children require healthcare interventions

Lesley Dibley, Florence Nightingale School of Nursing and Midwifery, King's College London, London, UK

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Abstract:

Background: Despite increasing numbers of same-sex families, many requiring healthcare support for their children, there is a dearth of research evidence to inform practice for this specific parent group. Recent changes in UK equality and anti-discrimination law should enhance visibility of lesbian and gay clients and same-sex parents within the health care system and practitioners will need to ensure they meet the needs of this client group appropriately.

Aims: To improve the healthcare experiences of same-sex families by understanding the experiences of a marginalised group of parents; to identify parent and professionals' behaviours that bring about positive or negative experiences; to recommend strategies which eliminate negative practices and provide high quality support for same-sex families with children.

Methods: Heideggerian phenomenology with purposive chain-referral sampling; unstructured interviews to explore the narratives of the experiences of same-sex parents in healthcare settings. Narrative data was analysed using McCormack's Interpretive Lenses. Insider status – both professional and personal – was managed and evidenced by adopting a reflexive approach.

Results: Findings suggest that although most respondents (all female) initially identified their experiences as 'okay', deeper exploration revealed subtle and overt evidence of homophobia – experiences ranged from intolerable to good with isolated episodes of excellent care. Women revealed issues relating to heterosexism, coming out (or not), fear of compromise to their child's care, and being treated 'as if we are all the same.'

Discussion: Lesbian mother's narratives illustrate that many healthcare professionals remain skill-less and uninformed, that the healthcare system perpetuates exclusion and heterosexism, and that these women work hard – even in very stressful circumstance – to help professionals understand their family structures and ways of being.

Conclusions: The study can potentially inform the routine inclusion of gender issues in inter-professional education at all levels to overcome prejudice, homophobia and heterosexism and so improve care for same-sex families and other marginalised groups.

Recommended reading:

Hollway W & Jefferson T (2000) *Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method* London: Sage

Giorgi A (1997) *The Theory, Practice and Evaluation of the Phenomenological Method as a Qualitative Research Procedure* Journal of Phenomenological Psychology 28 pp235-260

Mikhailovich K, Martin S & Lawton S (2001) *Lesbian and Gay Parents: Their Experiences of Children's Health Care in Australia* International Journal of Sexuality and Gender Studies 6 (3) pp181-191

7.1.2

Nurse prescribing by children's nurses: The views of nurses in a specialist children's hospital

Nicola Carey, School of Health and Social Care, University of Reading, Reading, UK

Co-authors: Karen Stenner; Molly Courtenay
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Abstract:

Aims: To explore the views of children's nurses working in a specialist hospital on the adoption of the prescribing role on their practice.

Background: Research indicates that care delivered by nurse independent prescribers and nurse supplementary prescribers can improve access to medicines and the quality of care patients receive (Stenner & Courtenay 2008). Recent UK government policy for children and young people emphasizes the role of prescribing by nurses in improving access to medicines and choice for patients (DoH 2004), however the views of nurses prescribing for children have not been explored.

Methods: A longitudinal qualitative approach was adopted using thematic analysis on semi-structured interview data collected during 2006 and 2007. Participants were seven children's nurses in one specialist children's hospital who were qualified nurse prescribers.

Findings: Nurses varied in their actual and desired levels of autonomy, and this was reflected in their scope of practice. Although the prescribing role that nurses undertook within this setting was limited, a number of improvements were reported including increased efficiency, opportunity to complete episodes of care, and improved communication with patients. This was felt to enhance quality of care, and ultimately job satisfaction for nurses. To a varying extent, issues of lack of understanding, capacity of the nursing workforce, and a lack of appropriate support were identified as barriers that had impacted on the implementation of prescribing within the hospital.

Conclusions: The capacity to prescribe medicines by children's nurses contributes towards modern health care policy and improvements in care. However, it is important that nurses have the appropriate support, and other health care professionals understand nurse prescribing. Communication across professional boundaries is therefore crucial to the successful implementation of nurse prescribing in the care of children and young people in the hospital setting.

Recommended reading:

DoH (2004) *National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People*, Department of Health, London.

Stenner, K., Courtenay, M. (2008) *The Benefits of Nurse Prescribing According to Nurses Prescribing for Patients in Pain*, Journal of Advanced Nursing, 63, (1), 27-55.

7.1.3

A survey of registered nurses knowledge and attitudes regarding paediatric pain assessment and management: An Irish perspective

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Abstract:

Aims: To explore nurses' knowledge and attitudes regarding paediatric pain assessment and management.

Methods: Simple random sampling with 292 nurses, from a children's hospital. The Paediatric Nurses Knowledge and Attitude Survey was utilised to collect data. Tool is a statistically reliable: Test-retest $r = 0.859$ and Cronbach alpha 0.708 . A response rate of 60% ($n = 174$) was achieved. SPSS used to analysis data and open questions were analysed by thematic content analysis. Descriptive and inferential statistics were performed.

Results: Total mean score on the PNKAS scale was 62%. Majority of nurses scored $\leq 80\%$ which has been identified as a satisfactory level for practice standards. Nurses had knowledge deficits particularly in regard to pharmacology especially opiates, pharmacokinetics and non-pharmacological interventions. No differences were demonstrated between nurses's age, nursing experience, years of paediatric experience, nursing grade and having pain education during hospital orientation on the mean PNKAS score. Statistically significant difference ($p < 0.001$) of moderate to large effect was demonstrated between nurses whose main qualification was Registered Children's Nurse (RCN) compared to RGN on the mean PNKAS score. Also between nurses who worked in different specialities on the mean PNKAS score ($p = 0.003$). Nurses who had received pain education within the previous two years demonstrated a difference ($p = 0.003$) on the total PNKAS scale.

Conclusions: Findings support concerns regarding unsatisfactory pain management attitudes and knowledge in nurses. A paediatric nursing qualification, continuing education, including nurse's area of expertise had a positive influence on nurses' knowledge. Intensive continuing education is needed regarding pain management and especially in relation to non paediatric qualified nurses. Education is needed in: pain assessment, including self report; pharmacology and pharmacokinetics of

analgesia especially in relation to opiates to dispel fears and non-pharmacological interventions. Educational strategies i.e. problem based learning and reflection should also be considered.

Recommended reading:

Brennan, F. and Cousins, M.J. (2004) Pain Relief as a Human Right. *Pain, Clinical Updates* 12 (5): 1-4 (online)

Finley, G.A. Franck, L.S. Grunan, R.E. and Von Baeyer, C.L. (2005) Why Children's Pain Matters. *Pain, Clinical Updates* 13 (4): 1-6 (online)

Manworren, R.C.B. (2001) Development and Testing of the Pediatric Nurses' Knowledge and Attitudes, Survey Regarding Pain. *Pediatric Nursing* 27 (2): 151-158.

Theme: Stroke care/trauma

7.2.1

A survey of oral care practices in Scottish stroke care settings

Marian Brady, *Nursing, Midwifery and Allied Health Professions Research Unit, Nursing, Glasgow, UK*

Co-authors: Ana Talbot; Denise L.C. Furlanetto; Heather Frenkel; Brian O. Williams

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Abstract:

Introduction: Impairments that often accompany stroke (physical or cognitive) may challenge independent oral care. Oral health problems impact on patients' nutritional intake, which is in turn linked to their length of hospital stay and rehabilitation, as well as oral health itself.

1 Stroke nurses have the responsibility of supporting patients' independent oral care or maintaining oral health for patients unable to do so independently. The poor oral care practices within some healthcare settings have been highlighted.

2 Little is known about the tools, equipment and support which nurses in stroke care settings have to conduct adequate oral care.

Methods: We collected information on the oral care practices in stroke care settings across Scotland. We designed, piloted and distributed a short postal questionnaire to ward managers or senior nurses in 71 units providing specialist care for patients in the acute or rehabilitation stages following stroke. Employing some of the strategies found to be effective in improving response rates to postal questionnaires, a pre-notification letter and a reminder letter were also circulated one week before and after the distribution of the questionnaire. Responses were anonymous.

Results: Our survey had a 99% response rate with 70 questionnaires completed and returned. Most units (64/70) received support from dental professionals on request. Disappointingly, only a third of nursing staff had received oral care training in the previous year. Just one fifth used oral care assessment tools or protocols. Nurses did not have access to toothbrushes or toothpaste in almost a third of units.

Conclusions: With an excellent response rate we have a comprehensive overview of the challenges nurses face in providing adequate oral care for patients in stroke care settings. Nurses' access to assessments, protocols and equipment varied considerably. Access to based tools of oral care should not be assumed.

Recommended reading:

Finestone, HM, Greene-Finestone, LS, Wilson, ES and Teasell, RW, 1996. Prolonged Length of Stay and Reduced Functional Improvement Rate in Malnourished Stroke Rehabilitation Patients. *Archives of Physical Medicine & Rehabilitation*, 77(4) pp340-5

Steele JG., Sheihman A, Marcenes W, Walls AWG, 1998. National Diet and Nutrition Survey: People Aged 65 Years and Over. Vol. 2: Report of the Oral Health Survey, London: HMSO

Edwards PJ, Roberts IG, Clarke MJ, DiGiuseppi C, Wentz R, Kwan I, Cooper R, Felix L, Pratap S. 2007. Methods to Increase Response Rates to Postal Questionnaires. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: MR000008. DOI: 10.1002/14651

7.2.2

Comparing the concept of hope on two units: Trauma and stroke

Liz Tutton, *School of Health and Social Studies, University of Warwick, Coventry, UK*

Co-authors: Kate Seers; Debbie Langstaff; Martin Westwood

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Abstract:

Background: Hope as a concept has great appeal for nursing with its focus on the meaning of life and orientation to the future. However there is a gap in the literature in relation to how hope is viewed within the context of daily ward life in acute care. This presentation will compare the findings from an exploration of hope on a Trauma Unit and Stroke Unit.

Aims: This study extends existing knowledge by exploring the meaning of hope for people living and working in two specialist acute care settings.

Methods: The study drew on the principles of ethnography undertaking 21 hours of observation, qualitative interviews with 10 patients and 10 multidisciplinary staff members, and two focus groups with staff, on each unit. Data collection commenced in March 2007 and will be completed in October 2008. Data were analysed line-by-line and coded using QSR N6 as a means of managing the data.

Results: The preliminary findings identify the suffering inherent in living with injury/stroke where particularised hope is focussed on the experience of hospital life, and gradual progress in regaining functional abilities. Generalised hope identified the desire to be 'like they were before' and to live at home once again. Staff identified the professional process of realistic hopefulness; providing support through the emotional process of recovery and

focussing on practical goals to provide a formal structure for daily life.

Discussion: The discussion presents i) an analysis of the similarities and differences between the two specialist units and ii) a conceptual framework for practice that links this study with other research on hope, dovetailing with person centred practice.

Conclusions: The study suggests that within the context of valuing specialist knowledge; hope has shared meanings across disciplines that could be used to guide practice or as a basis for further research.

Recommended reading:

Lohne V (2008) The Battle Between Hoping and Suffering: A Conceptual Model of Hope Within a Context of Spinal Cord Injury. *Advances in Nursing Science* 31(2), 237-248

Morse J M & Penrod J (1999) Clinical Scholarship. Linking Concepts of Enduring, Uncertainty, Suffering, and Hope. *Image: Journal of Nursing Scholarship* 31(2), 145-150

Turner D S & Stokes L (2006) Hope Promoting Strategies of Registered Nurses. *Journal of Advanced Nursing* 56, 363-372

7.2.3

Planning post-discharge needs: Death, dependency and health status 90 days following acute stroke in Australia

Sandy Middleton, *School of Nursing, Australian Catholic University National, North Sydney, Australia*

Co-authors: Chris Levi; Cate D'Este; Simeon Dale; Rhonda Griffiths; Jeremy Grimshaw; Jeanette Ward; Malcolm Evans; Clare Quinn; Dominique Cadilhac
simeon.dale@acu.edu.au

Abstract:

Background: Hyperglycaemia, fever and swallowing dysfunction are poorly managed following stroke; patient outcomes are compromised. Guidelines could improve care but are not effectively implemented.

Aims: To develop and trial a multidisciplinary team building intervention comprising workshops and nurse-initiated clinical treatment protocols to improve management of fever, hyperglycaemia and swallowing dysfunction following stroke.

Methods: Acute Stroke Units (ASUs) in New South Wales (NSW), Australia are participating in this prospective, multicentre, single-blind, cluster randomised controlled trial. ASUs randomised to the intervention group have received: unit-based workshops to identify local barriers and enablers; a standardised core education program; nurse-initiated evidence-based clinical treatment protocols; and engagement of local staff. Control group ASUs have received only an abridged version of the National Clinical Guidelines for Acute Stroke Management. Baseline patient outcome data are reported.

Results: A total of 736 patients were recruited to the baseline cohort from 19 ASUs; 45 (6%) of these patients died within 90-days; 48 withdrew or were unable to be interviewed (7%). Of the 643 who participated, over half were male (n=359, 56%). The mean age was 71 years. Over half (n=408, 65%) were independent (BI of → 95) with just over a third (n=237, 37%) reporting no symptoms or no significant disability despite symptoms (MRS ← 1). Thirty five patients (5%) had a further stroke, 75 patients (10%) reported that their health was 'much better now' or 'somewhat better now' than one year ago.

Discussion: These data provide an insight into the level of morbidity experienced 90-days following admission to ASU's, generating a useful set of 'norms' for the planning of future intervention studies in stroke. In addition, patient 90-day status will assist in planning for patient needs post-discharge.

Conclusions: These baseline data provides unique, prospectively collected 90-day outcome data for a cohort of stroke patients to guide post-discharge care.

Discussion: The effects of the changes have been significant. Information is now easy to find and readily accessible to all caregivers, and information is easily updated throughout the patient's hospitalization. The home medication list is used to populate the electronic discharge instructions. Complete, accurate, and legible discharge instructions are printed for patients, faxed to primary physicians caring for patients post-discharge and available online to all caregivers.

Conclusions: As a result of this project it was concluded that computerization can improve timeliness and accessibility of communication of current medications to all caregivers.

and traffic accidents combined (House of Commons Health Committee, 2005). The safety of patients is compromised by poor management of warfarin, especially across the primary/secondary care interface.

Conclusions: All professionals need better education and better information to manage patients receiving warfarin.

Recommended reading:

House of Commons Health Committee (2005) The Prevention of Venous Thromboembolism in Hospitalised Patients. London, The Stationery Office

7.3.2

A baseline study of the management of anticoagulant medication in the UK

Annette Lankshear, Nursing, Health and Social Care Research Centre, Cardiff University, Cardiff, UK
Co-authors: Karin Lowson; Jane Harden; Cheryl Rogers; Paula Lowson; Ruth Saxby

7.3.3

The professional jurisdictions of nursing and medicine in relation to the supply and prescription of medicines by nurses in the acute setting

Helen Green, QA Team, Skills for Health, Solihull, UK
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Theme: Medication management

7.3.1

Improving the medication reconciliation process: A hospital quality initiative

Moreen Donahue, Nursing Administration, Danbury Hospital, Danbury, KingdomStates
Co-author: Matthew Miller and Joyce Fitzpatrick
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Abstract:

Background: Communication is key to managing continuity of care for patients. Medication reconciliation is a formal process that requires enhanced communication to track medications taken at home, ordered at admission, and planned for after discharge.

Aims: This study was aimed at improving the medication reconciliation process at a community hospital in order to improve the quality of care.

Methods: A multidisciplinary team led by senior leadership involving front line staff and informatics experts was formed. The lean Six Sigma process was used to identify areas for improvement; targeted areas for assessment were suppliers, inputs, process, outputs, and customers. A computerized medication reconciliation process was implemented.

Results: Mean time from admission to medication reconciliation was used as the measure of change. Pre-computerized medication reconciliation the mean time was 27.9 hours; post-computerized medication reconciliation was 11.3 hours. The percent of medications reconciled at discharge pre-computerization was 40%; post-computerization the percentage was 93%.

Abstract:

Background: It is estimated that almost a million people take warfarin at any one time and this figure is set to rise. Management of the drug requires the navigation of a narrow channel between the risks of haemorrhage and thromboembolism. It is one of a small number of drugs frequently implicated in adverse incident reports.

Aims: In January, 2007 a team from Cardiff and York Universities was commissioned by the NPSA to undertake a six-month baseline study of anticoagulant management prior to the publication of a patient safety alert.

Methods: The team made visits to twenty randomly selected NHS acute trusts to interview chief nurses, medical directors, chief pharmacists, patient safety managers and consultant haematologists (n=115). We also interviewed junior doctors (n=52), ward pharmacists (n=56), ward sisters and charge nurses (n=76) to determine their educational preparation and confidence in managing the drug and asked them to share the difficulties they faced in practice especially around the management of discharge.

Results: We found awareness of poor practice at senior level and limited understanding of correct loading doses and drug and food interactions amongst the junior doctors, nurses and pharmacists interviewed. Few ward sisters/charge nurses had received any specialist education. Discharge procedures are complicated by the four levels of GP involvement permitted by the GP contract.

Discussion: A recent House of Commons Health Committee report stated that, despite the availability of effective anticoagulant medication, the annual death toll ascribed to venous thromboembolism resulting from a hospital stay exceeded the total number of deaths from breast cancer, AIDS

Abstract:

Background: Following the publication of the NHS Plan (DH 2000), nurse prescribing was extended to all nurses.. Guidance was also written around the supply and administration of medicines by nurses under Patient Group Directions (NHSE 2000). This research considered the changes to the jurisdictions of medicine and nursing as a result of these events.

Aims: This research aimed to critically examine the changing jurisdictions of nurses and doctors with the advent of legalised nurse prescribing and to identify the implications for the professional development of nursing.

Methods: The methodology utilised was qualitative case study. Specialist nurses, ward managers and senior doctors from two acute hospital sites were interviewed. The specialist nurses were observed in clinics, field notes were kept and documentary material was collected at both sites. The data was collected between 2004 and 2007.

Discussion: One case study site had promoted nurse prescribing to a greater extent than the other. At both case study sites nurses were recognised to have great expertise, follow rules better than doctors and so be more careful. Some doctors were identified as not supportive of nurses prescribing. Both doctors and nurses in the study felt that there should be locally set boundaries around what nurses could prescribe and that doctors should be involved in making that decision.

Conclusions: With the changes in legislation, the profession of nursing had an opportunity to achieve professional closure around the supply and prescription of medicines and move to a shared jurisdiction in relation to prescribing. However, both doctors and nurses felt that doctors should retain intellectual jurisdiction over nurses' prescribing.

The continued requirement to involve doctors in the training of nurses means that they still have the power to prevent an organisation wide approach to achieving optimum benefits from nurse prescribing for both the organisation and the patient.

Recommended reading:

Coombs M. (2004) *Power and Conflict Between Doctors and Nurses*. Routledge, London
Department of Health (2000a) *The NHS Plan: A Plan for Investment, A Plan for Reform*, HMSO, London
National Health Service Executive (2000) *HSC 2000/026 Patient Group Directions (England Only)*. NHSE, Leeds

Theme: Palliative care

7.4.1

Living with dying: the experiences of people with lung cancer and their families

Donna Fitzsimons, Central Nursing Team, Belfast City Hospital, Institute of Nursing Research, University of Ulster & Belfast Health & Social Care Trust, Belfast, UK

*Co-authors: Lesley Rutherford; Jill McAuley
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Abstract:

Background: Lung cancer is a devastating diagnosis. The high rate of complex problems experienced by these people and very low five year survival, underline the importance of providing timely and efficient services. Yet recent research confirms that patients' symptoms and the wider psychosocial issues experienced by them and their families are difficult to manage. Further information regarding this experience is required in order to develop more responsive care.

Aims: The aim of this study is to explore the experience of patients and carers living with lung cancer in Northern Ireland.

Methods: A qualitative study was undertaken using semi-structured interviews with a purposive sample of 23 participants (12 patients and 11 carers). Interviews were conducted in patients' homes and all interviews were taped and transcribed verbatim. Due to the vulnerability of this population ethical procedures were carefully considered and strictly adhered to. Transcripts were analysed using a standard thematic approach.

Findings: Eight qualitative themes were derived from this data:

- living with dying
- pervasive uncertainty
- emotional impact
- struggling for control
- facing loss
- financial hardship
- symptom burden
- information needs

Each theme will be presented using verbatim quotations to substantiate meaning.

Conclusions: People with lung cancer and their families are suddenly placed in a life-changing situation, often lacking the experience or resources to cope. They are confronted with the inescapable reality of 'living with dying' on a daily basis. Nurses and healthcare professionals delivering services to these people need to understand the reality and nuances of these issues, in order to deliver improved care. For this population there is no time to make mistakes or omissions in care and we each have a role in improving this experience.

Recommended reading:

Ryan PJ et al (2008) *Lung Cancer: Caring for Carers*. *Palliative Medicine* 22;233-238
Krishnasamy M et al (2007) *Patients and Carer Experiences of Care Provision After a Lung Cancer Diagnosis*. *Support Cancer Care* 15;327 – 332
Proot JM et al (2003) *Vulnerability of Family Caregivers in Terminal Palliative Care at Home; Balancing Burden and Capacity*. *Scandinavian Journal of Caring Science* 17; 113 – 121

7.4.2

Why don't they die at home? The impact of service provision on end of life care for patients with cancer

Mary O'Brien, Evidence-based Practice Research Centre, Faculty of Health, Edge Hill University, Ormskirk, UK

*Co-author: Barbara Jack
obrienm@edgehill.ac.uk*

Abstract:

Background: Providing service users with a say in their care is integral to UK government health policies, including initiatives such as the End of Life Care Programme and the recent Department of Health End of Life Care Strategy (DH 2008). Implicit within these policies and development is that the patient's preferences regarding the location of care are followed (wherever possible) (NICE 2004). Despite these policy initiatives, approximately 56% of UK cancer deaths occur in hospital with many patients with cancer who had chosen to die at home being admitted to hospital in the last days and hours of life. (Davies et al 2006). The aim of this study was to explore the factors that influence this outcome.

Methodology: A qualitative study, using audio tape-recorded focus group interviews was employed for the study. A purposive sample of 19 district nurses and community specialist palliative care nurses from across two primary care trusts in the North West of England participated in two focus groups. Data were analysed for emerging themes using thematic analysis.

Results and Discussion: The findings of this study suggest that poorly coordinated service provision impacts upon enabling patients with cancer, who

wish to die at home to achieve this goal. Poor discharge planning from the hospital including a lack of communication with the community nursing team, coupled with delays in commencing additional care services and the delivery of equipment are all identified as influencing factors. This paper discusses these findings and recommendations for improving the services offered to terminally ill cancer patients and their families will be given.

Recommended reading:

Davies E, Linklater KM, Jack RH, Clark L, Moller H (2006) *How is Place of Death from Cancer Changing and What Affects it? Analysis of Cancer Registration and Service Data*. *British Journal of Cancer* 95, 593-600
Department of Health (2008) *End of Life Care Strategy –Promoting High Quality Care for all Adults at the End of Life*, Stationary Office, London
National Institute for Clinical Excellence (NICE) (2004) *Improving Supportive and Palliative Care for Adults with Cancer* National Institute for Clinical Excellence, London

7.4.3

Dying at home: The impact on informal carers on cancer patients' place of death

*Barbara Jack, Faculty of Health, Edge Hill University, Ormskirk, UK
Co-author: Mary O'Brien
jackb@edgehill.ac.uk*

Abstract:

Background: It is estimated that between 50-75% of those with cancer and over 50% of adults (if diagnosed with a terminal illness) would prefer to die at home (Higginson 2003). Although UK government initiatives such as the introduction of the End of Life Care Programme promote patients' choice to die at home, approximately 26% of terminally ill patients are not dying at home (Davies et al 2006). There are increasing challenges for the informal carers particularly with an increasingly aging population. Despite the policy initiatives there remain a persistent number of patients with cancer who had chosen to die at home being admitted to hospital in the last days and hours of life. The aim of this study was to explore the factors that influence this outcome.

Methodology: A qualitative study using two focus group interviews with community nurses (district nurses and community specialist palliative care nurses) was undertaken across two primary care trusts in the north west of England. Data was analysed using a thematic analysis approach.

Results and Discussion: All respondents highlighted the ability of carers to cope as a major factor affecting whether patients with cancer were enabled to die at home. Influencing factors such as the ability of the family to cope and the duration of the illness are also reported. This paper discusses

the results and explores potential reasons for the findings. Recommendations for the development of a carer assessment tool with appropriate supportive interventions are made.

Recommended reading:

Davies E, Linklater KM, Jack RH, Clark L, Moller H (2006) How is Place of Death from Cancer Changing and What Affects it? Analysis of Cancer Registration and Service data. *British Journal of Cancer* 95, 593-600

Higginson, I (2003) *Priorities and Preferences for End of Life Care*. London: National Council for Hospice and Specialist Palliative Care Services

Theme: Cancer

7.5.1

The quality of life, coping behaviours and needs of men who have localised prostate cancer who are receiving radical radiotherapy and androgen deprivation

Oonagh Mc Sorley, Institute of Nursing Research, University of Ulster, Newtownabbey, UK

Co-authors: Eilis McCaughan; Brendan Bunting; Kader Parahoo; Joe O'Sullivan; Hugh McKenna; Sonja McIlpatrick

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Abstract:

Prostate cancer incidence is increasing with the result that more men are living longer with the disease and the side-effects of treatment. This paper focuses on men's experience of the effects of radiotherapy treatment and their coping strategies following a diagnosis of prostate cancer. Quantitative data was collected on quality of life and coping at 4 time points (pre – radiotherapy treatment, within 4-6 weeks post-treatment and 6 months and 1 year, thereafter) with a sample of 149 men from the Cancer Centre, in Northern Ireland. A sub-sample of 10 men were interviewed in-depth at the same time points about the effects of the treatment on their lives and family, on how they cope (including sources of information/support they access and self-management strategies). Quantitative findings showed that there was a decline in their quality of life at 4-6 weeks post-treatment and for a small but significant group of the men, the symptoms were severe. Participants reported using a variety of coping methods to steer them through the treatment and post-treatment phases in order to 'get on with life' and remain positive.

The qualitative data revealed many challenges as a result of living with the side-effects of radiotherapy and hormonal treatments. They experienced distress and anxiety and had difficulties in coping with such problems as sexual function, bladder function, fatigue and hot flushes. They found it difficult to cope with many of these problems which disrupted their lives and the lives of their families. This was a time when the men felt they were left on

their own, with limited input from health services. There is a need for evidence-based interventions to support men and their partners as they deal with the problems and issues which arise from the illness and its treatment, in particular in the 4-6 weeks post-treatment period.

7.5.2

Adjuvant radiotherapy of women with breast cancer – information, support and side-effects

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Co-authors: Gertrud Strömbeck; Anette Löfgren; Barbro Gunnars

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Abstract:

The aim of this study was to:

- 1) describe the side-effects that women with breast cancer experience after adjuvant radiotherapy, the severity and duration of the most reported
- 2) examine women's experiences of given information and need of support.

171 women with breast cancer receiving post-surgical adjuvant radiotherapy completed a questionnaire at four times between the start of radiotherapy and six months after completion of radiotherapy. The questionnaire consisted of the Oncology Treatment Toxicity Assessment Tool (OTTAT) to measure the radiotherapy-related side-effects. Questions regarding the experience of delivered information and support were added. Most commonly reported side-effects were skin reactions, fatigue and pain. Women treated with mastectomy had a higher prevalence of side-effects and experienced the side-effects more severe than women treated with breast conservative surgery. The prevalence of side-effects peaked at the end of treatment and three weeks later. At six months after the completion the prevalence of side-effects was still higher than baseline. Psychosocial symptoms, including difficulty to concentrate, sleep disturbance and feeling depressed increased during the measuring period. The frequency of dyspnoea was also higher six months post-treatment compared to start of treatment. A majority of the women experienced the given information and support as satisfying. The need for follow-up of the side-effects was expressed. Women with breast cancer who receive adjuvant radiotherapy should be informed about what side-effects that can occur, and also that those can remain and even get worse during the three weeks post treatment. It is a challenging task for the nurse to provide support to handle the side-effects, even after the treatment is completed.

Further research is needed to learn more about the development of side-effects even after the six month period post treatment. Future nursing research also needs to focus on developing strategies to prevent and treat side-effects of radiotherapy.

7.5.3

Continence care for men having prostate surgery: Advice and practical help before and after radical prostatectomy and TURP

Suzanne Hagen, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, Glasgow, UK

Co-authors: Cathryn Glazener; Claire Cochran; Louise Campbell

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Abstract:

Background: Urinary incontinence is common after prostatectomy. This risk is highest after radical surgery for cancer (50-90% prevalence six weeks after surgery). While the risk is lower after surgery for benign disease (5-10% prevalence at six weeks) the numbers affected after the two procedures are similar as benign disease is much more common. Over time, the rates of incontinence fall in both groups, but a significant number of men are left with long-term incontinence. Men experience wide variation in the amount of advice and help they receive about continence problems they may experience after prostate surgery.

Aims: To explore the experiences of men who had recently undergone prostate surgery relating to the continence care that they had received.

Methods: As part of a large randomised controlled trial, a postal questionnaire was sent 3 weeks post-surgery to men having radical prostatectomy and TURP.

Results: To date 146 men (56 radical, 90 TURP) have responded. Most men who had radical prostatectomy (98%) had been made aware beforehand that they might leak afterwards, compared to 57% of men who had TURP. Respondents most often acquired this information from their hospital doctor (98% radical; 67% TURP), followed by a hospital nurse (38%; 35%), and finding out for themselves (31%; 22%). Men, particularly radicals, were commonly offered pads post-operatively (66% radical; 9% TURP) but more reported using such products (77%; 17%). Similarly men reported being given pelvic floor exercise advice (62% radical; 9% TURP), although uptake was lower (48%; 7%).

Conclusions: Men having radical prostatectomy and TURP seem to receive different continence care. Whilst this may be appropriate post-operatively when leakage can be identified as a problem, all men should be made aware of the potential for post-operative urine leakage prior to surgery.

Theme: Internationality and nursing

7.6.1

International relations: What relationships in the work environment mean in terms nursing careers. Learning from the career stories of migrant African nurses living in the UK

Jacqueline Fitzgerald, Health Services Research Unit, London School of Hygiene and Tropical Medicine, London, UK

Abstract:

This paper is based on a research study of how nurses from Africa based in the UK construct and narrate their careers. The study aimed to explore how migrant nurses from sub-Saharan Africa locate migration to the UK within the broader context of their career. The background to the study is the global nursing shortage and the flow of nurses from low-income countries already experiencing severe shortages to high-income countries. The challenge posed for healthcare systems as well national and international policy makers is reflected in the World Health Organisation's 2006 declaration of the human resource decade.

The research involved a purposive sample of 17 qualified nurses from Africa now based in the South East of England, where health services are heavily reliant on the migrant nursing workforce. The inclusion criteria for participants reflected the policy environment associated with the practice of international nurse recruitment. Participants were recruited directly in response to a request for volunteers and via snowball technique.

Interviewed twice using a semi-structured approach and subsequently contacted for an update report a year later, the biographical and narrative analyses identified how the boundaries of nurses' careers are shaped over time by the social space in which they are experienced and the agency exerted by the individual. Careers have a relational dimension, and the analysis identified how relationships have not only an immediate impact but influence future working relationships and future career. In addition to a direct influence, relationships in the work environment can also symbolise the broader relationship within the organization described as the psychological contract and the structural and cultural factors that influence the individual career. The lessons the stories provide for all nurses are discussed in light of current UK nursing policy initiatives towards the modernisation of nursing careers.

Recommended reading:

Department of Health (2006) Modernising Nursing Careers – Setting the Direction. England UK: DH

Department of Health (2004) Code of Practice for the International Recruitment of Healthcare Professionals England UK: DH

World Health Organisation (2006) World Health Report: Working Together for Health Geneva: WHO

7.6.2

The experiences of internationally recruited nurses: Implications for retention

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Abstract:

This presentation will explore the experiences of recently recruited international nurses (IRNs) to the UK and the implications for their retention within the British workforce.

Background: The current campaign to recruit international nurses began in earnest in the mid 1990s in response to staff shortages and policy changes (DoH 2000), and has added in the region of 100,000 overseas nurses to the UK register (NMC 2005; 2006; 2007). Many practice areas are now dependent on international nurses as an integral and essential part of their workforce and there is evidence to suggest that if IRNs choose to leave the UK in large numbers we could face severe staffing shortages (Buchan 2003). Now that international recruitment has slowed the focus must shift to the retention of this valuable workforce.

Methodology: A systematic review of empirical studies relating to the experiences of this group of migrant nurses was undertaken. Meta synthesis techniques were used to appraise the findings and to allow comparison of themes across studies.

Findings: Five main themes in the experiences of IRNs emerged from the study: motivation for migration; adapting to British nursing; experiences of first world healthcare; feeling devalued and deskilled; and vectors of racial discrimination. The implications of these for retention are analysed and recommendations for practice suggested.

Conclusions: This study identifies that action should be taken in the following areas to optimize the chances for retention of IRNs: recognizing economic ambition; robust preparation/adaptation; matching expectations; recognizing professional status; organizational support and management of racism. Contribution to practice: IRNs have in many ways been the saviours of British nursing in the face of a domestic crisis in staffing. If we are to avoid the scenario of repeatedly recruiting, retraining then replacing overseas nurses we must listen carefully to their experiences so that we can optimise the potential for retention.

Recommended reading:

Buchan, J. (2003) Here to stay? International Nurses in the UK. RCN Publications.

Department of Health (2000) The NHS Plan. The Stationary Office. London

NMC (2005; 2006; 2007) Statistical Analysis of the Register www.nmc-uk.org

Theme: Mental health/ethics/
information systems

7.7.1

A mapping of UK nursing's e-theses and comparison of electronic search strategies

Colin Macduff, CeNPRaD, School of Nursing, The Robert Gordon University, Aberdeen, UK

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Abstract:

Background: The recent rise in university Institutional Repositories, national portals to e-theses (e.g. the British Library ETHOS project), and international gateways (e.g. the Networked Digital Library of Theses and Dissertations) means that an exciting range of electronically formatted theses are now freely available in full text to potential PhD readers and writers (Macduff 2008). As yet, however, there has been no systematic study of what is available in the UK and how best to discover this. This paper will describe a research project that is addressing this need.

Objectives:

1. To explore and compare the use of a variety of search strategies in order to best identify the nature and scope of UK nursing PhD e-theses, and to guide other researchers within nursing who are new to e-theses
2. To describe the resultant body of material in terms of subject matter and methodology/methods used
3. To ascertain whether UK nursing doctoral students are exploiting the potential of the e-thesis format to incorporate innovative media and other forms of presentation
4. To explore whether UK nursing doctoral students who publish an e-thesis also publish related work in journals

Methods: The research involves comparing use of web portals that harvest from university Institutional Repositories with use of the individual repositories themselves. There is also comparison of use of different search terms. A standardised process and proforma has been developed for classifying the theses, informed by the work of McVicar and Caan (2005).

Initial Findings and Conclusions: These new search engines are variable and formative in terms of user-friendliness and coverage. The current number of UK nursing e-theses is likely to be under 40, but definitive initial mapping will be achieved by January 2009. This will contribute usefully by identifying this emergent 'e-academy' of nursing scholarship and how best to access it.

Recommended reading:

Macduff C (2008) The PhD as a Virtual Guest House. Journal of Clinical Nursing 17, 2381-2383

McVicar, A and Caan, W (2005) Research Capability in Doctoral Training: Evidence for Increased Diversity of Skills in Nursing Research. *Journal of Research in Nursing* 10, 627–646

7.7.2

A Cochrane systematic review: Shared decision making interventions for people with mental health conditions

Edward Duncan, *Nursing Midwifery and Allied Health Professions Research Unit, University of Stirling, Stirling, UK*

Co-authors: Catherine Best; Suzanne Hagen

Abstract:

Background: Health professionals should involve patients in health care decisions on both ethical and clinical grounds. Ethically, patients have a right to self-determination. Clinically, patients are more likely to comply with a treatment decision when it takes account of their personal values and preferences. Shared decision making is one method of addressing the power imbalance between patient and practitioner whereby the patient is encouraged to share their preferences and priorities and the health professional shares their knowledge and preferences; together they negotiate a mutually acceptable plan (which may be to do nothing) (Charles, Gafni, & Whelan 1997). This approach appears particularly relevant to decision making in mental health care where treatment decisions can have a profound effect on a person's daily life and treatment is often long-term. Encouragement to undertake shared decision making is included in recent policy guidance such as the NICE guidance on treatment for schizophrenia (National Institute for Clinical Excellence 2002).

Aims: To evaluate the effects of interventions to increase shared decision making on patient satisfaction, clinical outcomes and readmission to hospital for people with mental health conditions.

Methods: A Cochrane Systematic Review was undertaken as part of the Communication and Collaboration Review Group. **Results:** The review found only two studies meeting inclusion criteria. These indicated that shared decision making interventions increased patient involvement in decision making and increased patient satisfaction. There is no evidence that shared decision making interventions effected patient outcomes.

Discussion: No evidence of shared decision making interventions effecting patient outcome should not be misinterpreted as evidence of no effect. More research is needed in this field before firm conclusions are reached on the effects of shared decision making interventions. This paper will outline the review's findings in the broader context of research in shared decision making and suggest future research priorities.

Recommended reading:

Charles, C., Gafni, A., & Whelan, T. 1997, 'Shared Decision-making in the Medical Encounter: What Does it Mean? (Or it Takes Two to Tango)', *Social Science and Medicine*, vol. 44, no. 5, pp. 681-692

National Institute for Clinical Excellence 2002, *Schizophrenia: Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care*. London

7.7.3

A realistic evaluation of the impact of a computerised information system on clinical practice: The nurses' perspective

Cristina Oroviogiochea, *Nursing Research and Development Unit, Clínica Universitaria de Navarra, Pamplona, Spain*

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Abstract:

Background: Evidence of effective systems implemented effectively in healthcare organisations appear to be crucial for further design and development. Evaluation research of IT (information technology) implementation is moving from a technical to a socio-technical approach that incorporates user perspectives and context in the evaluation (Oroviogiochea et al, 2008).

Aims: The aim is to explore nurses' perceptions of the impact on clinical practice of the use of a computerised hospital information system.

Design: A realistic evaluation design based on Pawson and Tilley's work (1997) has been used across all the phases of the study. It is a theory driven approach and focuses evaluation on the study of what works, for whom and in what circumstances. These relationships are constructed as context-mechanisms-outcomes configurations (CMO).

Methods: A self-developed questionnaire was distributed to all nurses working in in-patient units of a University Hospital in Spain (n= 227) in May 2005. Quantitative data were analysed using SPSS 13.0. Descriptive statistics were used for an overall overview of nurses' perception. Inferential analysis, including both bivariate and multivariate methods (path analysis), were used for cross-tabulation of variables searching for CMO relationships.

Results: 179 nurses participated in the study (78.8% response rate). Overall satisfaction with the IT system is positive. Comparisons with context variables show how nursing units' context had greater influence on perceptions than users' characteristics. Path analysis illustrated that the influence of unit context variables are on outcomes and not on mechanisms.

Conclusions: Results from the study looking to subtle variations in users and units provide a grasp of how important professional culture and working

practices could be in IT implementation. The socio-technical approach on IT systems evaluation suggested in the recent literature appears to be an adequate theoretical underpinning on IT evaluation research. Realistic evaluation has proven to be an adequate method for IT evaluation.

Recommended reading:

Oroviogiochea C, Elliott B & Watson R. (2008) Review: Evaluating Information Systems in Nursing. *Journal of Clinical Nursing*; 17(5), 567-75

Pawson R & Tilley N (1997) *Realistic Evaluation* Sage Publications Ltd, London

Theme: Patient and public involvement

7.8.1

Patient and public involvement in the NHS

Sandy Herron-Marx, *National Centre for Involvement, University of Warwick, Coventry, UK*
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Abstract:

Background: Patient and Public Involvement (PPI) is one way on which patients, carers and the public have a voice in decisions about how healthcare services are planned, designed, delivered and evaluated. This collective form of involvement seeks to create an NHS that will be responsive to local need, ensure transparency in decision making about health care and build future genuine partnerships with local communities. The health policy driving PPI is now well established. Whilst the evidence documents local examples of PPI in practice, until recently little was known about how PPI was being implemented across the NHS.

Aims: This presentation reports on the collated findings from two national annual (2007 and 2008) surveys of PPI in the NHS across England.

Methods: A national online survey (questionnaire) using Snap survey software and hosted by 'Snap Online' was developed. The questionnaire generated both quantitative and qualitative data.

Findings: PPI leads were predominately from a nursing background. PPI roles tended to 'evolve' with little guidance given. PPI leads provided support to others in the Trust but often they worked in isolation. A great deal of commitment, energy and enthusiasm was required to be effective in the role. There was little consensus of the features of PPI and how this was reported and evaluated. A range of methods to involvement were used but predominately groups and individuals were 'consulted about' with often little evidence of how NHS Trusts were responding to information gained or how people's input was influencing change in the NHS. Resourcing and payment for involvement was not consistent across the NHS and there was little documented evidence of the sustainable impact of involvement. The implications of these findings for the nursing profession will be discussed.

7.8.2

Developing and evaluating a complex intervention: Engaging with users throughout the process

Faith Gibson, Centre for Nursing and Allied Health Professions Research, Institute of Child Health, London, UK

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Abstract:

Background: There is increased interest in using technology to overcome barriers to communication in health care. This includes the internet, email and mobile phones. A successful example of this is ASyMS©, which is a system utilising mobile phone technology to report symptoms related to chemotherapy. In adults, ASyMS© has been described as beneficial to adults with cancer and acceptable to professionals (Kearney et al. 2006). Young people are frequent users of technology, especially mobile phones. ASyMS© would therefore potentially be an acceptable and helpful medium for them to report symptoms while undergoing chemotherapy. However, the symptom experience for young people is less well understood and therefore adopting a system developed for adults may not necessarily be acceptable to young people. This paper will illuminate an approach to engage young people and professionals in order to embed ASyMS©-YG within our sphere of clinical practice.

The study: This is a 4-phase development study underpinned by the UK Medical Research Council (MRC) complex intervention evaluation framework (Campbell 2007). The study involves young people aged between 13 and 18 years, parents and health professionals. Involvement of the 'stakeholders' of an intervention is fundamental to the MRC framework (www.mrc.ac.uk/complexinterventionguidance). Developing ASyMS©-YG The study is progressing through the phases of the MRC framework through an iterative process employing mixed methods. Young people and health professionals are engaged in study development through consultation and collaboration by being involved in designing the intervention, participating in the Steering Group and dissemination of results (Gibson 2008). We will discuss how collaboration with stakeholders in each phase of the study has fostered understanding of the components and elements of ASyMS©-YG. We will describe the contribution of young people that is invaluable in evaluating the practical effectiveness of ASyMS©-YG and whether the intervention can work in everyday practice.

Recommended reading:

Campbell NC, Murray E, Darbyshire J et al. (2007) Designing and Evaluating Complex Interventions to Improve Health Care. *BMJ* 334: 455-459

Gibson F (2008) Building a Culture of Participation: Young People's Involvement in Research. In Kelly D, Gibson F eds. *Cancer Care for Adolescent and Young Adults*. Blackwell Publishing Ltd: Oxford

Kearney N, Kidd L, Miller M et al (2006) Utilising Handheld Computers to Monitor and Support Patients Receiving Chemotherapy: Results of a UK-based Feasibility Study. *Support Care Cancer* 14: 742-752

7.8.3

Older people's decision-making about the use of health and social care services

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Abstract:

Background: Older people often under-use or refuse to use health and social care services designed to support them in their own homes. This has contributed to increased pressure on acute hospital services as older people are admitted to hospital or long-term institutional care in circumstances that could be avoided (Department of Health, 2006; Health and Social Care Change Agent Team, 2004).

Aims: To improve understandings of the factors that affect older peoples use and uptake of health and social care services

Methods: A constructivist and participatory methodology was used to guide the study. Data was gathered through the use of participant observation, interviews and personal narratives. An inductive analysis of the data was undertaken to generate key themes and an interpretive framework.

Findings: The findings demonstrated that older people want to remain independent of health and social care services and described using adapting, coping and seeking as strategies for self-managing difficult situations. It was only when personal and internal resources were exhausted that people described seeking professional help. Individual narratives, however, illustrated that wider life experiences, as well as direct experiences of services, also affect decision-making processes.

Discussion and Conclusions: In 2008 the government published the case for reforming health and social care services in England (Department of Health, 2008). In this they recognise the need for radical change in care and support systems if services are to meet needs and promote independence, choice and control. This presentation will therefore focus on findings to illustrate: the aspects service design and individual circumstances that led to positive and continued use of health and social care services, the experiences that led to refusal of, or exiting from, health and social care services, how services that promote self-management can enable older people to remain independent in their own homes.

Recommended reading:

Department of Health (2006) *A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People*. A Resource Document, London: Department of Health

Department of Health (2008) *The Case for Change – Why England Needs a New Care and Support System*, London: Department of Health

Health and Social Care Change Agent Team (2004) *Avoiding and Diverting Admissions to Hospital: A Good Practice Guide*, London: Department of Health

Concurrent session 8

Thursday 26 March 2009

Theme: Learning disability

8.1.1

'Too busy looking after everyone else's health to worry about my own!' Health issues facing mothers of children with learning disabilities

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Abstract:

Background: Today in Australia a total of 99% of families care for their child with a disability within the home. It is often the mothers who become 'the health care providers for their children, with attendant reverberating effects on other areas of their lives' (Leiter et al., 2004). Numerous challenges face the family including the management of complex treatment regimens, understanding medical conditions, juggling the needs of other family members (Knafl and Santacroce, 2004).

Aims: The study aims to address the question 'What are the views of mothers and professionals regarding the health of families who have children with disabilities.'

Methods: Key informant semi-structured interviews were held with 13 mothers who had children with disabilities of varying ages and 5 disability professionals. These interviews were taped, the data transcribed, and key themes identified through thematic analysis.

Results: The mothers focused primarily on physical aspects of health, moving onto the build up of emotional health. The professionals identified mental health issues, risks factors, and physical health issues.

Discussion: The mothers and professionals identified a range of health issues often chronic and associated with their children's ongoing needs. The health of the mother was not perceived to be a priority, and they experienced higher emotional issues when their children exhibited behavioural problems.

Conclusions: Mothers' caring for children with disabilities experience physical and emotional health issues which may become chronic and complex as the child grows. Developing interventions and strategies to increase the knowledge of nurses increases the capacity to both improve the health care needs of the families and the outcomes for their children. This study has resulted in a health mentoring project that involves undergraduate nursing students working in partnership with families with the aim of improving their health.

Recommended reading:

Australian Institute of Health and Welfare (2006) Disability Updates: Children with Disabilities AIHW Canberra

Knafl, K. and Santacroce, S. (2004) In Primary Care of the Children with Chronic Condition. (Eds, allen,,

P. J. and Vessey, J. A.) Mosby, St. Louise Missouri, pp. 44-59

Lieter, V., Krauss, m. W., Anderson, B. and Wells, N. (2004) Journal of Family Issues, 25, 379-403

8.1.2

The Health Empowerment Learning Partnership (HELP) model: Undergraduate nursing students working with families of children with disabilities to improve their health

Linda Goddard, School of Nursing, Midwifery and Indigenous Health, Charles Sturt University, Albury, Australia

Co-authors: Patricia Davidson; Sandra Mackey

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Abstract:

This paper will present the HELP model, an innovative approach to health promotion that involves a partnership between families, undergraduate nursing students and lecturers in nursing.

Background: The effect of caring for a child with a disability over extended periods of time may result in anxiety, stress and pain (Barnes 2006). Families with more than one child are known to report higher stress and emotional strain Delve et al., 2006).

Aims: To identify the key elements required to develop and implement a partnership, health mentoring model for families with children who have disabilities and to identify the impact on the families and nurse partners.

Methods: Action research is utilised in the area of health promotion to develop complex community interventions involving 'ordinary people' who identify not only their health needs but more importantly their rights, and issues around care, coping and cure (Oliver and Peersman 2001, p.169). The cycles of action research have been used to plan, assess, act and reflect on this project and to generate change. Purposive sampling attracted participants: 30 nursing students, 20 families and two lecturers over three years.

Results: A partnership approach resulted in: identification of health issues; family strengths; health goals; the development of resources for each family. Evaluation indicated increased coping and wellness in families and enhanced skills and confidence in students working with families.

Discussion: The Health Empowerment Learning Partnership Model is an approach that empowers families, nursing students and their lecturers in a mutually beneficial manner. It has the capacity to build community capacity and empower families of children with disabilities through education and access to resources.

Conclusions: This model has been developed and expanded over a three year period and has the capacity to not only expand across other univer-

sities but also to other vulnerable family groups within the community.

Recommended reading:

Barnes, M. (2006) Caring and Social Justice, Palgrave MacMillan, London.

Delve, L., Samuelsson, L., Tallborn, A., Fasth, A. and Hallberg, L. (2006) Stress and Well-being Among Parents of Children with Rare Diseases: a Prospective Intervention Study, Journal of Advanced Nursing, 53, 392-402

Oliver, S and Peersman, G. (2001) Using Research for Effective Health Promotion, Open University Press, Buckingham

Theme: Nursing and management

8.2.1

The skills gap in nursing management: A comparative analysis of the public and private sectors in South Africa

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Abstract:

Background: A lack of management capacity has been identified as the key stumbling block to health delivery in South Africa. Despite nursing managers being central to overcoming the challenges facing health delivery in South Africa, there has been a paucity of research that analyses which competencies are important for nursing management and whether managers have these skills.

Aims: This paper aimed to identify the competencies that were perceived to be important for effective nursing management in South Africa as well as the managers' self assessed proficiency in these skills. It also compared the skills gap of nurse managers in the public sector with those in the private sector.

Methodology: A survey using a self administered questionnaire was conducted among 420 nursing managers in South Africa. Respondents were asked to rate the level of importance that 51 proposed competencies had in their job and to indicate their proficiency in each one.

Results: Managers in the private sector perceived themselves to be significantly more competent than their public sector colleagues. The largest skills gap for public sector managers were for 'ethico - legal', 'task related' and 'controlling' skills. The largest gap for private sector managers were for 'ethico -legal', 'health/clinical' and 'task related' skills.

Conclusions: This research confirms that there is a lack of management capacity within the health sector and also identifies areas in which the skills deficits are most significant for both the public and private sectors.

Implications for Nursing Management: These findings reflect the reality of the local health service environment and provide valuable information for those responsible for the professional development of health care managers. It will be useful in the conceptualization, design and delivery of health management programs aimed at enhancing current and future management and leadership capacity in the health sector in South Africa.

Recommended reading:

Lin L.M., Wu J.H., Huang I.C. and Tseng K.H. (2007) 'Management Development: A Study of Nurse Managerial Activities and Skills', *Journal of Healthcare Management*; 52:3; ABI/INFORM Global

Mathena K. (2002) 'Nursing Manager: Leadership Skills', *Journal of Nursing Administration*, 32:3, p.136

National Center of Healthcare Leadership (NCHL), (2006) *Competency Integration in Health Management Education – A Resource Series for Program Directors and Faculty*, NCHL, Chicago

8.2.2

The Nursing Work Index Revised: What is it actually measuring?

Brendan McCormack, Professor of Nursing Research, Institute of Nursing Research University of Ulster, Newtownabbey, Belfast

*Co-author: Paul Slater
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Abstract

Background: The developed world is facing a nurse shortage. Research carried out internationally has shown that nurses' practice environment plays a vital role in effectively recruiting and retaining nurses and in increasing patients' quality of care. Many of these studies rely on the Revised Nursing Work Index (NWI-R, Aiken and Patrician 2000) to measure characteristics of the practice environment. However, recent research has questioned the reliability and validity of the factor model of the instrument, identifying factor models ranging from 3 to 7 factors (Choi et al 2004; Slater and McCormack 2007).

Aims: The aim of this study is to examine the factor model of the NWI-R and measure its psychometric properties.

Methods: A cross sectional survey design was used to gather opinions on a population of registered nurses in an acute hospital in Northern Ireland in 2006. Each participant was distributed a questionnaire pack containing the NWI-R. A sample of 52% (n=449) responded. The data was analyzed using principal components analysis; confirmatory factor analysis; and measures of internal consistency.

Results: The findings identified a six factor model with sound psychometric properties explaining 56% of the data variance. Three factors were consistent with the factors identified in recent research. Three further factors emerged from the data unique to this study and have overlap with factor model

evidence presented in previous research. These factors are not so clearly defined. Measures of internal consistency ranged from 0.7 – 0.9.

Discussion: The findings raise questions for research using the NWI-R. There is considerable variability in the factors models reported in recent evidence. Three factors are reported in recent literature and confirmed by this study.

Conclusions: The findings raise interesting questions regarding previous research that has used the NWI-R. It highlights the necessity for a standardized, acceptable statistical approach to questionnaire validation. Future research is required into what the NWI-R is actually measuring.

Recommended reading:

Aiken, L.H. and Patrician, P.A. (2000). 'Measuring Organizational Traits of Hospitals: The Revised Nursing Work Index,' *Nursing Research*. 49(3):146-153

Choi, J.K., Bakken, S., Larson, E., Du, Y.L. and Stone, P.W. (2004). 'Perceived Nursing Work Environment of Critical Care Nurses.' *Nursing Research* 53(6): 370-378

Slater, P., & McCormack, B. (2007). An Exploration of the Factor Structure of the Nursing Work Index. *Worldviews on Evidence-based Nursing*, 4 (1), p30 – 39

8.2.3

Does the severity of clinical incidents and the managerial support received influence affect in nurses?

Martyn Jones, School of Nursing and Midwifery, University of Dundee, Dundee, UK

*Co-authors: Derek Johnston; Sharon McCann; Lorna McKee
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Abstract:

Background: The effects of variations in Effort-Reward Imbalance (ERI, Siegrist, 1996) and Demand and Control (DC, Karasek, 1979) on negative affect (NA) in nurses has been described recently (Elfering et al, 2006). However little is known about the effect of clinical events and the managerial support received on mood. The aim of this study was to examine the effect on nurse well-being of the key clinical incident in a shift, and including the effect of incident seriousness and receipt of managerial support.

Methods: Some 237 nurses in 4 large district general hospitals in England completed computerised behavioural diaries over three shifts. The diaries measured the severity of the worst incident during a shift, managerial support receipt and NA. Results were analysed using multilevel modelling (MLwiN 2.10).

Findings: Nurses with generally high levels of NA reported incidents as more serious (z=3.67, p<.001). Immediately after a serious event nurses

reported higher NA (z=3.30, p<.001) which persisted for the remainder of the shift (z=3.84, p<.0001). Managerial support was associated with higher levels of NA (z=2.22, p=.013). Examination of free text responses relating to the key events revealed that contact with managers was sought in response to the serious clinical incident, rather than managers being a source of distress.

Discussion: Serious clinical events have both immediate and enduring effects on NA. Managerial support may be used following serious events and hence is associated with higher NA. This study demonstrates the effects of managerial support receipt are not negative, however, as such support is sought in those clinical incidents regarded as serious by nurses in acute services.

Recommended reading:

Elfering, A., N. Semmer, et al. (2006). 'Work Stress and Patient Safety: Observer-rated

Karasek, R. A. (1979). 'Job Demands, Job Decision Latitude and Mental Strain: Implications for Job Redesign.' *Administrative Science Quarterly* 24: 285-308

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

Theme: Family care

8.3.1

Moving towards a model of family centred care: The POPPY Study (Experiences of parents with pre-term babies)

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Abstract:

Background: The POPPY study is a national study exploring parents' experiences of having a pre-term baby, particularly in relation to information, communication and information. This paper will focus on reporting the results of the qualitative phase. POPPY originated from the experiences of a group of parents in Warwickshire who have been involved throughout the study (Staniszewska et al 2007).

Aims: To explore parents' experiences of having a pre-term baby, in relation to communication, information and support.

Methods: NHS MREC ethical approval was gained. Interviews and focus groups were used to explore parents' experiences during 2007-2008. All data was transcribed and analysed using content analysis and involved parents. Analysis of the data moved from the identification of themes to the development of more conceptually driven elements which underpinned the development of a new model of care.

Results: In total 47 interviews and 3 focus groups were carried out across 7 sites in the UK. The sample included 13 fathers, a group rarely included in past studies. The study identified themes which included the need for preparation of women and families, the need to avoid isolation of the mother, the need for parents to talk, the role of communication and the importance of home support. Each of these areas will be discussed.

Discussion: The themes identified by the researchers in collaboration with parents have been used to construct a new model of care for the UK setting which will be presented. This model represents a fundamental move from baby-centred care to family-centred care.

Conclusions: The POPPY study has worked with parents to develop a new model of care for neonatal units. This model represents a significant refinement of current ways of working and has implications for nursing and for the ethos of neonatal units.

Recommended reading:

Staniszewska S, Jones, N., Marshall, S., Newburn, M., (2007) 'User Involvement in the Development of a Research Bid: Barriers, Enablers and Impacts' *Health Expectations* 10 (2), 173 – 183 (1369-6513) international journals and supervises a number of PhD students.

8.3.2

Parents and child hospitalization: The Portuguese version of the Needs of Parents Questionnaire

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Abstract:

Paper describing the development of the Portuguese version of Needs Parents Questionnaire (NPQ) in paediatric hospitalization context. Questionnaire includes 51 sentences, grouped into 6 categories: need to trust; need to be trusted; need for information; need for support and guidance; needs related to human and physical resources; needs related to the ill child and other family members. Each sentence is seen from three different perspectives: importance, fulfilment and independence. Semantic and linguistic equivalences were obtained (forward-backward translations). Validity was tested in a sample of 870 parents from four hospitals. Children aged from two days to 18 years. Content validity was guaranteed by two cognitive debriefings, with parents and with health providers. Reliability was assessed through test-retest and Cronbach's alpha. Sample was formed by 76% of mothers, 84.6% married, with a mean age of 32.6 years, living at a mean distance of 17Km from the hospital. 67% of children had previous experience in the same hospital. Correlation values obtained in test-retest ranged from 0.78 to 0.90, all satisfactory.

Cronbach's alpha ranged from 0.91 to 0.95, considered very good. Questionnaire was well accepted by parents. Regarding importance, parents gave the highest value to the need to trust (94.4%), followed by the need for information (89.5%), the need to be trusted (85.1%) and the needs relating to the ill child and other family members (83.3%). Regarding fulfilment, parents scored higher the need to trust (84.9%) and to be trusted (76.7%), and needs relating to the ill child and other family members (71.3%). Females scored higher the need to trust ($p < 0.05$) and needs relating to ill child and other family members ($p < 0.05$). Portuguese version of NPQ is now validated. Systematic use of this questionnaire may contribute to a better knowledge of children and parents in hospital, and to a better quality of care.

8.3.3

The use of the Mosaic Approach to elicit the experiences of children with a chronic illness of being cared for at home by their family and community children's nurse

Marie Bodycombe-James, University of Wales Swansea, School of Health Science, Swansea, UK
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Abstract:

The aim of this paper is to describe the use of the Mosaic Approach (Clarke and Moss 2001) to elicit the experiences of children (7-11years) with a chronic illness of being cared for at home by their family and community children's nurse. The underpinning theoretical perspective of this approach is the new sociology of childhood which views children as 'beings not becoming' (Qvortrup et al 1994), and listening to children's voices when they are recipients of health care. It is a multi method approach using children's narratives and creative arts to capture their experiences. Narratives are reflections and tales of peoples' experience; and are a useful way of gaining access to feelings, thoughts and experience (Holloway and Wheeler 2002). Polkinghorne (1995) defines narrative analysis as the use of stories to describe human experience and action. Narratives provide nursing scholars access to the human experience of time, order, and change, and it obligates them to listen to the human impulse to tell tales (Sandelowski 1991). Traditionally childhood and children's lives have solely been explored through the views and understandings of their adult care takers, however, a paradigm shift in childhood research has repositioned children as the subjects, rather than the objects of research (Christensen and James 2000). Studying children as persons implies that they are individuals who can act with intention and as agents in their own lives. Researching children's experience implies a respect for each child as a unique and valued experienter of his or her world, and this demands the use of research methods that

will capture the nature of children's lives as lived (Greene and Hogan 2005).

Recommended reading:

Clark A and Moss P (2001) *Listening to Young Children. The Mosaic Approach.* London. National Children's Bureau Enterprises
Greene S, and Hogan D (2005) *Researching Children's Experiences.* London. Sage Publications
Qvortrup J, Bardy M, Sgritta G, and Wintersberger H (Eds) (1994) *Childhood Matters Social Theory, Practice and Politics.* Aldershot. Avebury

Theme: Life crisis/spiritual care

8.4.1

A grounded theory of re-normalising after an abrupt life disruption

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Abstract:

Background: Patients hospitalised as a result of sudden injury become needy individuals who, as a consequence of the reason for their admission, have the potential to challenge the nursing team in relation to their care management. Nurses need to understand the experience from the patient's perspective to enable effective delivery of relevant care management. Previous research had explored the emergency surgical patients journey (Pearson & Kiger 2004) without generating any theory.

Aims: The purpose of this research was to (a) further elucidate the experiences of emergency surgical patients and (b) formulate a systematic logical and explanatory theory of how these patients dealt with the consequences of the abrupt incident.

Methods: This study utilised Glaserian principles and techniques (Glaser 1978) to elicit and analyse data from 30 emergency surgical patients.

Results: The theory of re-normalising after an abrupt life disruption illuminates a three-phase process. Immediately following the critical juncture of disruption to their established lifestyle, the patients are in an initial phase whereby they experience the effects of disruption in terms of experiencing loss, distress and personal powerlessness. Having progressed through this distressing phase, they begin to reframe their expectation of their future by a process of reflection, recognition and rationalising the events and its consequences. This led into the final phase of defining the new normal for themselves by means of anticipating, visualising and adjusting which culminated in re-normalising.

Conclusions: The theory allows discovery of a process not readily recognisable in the present trauma care management structure, although there is some recognition amongst trauma teams that outcomes are dependant on an individual's adaptability to their circumstances (Duckworth &

lezzi 2005). However, whilst paramount attention is required to address physiological aspects of the trauma patient, psychosocial aspects of care management also need addressing to enable the patient to effectively re-normalise.

Recommended reading:

Duckworth, M.P. and lezzi, T. (2005) Chronic Pain and Posttraumatic Stress Symptoms in Litigating Motor Vehicle Accident Victims. *Clinical Journal of Pain*, 21(3), pp. 251-261

Glaser, B.G. (1978) *Advances in the Methodology of Grounded Theory: Theoretical Sensitivity*. Mill Valley, California: Sociology Press

Pearson E. and Kiger, A. (2004) How Emergency Patients Cope with Their Unexpected Surgical Event: An Exploratory Study. *Journal of Advanced Perioperative Care*, 2(1), pp.11-18

8.4.2

Transforming life crisis: Stories of metahabilitation after catastrophic life events

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Abstract:

Individuals experience a crisis when the estimation of resources needed to successfully manage and negotiate a catastrophic situation are significantly greater than the resources they perceive to be available to them. However, once these resources are discovered, acknowledged and utilized one can survive. The current biomedical model of rehabilitation is insufficient in that it largely ignores the value of incorporating the patient's experience of trauma in the therapeutic planning for recovery. Important factors such as self concept, self motivation, perceived benefits of the crisis, and self transformation have been overlooked. Meta habilitation recognizes man's/woman's profound capacity and desire to move beyond basic survival and find meaning and purpose in the trauma. Metahabilitation promotes the concept that one has the biological, psychological and spiritual ability to be transformed to a higher level of functioning brought about by a major trauma or a personal life crisis (PLC). The crisis ultimately becomes the gift and the vehicle for a transformative experience giving the survivor an opportunity to creatively restructure the self and find meaning in life.

This original heuristic study revealed, through extensive interviews and in-depth analysis of survival stories from six individuals who experienced an extreme personal trauma or PLC and have metahabilitated, insight into this concept and treatment modality. Qualitative results were summarized to explain limitations of the current rehabilitative model and to develop a unique and enhanced model—metahabilitation. Specific stages, facilitating conditions of metahabilitation as well as characteristics of metahabilitated

survivor have been developed. How this rehabilitation and recovery model can be utilized in the clinical arena and in policy formation will be discussed.

8.4.3

Professional roles in spiritual caregiving: Territoriality or collaboration?

Sheryl Reimer Kirkham, *Trinity Western University, Langley, British Columbia, Canada*

Abstract:

Background: Global patterns of migration are creating unprecedented diversity in our societies, leading to questions about how today's predominantly secular health care settings accommodate religious, spiritual, and cultural plurality. While spiritual caregiving is now given increased attention in nursing education and research, how it is integrated into health care services varies considerably (Cavendish et al., 2007; Galliat-Ray, 2003; Pesut et al., 2008).

Aims: A study (2006-2009), now in the final phases of analysis, was designed to analyze the negotiation of religious and spiritual plurality in health care, and to explore how health care encounters are shaped by individual, organizational, and social factors.

Methods: Ethnographic methods of data collection through interviews and participant observation yielded rich data from 59 participants, including health care professionals, spiritual care providers, administrators, and patients/families. Participants represented a range of religious, spiritual, cultural, and classed backgrounds. Data were collected in the Greater Vancouver area.

Results: This paper will examine how the approaches of professionals—whether healthcare or spiritual care providers—to spiritual matters were influenced by their individual identity, professional affiliation, and the context in which they provided care. The interprofessional negotiation of roles, with the accompanying expectations of how other professional groups should address spiritual matters, was an important dimension in the study.

Discussion: Implications for nursing education, administration, and practice will be discussed.

Conclusions: Spiritual care providers approaches to spiritual caregiving offer important insights for nursing practice regarding collaboration for patient-centred care.

Recommended reading:

Cavendish, R., Edelman, M., Naradovy, L., Bajo, M., Perosi, I., Lanza, M. (2007). Do Pastoral Care Providers Recognize Nurses as Spiritual Care Providers? *Holistic Nursing Practice*, 21(2):89-98

Galliat-Ray, S. (2003). Nursing, Professionalism, and Spirituality. *Journal of Contemporary Religion*, 18(3), 335-349

Pesut, B., Fowler, M., Johnson-Taylor, E., Reimer-Kirkham, S., & Sawatzky, R. (2008). Conceptualising Spirituality and Religion for Health Care. *Journal of Clinical Nursing*, 17(21), 2803-2810

Theme: Diabetes

8.5.1

Services for young people with diabetes in metropolitan, urban and rural locations in New South Wales: Equitable access, comparable uptake and outcomes?

Lin Perry, *Newcastle Institute of Public Health, University of Newcastle, Newcastle, New South Wales, Australia*

Co-authors: Julia Lowe; Kate Steinbeck; Janet Dunbabin

Abstract:

Introduction: The transition from paediatric to adult services poses particular difficulties for young people with Type 1 diabetes [1]. Services provided for these people and service uptake are believed to differ across geographic locations, particularly comparing rural and urban settings, but little evidence is available, and no information whether there are differences in patient outcomes [2,3].

Aims: We report audit findings from Phase 1 of a study, which aimed to compare service provision for young people with Type 1 diabetes in metropolitan (Sydney), urban (Newcastle) and rural areas (Hunter New England) in New South Wales, and to demonstrate service uptake and markers of diabetes control in these locations.

Methods: Retrospective case note audit was undertaken, with a random sample of 210 case records (70 from each location) of people with Type 1 diabetes aged 18-28 years. Data extracted relate to service uptake and usage, indices of diabetes control, including diabetes-related hospital presentation/ admissions, routine monitoring and HbA1c results. Data were extracted by 2 experienced researchers using a specially designed audit tool.

Results: Analyses describe different models of service provision and resources in the three settings. Service access and uptake demonstrated different patterns, with significantly greater service use (both planned and unplanned, e.g. Emergency Dept use and hospital admissions) and contact with health professionals in urban and regional compared to rural areas. Establishing complete datasets was a challenge, particularly in rural areas, but in all settings HbA1c records were generally suboptimal both in frequency and reported values.

Discussion and Conclusions: Findings flag geographical inequities in service provision and uptake, and demonstrate scope for service development and improvement to outcomes. Data are informing rural service redesign (Phase 2), with subsequent evaluation of users' experiences, usage and outcomes from the new services (Phase 3).

Recommended reading:

Fleming E, Carter B, Gillibrand W. The Transition of Adolescents with Diabetes from the Children's Health Care Service into the Adult Health Care Service: A Review of the Literature *Journal of Clinical Nursing* 2002; 11: 560–567

Visentin K, Koch T, Kralik D. Adolescents with Type 1 Diabetes: Transition Between Diabetes Services *Journal of Clinical Nursing* 2006;15:761–769

Lam P-Y, Fitzgerald BB, Sawyer SM. Young Adults in Children's Hospitals: Why Are They There? *Medical Journal of Australia* 2005;182: 381–384

8.5.2

Participants' perceptions of the effect of a structured education programme on their management of type 1 diabetes

*Dympna Casey, School of Nursing and Midwifery, National University of Ireland, Galway, Ireland
dympna.casey@nuigalway.ie*

Abstract:

Background and Aims: There are approximately 12,000 people living with Type 1 diabetes in Ireland. Audit data suggest that few Irish diabetics achieve optimal blood sugar control (Downey 2003). Evidence indicates that the Dose Adjusted for Normal Eating (DAFNE), structured education programmes is associated with significant improvement in control (Muhlhauser et al. 1987). While the DAFNE programme has been delivered internationally and evaluated quantitatively, no-one has examined the perspectives of participants. The aim of this research was to examine the factors that facilitated or hindered self-management of diabetes following DAFNE and explore how and why management may change over time.

Methods: A grounded theory approach was used to guide the research as it is most appropriate when examining situations and circumstance which require individuals to adapt (Benoliel, 1996). Interviews were carried out with 40 participants, approximately 10% of the total population. Maximum variation sampling was used to insure diversity with respect to age, gender, education, socioeconomic status, and time of diagnosis. Data were analysed using the constant comparative technique.

Results: Four categories emerged from the data: changing relationships in health care delivery; knowing more/ becoming aware; learning from others and shifting priorities.

Conclusions: The findings revealed a change in relationships with health care staff and the empowering impact of knowing more. What participants want from health care staff and what they need to remain engaged in managing their diabetes well, is also revealed. This is the first research focusing on participants perspectives.

Recommended reading:

Downey, P., et al., An Audit of Glycaemic Control and Cardiovascular Risk Factors in Patients with Type 1 Diabetes Mellitus. *Irish Journal of Medical Science*, 2003. 171 (Supplement 3): p. 11

Muhlhauser, I., et al., Evaluation of an Intensified Insulin Treatment and Teaching Programme as Routine Management of Type 1 (insulin-dependent) Diabetes: The Bucharest-Dusseldorf Study. *Diabetologia*, 1987. 30: p. 681-690

8.5.3

An exploratory trial to assess the efficacy, feasibility and acceptability of a nurse-led telephone follow-up intervention upon weight management in Type 2 diabetes mellitus

*Lihua Wu, Florence Nightingale School of Nursing & Midwifery, King's College London, UK
Co-authors: Alison While, Angus Forbes
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Abstract:

Background: The prevalence of Type 2 diabetes is increasing rapidly. Weight loss has clinical benefits so that weight management is a key focus in the clinical care of patients with diabetes (RCP 2008). Studies examining telephone follow-up of patients for glycaemic control have shown positive effects (Piette, 2007).

Aims: An exploratory trial following the MRC framework (MRC 2000) aimed to assess the efficacy, feasibility and acceptability of a telephone follow-up intervention to promote weight management for those with Type 2 diabetes mellitus.

Methods: An exploratory trial of 46 participants recruited from a diabetes care centre in a NHS Trust in England were randomised into an intervention group (n=25) or a control group (n=21). The intervention group received a nurse-led telephone follow-up of the advice given in the dietician's clinic weekly for 12 weeks. The control group received routine care.

Results: There were no significant differences in weight loss, metabolic control and psychological well-being between the groups at 3 months follow-up, however, more participants in the intervention group advanced regarding the level of the Stages of Change compared to those in the control group. The clinical and interview data indicated that telephone follow-up was a feasible approach and well accepted by the participants and their families.

Discussion: The findings indicate that educational approaches in isolation may be too weak to impact upon weight management. There are many other factors that may impact upon behaviour change, such as readiness for change. Nonetheless follow-up and more attention from healthcare professionals may improve patients' self-esteem and be motivational. More intensive psychologi-

cal therapies may hold greater promise regarding weight management.

Recommended reading:

Royal College of Physicians (2008) Type 2 Diabetes: National Clinical Guideline for Management in Primary and Secondary Care (update) London: RCP
MRC (2000) A Framework for the Development and Evaluation of RCTs for Complex Interventions to Improve Health. London: MRC

Piette JD (2007) Interactive Behaviour Change Technology to Support Diabetes Self-management. *Diabetes Care*. 30(10):2425-32

Theme: Acute, community, safety and wellbeing

8.6.1

Paraprofessionals perceptions of patient safety culture

Moreen Donahue, Nursing Administration, Danbury Hospital, Danbury, United States of America

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Abstract:

Background: As routine caregivers, paraprofessional staff (PPS) represent an untapped resource for improving quality of care and preventing adverse patient outcomes such as failure to rescue.

Aims: This study was aimed at breaking down barriers to communication and building a culture of patient safety by involving PPS in the process.

Methods: A mixed method design with both quantitative and qualitative components was used. Sample: PPS (n = 182) were surveyed regarding their perceptions of patient safety culture at the study hospital. In addition, three focus groups were held with representatives of the PPS. The Agency for Healthcare Research and Quality Culture of Patient Safety Survey was used to measure the perceptions of patient safety culture; participants accessed the survey via an internet site provided at the hospital.

Results: Thirty-nine percent of the participants had ever reported an event related to patient safety; these included reports to nurses, physicians and other members of the interdisciplinary healthcare team. The majority of respondents were positive about all aspects of the patient safety culture at the hospital. Several key themes were delineated from the focus group discussions. These included: ways to get to know patients and help other PPS to get to know patients, reporting of changes in patient status, communication strategies (including facilitators and barriers), teamwork (including facilitators and barriers), and specific ways to keep patients safe. PPS identified some areas that needed attention to enhance patient safety culture, including the inadequate support with follow-up on requests that were non-urgent.

Discussion and Conclusions: Based on the baseline data obtained, an educational program for PPS will be implemented to increase their skills in communicating changes in patient status, thus enhancing the culture of safety. PPS play an important role in effecting change in hospital safety culture.

8.6.2

Sustaining nutrition education in communities: The all Wales dietetics scheme evaluation

Sally-Ann Baker, School of Health, Social Care and Exercise Sciences, Glyndwr University, Wrexham, UK

Co-author: Ros Carnwell

Abstract:

Background: The link between disease and poor diet is well documented and there is a clear need for public health interventions that impact on the food that people eat (Food Standards Agency Wales 2003). Community-based initiatives involving training local people to work as Community Food Workers or peer educators have been successful (Kennedy et al 1999). In Wales, a national dietetics grant scheme was implemented by the Welsh Assembly Government in 2006. This aimed to increase the capacity of dieticians by training community food workers to deliver consistent, accurate information about food, nutrition and, more recently cooking skills, and cascading this information through community-based activities. An evaluation was commissioned by the Welsh Assembly Government to assess the impact of the scheme.

Aims: The aim of the evaluation was to assess the impact of the grant scheme in increasing the capacity of dieticians in Wales to inform and support communities in healthy living.

Methods: A community-based formative evaluation of the initiative was conducted. Four case study areas provided the settings for the evaluation, which employed mixed methods, including group and individual interviews and analysis of minimum data sets. The evaluation project was conducted in two phases and it is the second phase that will be presented.

Results: The findings suggest that the scheme has grown in recognition throughout Wales and is impacting upon the wider community. The paper will describe the training and its impact, the perceptions of the learning that took place and resultant behavioural change.

Discussion and Conclusions: Efforts to enhance sustainability have included training of health professionals, early year's staff and school staff, as well as community food workers and community groups. They, in turn, have cascaded nutritional information through community-base initiatives – this being key to long term sustainability of the dietetics grant scheme.

Recommended reading:

Food Standards Agency Wales and Welsh Assembly Government (2003) Food and Well Being Reducing Inequalities Through a Nutrition Strategy for Wales <http://www.food.gov.uk/multimedia/pdfs/foodandwellbeing.pdf>

Kennedy L.A., Ubido J., Elhassan S., Price A., Sephton J. (1999) Dietetic Helpers in the Community: The Bolton Community Nutrition Assistants Project. *Journal of Human Nutrition and Dietetics* 12(6), 501-512

8.6.3

The professional gaze: A study of nurses' experiences of recognising patients with clinical deterioration in an NHS Trust in Wales

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Co-authors: Susan Philpin; Hugh Chadderton
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Abstract:

This research aims to interpret and present an understanding of how nurses experience the recognition and management of patients' clinical deterioration in one NHS Trust in Wales. The rationale for this study was prompted by evidence of sub-optimal care in this context that ultimately led to NICE (2007) publishing guidelines to aid clinical staff in the recognition and co-ordination of care for these patients. The research approach used is interpretative and informed by Gadamer's ([1975] 1989) hermeneutic philosophy. Data included a historical review of the literature, the researcher's pre-understandings and in-depth interviews with eight nurses who had experienced caring for patients where clinical deterioration had occurred. Interviews began in 2004 after receiving ethical approval. The findings produced contribute to the historical and contextual understanding of the nurses' experiences of caring for this group of patients during a period of policy development and implementation.

This presentation focuses on one aspect of this understanding: 'the professional gaze', the process of being alert to and interpreting the patient situation. One element of this process includes the use of the 'professional scan', an alertness to cues that, once triggered, leads to a more focused and detailed observation of the patient described as 'focused observation'. This element centres on seeing the patient as a person involved in a situation, during which the nurse assesses the patient's reaction to the situation and interprets the clinical picture through visual signs, clinical observations, investigations, knowledge of the patient and finally, patterns of illness learnt through the application of theory to knowledge of related past experiences. The final element involves 'waiting and balancing' when to call for help and is influenced by the nurses' ability to demonstrate confi-

dence in their knowledge of the patient situation and by evidence of clinical deterioration.

Recommended reading:

Gadamer, H. ([1975]1989) Truth and Method translated and edited by Weinsheimer, J. and Marshall D.G. (2nd revised edition) London: Sheed and Ward
National Institute of Health and Clinical Excellence (2007) Acutely Ill Patients in Hospital: Recognition of and Response to Acute Illness in Adults in Hospital (NICE Clinical guideline 50) London: National Institute of Health and Clinical Excellence

Theme: Qualitative research: Theory and practice

8.7.1

Choosing between Glaser and Strauss: An example

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Abstract:

Background: Doctoral students using grounded theory, inevitably come to a stage when they must choose between Glaser and Strauss. Little has been written on making this choice.

Aims: This paper will: (1) explore the challenges of choosing between Glaser and Strauss, (2) share criteria to support the decision making process and (3) trace the decision making process used in one study.

Methods: The study which will be used to provide examples aimed to understand residents' (n = 61) experiences of residential care and focused on whether they experienced a sense of home and how this impacted on their quality of life. Three key issues were considered when determining whether to adopt a Glaserian or Straussian approach for this study:

- the general user friendliness of these approaches for data analysis
- their potential to generate theory

their compatibility with contemporary thinking. The paper will examine each criterion and show how the decision to use Straussian grounded theory was reached. Approach Within the literature, there have been a number of discussions focusing on the differences between Glaser's and Strauss's versions of grounded theory. This paper will add to this discussion through specifically exploring the Glaser-Strauss debate in context of choosing between them when selecting a study methodology

The paper will be presented in three sections:

- relevant background information on grounded theory as a research method
- a more in-depth discussion of the differences between Glaser and Strauss, the evolution of these methodologies and their compatibility with contemporary thinking

• this analysis will be used to show how the final decision was reached in this study

Conclusions: This paper will contribute to a fuller understanding of what is involved in choosing between Glaser and Strauss and will be helpful to researchers at this stage in planning their studies.

8.7.2

Developing novice qualitative researcher's interviewing skills using videorecording

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Co-authors: Barbara Paterson; Elisabeth OC Hall
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Abstract:

Background: novice qualitative researchers often do not receive formal training to develop their qualitative interviewing skills, and may be unprepared to deal with the challenges and complexities the research setting. Reflexivity is a critical component for novice interviewers to discern pertinent insights. Novice interviewees with clear guidelines about how to reflect on their practice as interviewers can contribute to their own development, and improve the quality of the data they collect.

Aims: to foster development of novice qualitative researchers using videorecorded interviews and a guide for reflection about what they see and hear in the videorecording.

Methods: a literature review was performed on videorecording in qualitative research interviewing, through multiple search strategies and included: Cinahl, Medline, Academic Search Premier, Eric, Psycinfo (2005-06). A guided reflection framework was produced to expand what novice researchers learn in the analysis by reflecting on aspects of the interview that cannot be readily captured in an interview transcription. The framework draws heavily on the work of Whiteley et al (1998).

Results: The Guided Reflection Framework fosters both personal and epistemological reflexivity by questioning: paralinguistic communication, proxemics, timing and the context of the interview. The use of the framework was tested on a videotaped pilot interview and provided deeper insights into the novice researcher's actions, lack of action, information and reactions.

Discussion: Based on the assumption that novices researchers' reflexivity must be guided to assist them in their development as qualitative research interviewers this tool transforms subjectivity in interviewing from a problem to an opportunity for the novice to learn and grow. This challenges the notion that one can become an expert qualitative research interviewer simply by conducting interviews (Donalek 2005)

Conclusions: this framework assists the novice qualitative researcher in continuous development of their interviewing skills, in identifying shortcomings and supports their growth.

Recommended reading:

Donalek, J.G. (2005). The Interview in Qualitative Research. *Urologic Nursing*, 25,124-125

Roulston, K., deMarrais, K., & Lewis, J.B. (2003). Learning to interview in the social sciences.

8.7.3

Analysing narrative data using McCormack's Lenses

Lesley Dibley, *Florence Nightingale School of Nursing & Midwifery, King's College London, UK*
lesley.dibley@kcl.ac.uk

Abstract:

Qualitative nursing inquiry has embraced the use of many traditional social science approaches over the past decade, and in its increasing quest to understand the patient experience as a starting point to delivering timely, appropriate and sensitive care, often draws on phenomenological approaches. One method which assists in phenomenological inquiry is the unstructured interview, which has the capacity to generate rich, thick text, laden with context and meaning. But what to do with all that data? Katherine Reissman acknowledges that handling narrative data is difficult, and whilst she and others offer encouragement to researchers undertaking the process, the practicalities of how to move from pages of transcribed data to a meaningful representation of the story without losing the voice of the storyteller are much more difficult to determine.

This paper discusses the use of McCormack's Lenses in the analysis of narrative data from a recent MPhil study into the experiences of lesbian parents when their children required healthcare intervention. By exploring the problems inherent in dealing with narrative data, the struggle to find an effective analysis method which encourages the spirit of the original story, and drawing on excerpts from the study data, I aim to demonstrate how McCormack's Lenses enable the researcher to develop a comprehensive 'perspective of understanding' of narrative data – an understanding which encourages the storyteller's voice to be heard in the representation of their experience.

Recommended reading:

Geertz C (1973) Thick description: Towards an Interpretive Theory of Culture. In: *The Interpretation of Cultures: Selected Essays*. New York: Basic Books 37-126.

McCormack C (2000) From Interview Transcript to Interpretive Story: part 1 – Viewing the Transcript through Multiple Lenses. *Filed Methods*. 12 (4) 282-297.

Riessman CK (1993) *Narrative Analysis: Qualitative Research Methods Series No. 30*. Newbury Park: Sage

Theme: Starting in the nursing profession

8.8.1

An evaluation of undergraduate nursing students' studying abroad

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Abstract:

Introduction: The aim of this study was to evaluate whether nursing students become more aware of cultural differences and are able to care in a more culturally competent manner, having taken the opportunity to work abroad during their nursing programme. Third year students are offered the chance to undertake an overseas placement supported by sponsorship from the School.

Methods: A qualitative approach for data collection was used with focus groups interviews. Ethical approval was successfully received from the University. Anonymity was guaranteed with all participants. Data was analysed using a thematic and content analysis approach

Results: Preliminary analysis of the data has identified the following themes:

- Cultural differences
- Cultural sensitivity
- Cultural awareness
- Critical thinking
- Problem Solving
- Personal development

Evaluated data has highlighted students feel better prepared to and appreciate the diverse nature of caring in an ever changing health care environment.

Discussion: Statements from the European Union advocate mobility of the future workforce, language acquisition, employability and a consistent qualifications system throughout the European Union. The ICN (2007) stated that curricula must be planned in relation to total health needs and resources of the target population and their social and cultural background. This initiative provides students with the opportunity to understand the needs of a diverse population and to develop understanding and communication skills that may be utilised in the health care arenas both nationally and internationally.

Conclusions: Supporting the students to undertake an overseas placement develops their cultural sensitivity and competence in caring for individuals in a multi cultural society that promotes understanding of the needs of communities. Additionally it promotes personal and professional development of the students developing their problem solving and critical thinking skills ensuring that on registration they are 'fit for practice' within health care.

Recommended reading:

European Union (1999) Bologna Declaration: Joint Declaration of the European Ministers of Education,

convened in Bologna on the 19th June 1999. <http://www.europaeum.org/content/view/58/65/>. Accessed 9th October 2008.

Ruddock, H.C & Turner S, (2007) 'Developing Cultural Sensitivity: Nursing Students' Experiences of a Study Abroad Programme'. *Journal of Advanced Nursing*, 59, (4) pp. 361-369.

ICN (2007), Position Statement. www.icn.ch/pfcardev.htm. Accessed 31st October 2008.

8.8.2

Identifying potential nurses for the healthcare workforce

Alison While, Florence Nightingale School of Nursing & Midwifery, King's College London, London UK

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Abstract:

Background: Changed demography and economic constraints have resulted in student recruitment targets coupled with low attrition and employability targets (Dept of Health, 2007). Widening participation has many benefits including increasing the pool of potential recruits and representation of all sectors of the population in the nursing workforce (Schwartz, 2004), however, selection of recruits remains an inexact 'science'.

Aims: To explore the contribution of different factors upon likely success on pre-registration nursing programmes.

Methods: 1734 pre-registration Diploma in Higher Education and BSc student records drawn from six intakes were statistically analysed to identify what factors may predict success.

Results: More than one quarter of students with non-standard entry qualifications gained 1st class or 2nd Class Upper Division BSc awards. Nearly three quarters of students from widening participation backgrounds gained 1st class or 2nd Class Upper Division BSc awards. These groups were similarly well represented in the award of a Diploma of Higher Education with Distinction. But there were differences in achievement across the branches of nursing. Age and gender were not predictors of success, however, non-Caucasians were under-represented among those who gained 1st class or 2nd Class Upper Division BSc awards and a Diploma of Higher Education with Distinction. Students exited the programmes for a number of reasons which were classified as academic (including clinical practice difficulties) and non-academic. The analysis yielded a complex picture indicating that there were confounders.

Discussion: Widening participation does not necessarily lower standards. Predicting success in pre-registration nursing is complex and requires further attention. An aptitude test may help improve the selection process.

Recommended reading:

Dept of Health (2007) *Student Nurses and Midwives: A Guide to Good Practice for Strategic Health Authorities and Higher Education Institutes*. Leeds: Dept of Health.

Schwartz, S. (2004) *Fair Admissions to Higher Education: Recommendations for Good Practice*. Nottingham: Department for Education and Skills

8.8.3

Is there a financial penalty for working in a caring occupation?

Elizabeth West, Health Services Research Unit, London School of Hygiene and Tropical Medicine, London, UK

Co-author: David N Barron

Abstract:

Background: Recent evidence from the US suggests that people engaged in occupations involving providing care for others, such as nursing and teaching, suffer a wage penalty. In the UK, caring occupations are often seen as low paid, but little empirical evidence exists about how they compare to other similar jobs.

Aims: To investigate whether nurses and other workers in caring occupations in the UK earn less than people in other similar occupations.

Methods: Data for this study are taken from thirteen waves of the British Household Panel Survey. A total of 17,383 individuals are included in the study, giving a total of 80,676 person years. Multilevel models are used to investigate the size of any wage penalty.

Results: The results show clear evidence of a statistically significant wage penalty associated with working in some, but not all, caring occupations. Those occupations requiring lower levels of educational qualification, such as nursing assistants, are particularly hard hit by the wage penalty. On the other hand, some occupations, such as medicine, nursing, and teaching, have fared better than comparable non – caring occupations over the same period.

Discussion: Although there is a general perception that the majority of the caring occupations face a wage penalty, the results reported here show that a more nuanced understanding of the financial status of care work is needed. The wage penalty associated with working in caring occupations that fall in lower socio-economic groups is highly significant. Workers in these groups seem not only to be poorly paid in an absolute sense, but also to suffer relative to their peers in non-caring occupations.

Conclusions: Further research is required to examine the disadvantaged position of some groups, such as nursing assistants as well as concerted action by employee organisations to seek parity in pay with other similar occupations.

Recommended reading:

Joan Acker. *Doing Comparable Worth: Gender, Class, and Pay Equity*. Temple University Press, Philadelphia, PA, 1989

Paula England and Nancy Fobre. *Contracting for Care*. In J. Nelson and M. Ferber, editors, *Feminist Economics Today*, pages 61–80. University of Chicago Press, Chicago, 2003

Paula England, Michelle Budig, and Nancy Folbre. *Wages of Virtue: The Relative Pay of Care Work*. *Social Problems*, 49(4):455–473, 2002

Concurrent session 9

Friday 27 March 2009

Them: Student learning/clinical placement issues

9.1.1

Factors which facilitate or hinder students nurses' implementation of skills in the clinical area

Catherine Houghton, School of Nursing and Midwifery, National University of Ireland, Galway, Ireland

Co-authors: Dympna Casey; Kathy Murphy; David Shaw

Abstract:

The aim of this presentation is to explore the factors which may facilitate or hinder student nurses' implementation of skills in the clinical area. These findings represent one aspect of a larger multiple case study exploring the role of the clinical skills laboratory in preparing student nurses for the real world of practice. The study involved 5 Clinical Skills Laboratories in Ireland and their affiliated teaching hospitals. In order to explore the influencing factors, non-participant observations were conducted in each of the five hospitals. In addition, interviews were conducted with student nurses (n=18), newly qualified staff nurses (n=8) and clinical staff (n=15) in order to examine their perceptions of these factors. Complex qualitative ethical issues were addressed and will be discussed briefly. Analysis was conducted according to Miles and Huberman (1994) using NVivo8 software.

Following coding, three broad thematic concepts were developed: Clinical Environment Factors, Clinical Staff Factors and Student Factors. Clinical Environment Factors explores how the environment can impact on students' implementation of skills in the practice setting. Clinical Staff Factors describes support measures displayed by clinical staff (for example, what I have termed 'intervention support' and 'peripheral support') and how these can facilitate or hinder students' ability to perform skills. Finally, Student Factors examines personal factors such as confidence and previous experience and how these influence how students perform in the real world of practice. These findings will be discussed with reference to previous literature. For example, whether the appropriate use of supernumery status and working closely with practitioners can facilitate learning in the clinical area (Wilson-Barnett et al, 1995). Furthermore, students' ability to display confidence appears to facilitate communication and socialisation into the clinical area (Day et al, 2005).

Recommended reading:

Miles, M.B and Huberman, A.M. (1994) An Expanded Sourcebook. Qualitative Data Analysis (2nd ed) Thousand Oaks, CA: Sage Publications

Day, R.A.; Field, P.A.; Campbell, I.E. and Reutter, L. (2005) Students' Evolving Beliefs about Nursing: From Entry to Graduation in a Four-year Baccalaureate Programme. Nurse Education Today 25, 636-643

Wilson-Barnett, J.; Butterworth, T.; White, E.; Twinn, S.; Davies, S. and Riley, L. (1995) Clinical Support and the Project 2000 Nursing Student: Factors Influencing this Process. Journal of Advanced Nursing. 21, 1152-1158

9.1.2

Exploration of learning environments in healthcare settings

Camille Cronin, Health and Human Sciences, University of Essex, Southend on Sea, UK
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Abstract:

Background: This research builds on the cumulative experience of the researcher in practice, research, management and education. It also brings together educational and practice issues on the subject of student learning in the workplace.

Aims: The aim of this research was to conduct an exploratory study of learning in healthcare settings focusing on how students engage in learning.

Methods: Longitudinal research conducted over a two year period (2005-2007) using case study design (Yin 2003) was used to explore 5 students on work placements whilst on a two year Diploma in Health Studies programme. As part of their vocational practice, learning environments (hospitals, nursing homes, nurseries) were observed. Through interviews critical learning incidents have been examined as well as students' learning journals and course materials.

Results: Preliminary findings suggest that 16-18 year old learners do progress at a steady pace in their different learning environments. In the two years students adapt eventually leading to a transformation through their learning. After an initial settling period of being 'accepted' by staff and client(s), anxieties lift and confidence grows (in stages depending on the individual, the learning environment and what resources exist).

Discussion: Learning takes place through a series of routine tasks. Once perfected, the task can become more complex making a daunting or elating experience for the learner. The experience of completing the task becomes more complex than the task itself. With each task, if the individual makes time to reflect, reveals the complex nature of each skill and what the learner has learnt, achieved or needs to develop further.

Conclusions: What and how much the learner achieves and the transportation of these skills depend very much on the learner's willingness to learn and their willingness to engage in each new environment.

Recommended reading:

Yin R, K (2003a) Case Study Research: Design and Methods. London: Sage Publications

9.1.3

Student support on placement: The student experience and staff perceptions of the implementation of placement development teams

Graham Williamson, Faculty of Health and Social Work, University of Plymouth, Plymouth, UK

Co-authors: Lynne Callaghan; Emma Whittlesea

Abstract:

Background: Supportive placement environments enhance students' clinical placement learning. Government and nursing regulatory bodies have recently introduced contractual requirements and guidance requiring the development of more effective partnerships to ensure quality placement learning. In 2007 Placement Development Teams (PDTs) were implemented as such a partnership between this Faculty and our NHS Trust placement providers. PDTs manage, organise and deliver supportive activities in placement areas.

Aims: – to gain a baseline needs analysis of students' perceptions of support provision on placement

– to evaluate perceptions of staff working with PDTs concerning provision and management of student support

Methods: Four focus groups with final year Adult Nursing students were carried out. Telephone interviews with PDTs Academic Leads, Trust representatives from six Acute Trusts and personnel from the Strategic Health Authority were conducted. Semi-structured interview and focus group schedules guided discussions. Data collection took place in late 2007. Data were recorded and transcribed. Rigor, trustworthiness and credibility (Cutcliffe and McKenna, 1999) were ensured by independent data coding by three researchers. Differences were resolved through discussion. Miles and Huberman's (1994) framework was used for data analysis.

Results: Student data revealed needs for

- direct, personal support
- organisational support and communication between placement areas and University. Staff data revealed
- an understanding of student support needs
- proposals concerning how PDTs can meet these needs and enhance the student experience

Discussion: The clearer recent policy focus on improving students' placement support requires higher education institutions and NHS Trusts to develop more effective methods and this study outlines one structure by which this is possible.

Conclusions: PDTs are a major change in our support structures for students in placement. This study has reveals current issues and identified areas which placement development teams are already beginning to address.

Recommended reading:

Cutcliffe, J.R. and McKenna, H.P. (1999) Establishing the Credibility of Qualitative Research Findings.

The Plot Thickens. *Journal of Advanced Nursing*, 30: 2, 374-380

Miles, M. and Huberman, A. (1994). *Qualitative Data Analysis* (2nd Edition). Thousand Oaks: Sage Publications

Theme: Communication/children and parents

9.2.1

Verbal communication with unconscious patients

João Simões, *Escola Superior de Saúde, Universidade de Aveiro, Aveiro, Portugal*

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Abstract:

The importance of using verbal communication in the care of critically ill patients has long been known (Elliot and Wright, 1999). Both qualitative (Baker and Melby, 1996) and quantitative (Holeckova, et al., 2006) studies have shown evidence of the benefits of effective communication. Increasing numbers of patients report their experiences. The unconscious patient has a considerable need for information and support, so verbal communication can provide orientating and meaningful sensory input to these patients. Information received by the unconscious patient may assist in reducing stress, can help patients preserve self-identity and self-esteem and reduce social isolation.

This study aimed to characterise and standardise verbal communication that critical care nurses and families use with unconscious patients. It also aimed at building a stimulus message to be used with unconscious patients, to examine if the effects of familiar and unknown voices would be significantly different (blood pressure, pulse, oxygen saturation level, temperature, glycaemia level, EEG and ECG values were monitored as evidence of auditory perception). The verbal communication of critical care nurses and patients' families, as reported in the literature, was thoroughly analysed, including references related to verbal communication by the patients' family and intensive care nurses. Results were used to build the stimulus message, which was further refined with the cooperation of a group of experts (SLTs and psychologists). The stimulus message consists of three parts: presentation and orientation, information and functional assessment, and stimulation. The most significant person, whose voice we recorded, was selected using a sociometry test. The standard speech stimulus developed has shown to facilitate the communication with the unconscious patients as assessed by the proposed physiological signals. Therefore, it is concluded that formal support systems and continued education of nurses about the benefits of verbal communication is deemed necessary.

Recommended reading:

Baker, C. and Melby, V., 1996. An Investigation into the Attitudes and Practices of Intensive Care Nurses Towards Verbal Communication with Unconscious Patients. *Journal of Clinical Nursing*, 5, pp.185-192

Elliot, R. and Wright, L., 1999. Verbal Communication: What do Critical Care Nurses Say to Their Unconscious or Sedated Patients. *Journal of Advanced Nursing*, 29(6), pp.1412-1420

Holeckova, I.; Fischer, C.; Giard, M.-H.; Delpuech, C. and Morlet, D., 2006. Brain Responses to a Subject's Own Name Uttered by a Familiar Voice. *Brain Research*, 1082, pp.142-152

9.2.2

Parents' experiences of their child's chronic illness

Sandra Oldfield, *School of Health and Social Care, Oxford Brookes University, Oxford, UK*

Co-authors: Guida DeAbreu; Luci Wiggs

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Abstract:

Background: Whilst it is recognised that parents of chronically ill children are at greater risk of depression and distress than those of healthy children (e.g. Frank 1998), it is not known why some parents experience more positive adjustment than others. This is an important omission in knowledge as parent adjustment is also known to be related to child adjustment and disease management (e.g. Wallander & Varni, 1998).

Aims: To investigate the experiences of parents of children with asthma or diabetes, particularly in relation to their social and emotional adjustment.

Methods: A 'Grounded theory' approach informed the study. Data were collected between April 2005 and May 2006 through semi-structured interviews with parents of 16 children with diabetes, 16 children with asthma, some health professionals and a support group leader. Thematic analysis was used to identify a range of themes and sub-themes.

Results: This presentation focuses on parents' experiences of their child's illness, which is one of seven main themes identified in the analysis. Individual features of their child's illness (such as the predictability and ease of control of symptoms), and also their child's emotional and behavioural responses to the illness affected parents' stress, coping and adjustment. In addition, parents discussed how they were affected personally by the degree of their child's involvement with and responsibility for their illness management. Differences were noted between the experiences of parents of children with asthma and those with diabetes.

Discussion: The features of a child's illness and the individual child's behavioural and emotional responses are considered by parents to be important factors influencing their own stress, coping and adjustment. Theoretical and practice implications of these findings will be discussed.

Conclusions: The findings have important implications for interventions and supportive services for families of children with a chronic illness, consistent with Standard 8 of the Children's NSF (2004).

Recommended reading:

Frank, R. et al. (1998) Trajectories of Adaptation in Pediatric Chronic Illness: The Importance of the Individual. *Journal of Consulting and Clinical Psychology*. 66 (3) 521-532

Wallander, J.L. and Varni, J.W. (1998) Effects of Pediatric Chronic Physical Disorders on Child and Family Adjustment. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 39 (1), 29-46

Department of Health (2004) National Service Framework for Children, Young People and Maternity Services: Disabled Children and Young People and Those with Complex Health Needs. London: DH Publications.

Theme: Assessing and planning care

9.3.1

'It goes without saying': Understanding the taken for granted in nursing practice. A qualitative exploration of what constitutes nursing assessment

Sue Beckwith, *Centre for Research in Primary and Community Care, University of Hatfield, Hertfordshire, UK*

Co-authors: Angela Dickinson; Sally Kendall
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Abstract:

Background: Much skilled nursing practice is described by words which at face value appear low-tech and self-explanatory. Despite being intrinsic to practice 'assessment' has few operational definitions. Understanding this term is imperative to measuring the quality of nursing practice.

Aims: Explore the research questions:

- How is nursing assessment defined in the literature?
- What professional, philosophical and organisational influences affect the nursing role regarding patient assessment?
- What impact does nursing assessment have on patients?
- Does patient inclusion, involvement and empowerment happen as a result of a nursing assessment?
- Does the location of a nursing assessment have an impact on the assessment?

Design and Methods: Phase 1 Examples of the contemporary use of 'nursing assessment' were identified using a systematic review process and analysed utilising Glaser's (1978) Grounded Theory method. Phase 2 Field-work comprised participant recruitment (10 nurses, 10 patients, 5 carers)

and audio recording of everyday assessments in patient's homes and GP surgeries. Data obtained was transcribed, synthesised and analysed using Foucauldian Critical Discourse Analysis comparing;

- What is said/ not said?
- How is it said?
- Who says it?
- Exploring 'problematization' of power, knowledge and ideology (Foucault 1979).

Results: Phase 1. Judicial was identified as the core of seven overlapping categories identified from examples of assessment in the literature. Phase 2 Data analysis provided examples of subject/object connotations through which power, control and subjectivity are demonstrated (Foucault 1994)

Discussion: Phase one's mixed methods approach and the implications for practice of the data analysis will be discussed

Conclusions: Nurses use a matrix of approaches to build rapport and assess patients during all interactions. Hierarchies of nursing practice, government policies, inter-professional agendas and dissonances between the rhetoric placing patients at the heart of assessment and everyday practice, cause barriers to meaningful assessments.

Recommended reading:

Foucault M., (1979) Discipline and Punishment. The Birth of the Prison. Penguin Harmondsworth

Foucault M., (1994) Michael Foucault Power – Essential Works of Foucault 1954-1984 volume 3. Edit J. D. Faubion, Translated R. Hurley and Others. Penguin Books, England

Glaser B. G., (1978) Theoretical sensitivity: Advances in the Methodology of Grounded Theory. Mill Valley, CA: Sociology Press

9.3.2

An exploratory study to identify the range of activities undertaken by qualified nurses in a general medical ward

Alison Evans, Corporate Nursing, Cardiff and Vale NHS Trust, Cardiff, UK
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Abstract:

Non participant structured observation using interactive process analysis (Bales 1950) was used to generate reliable and quantifiable data on the workload of nursing staff; information essential to inform decisions on the best use of nursing resources. The data collection phase extended over a period of three months and included 91.16 hours of observation. Using the International Council of Nurses definition of nursing (ICN 2007) initial categorisation found that the majority of time (56%) qualified nurses were involved in direct care delivery; indirect care and non patient care represented 20% and 8% of activities respectively. Out

of the remaining time available, handover at 11% was the most significant activity.

The observations of nursing workload in this study indicated that the nurses were spending considerably more time in direct patient care when benchmarked against national models (Hurst 2005). This finding was replicated on a second ward which found collectively qualified and unqualified nurses spent 57% of their time directly caring for patients. During phase two of this study a qualitative methodology was used to conduct a series of interviews with the nursing staff from the pilot wards. Interviews focused not only on the findings from the observation but also on how the nurses defined and would measure quality in nursing practice. Nurses expressed surprise at the amount of time they spent at the bedside but disappointment that it was not more. Finding quality nursing care difficult to articulate the nurses consequently found it hard to identify an objective measure of quality. Nevertheless a common theme emerged that nurses wanted more time to spend talking with patients; felt that the patients' experience of nursing care was as important a consideration as the outcome of care when measuring quality and were frustrated at perceived failings in the system which prevented them delivering this care.

Recommended reading:

Bales R F (1950) Interaction Process Analysis. Chicago: University of Chicago Press

Hurst K (2005) Relationships Between Patient Dependency, Nursing Workload and Quality. International Journal of Nursing Studies 42 75:84

International Council of Nurses. The ICN Definition of Nursing. Available at: <http://www.icn.ch/definition.htm> (accessed 1/06/07)

9.3.3

The social organisation of care pathway development: from boundary concept to boundary object

Davina Allen, Health and Social Care Research Centre, Cardiff University, Cardiff, UK
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Abstract:

Background: Care pathways are multidisciplinary care management tools which map out chronologically key activities in a particular healthcare process.

Aims: To examine the multiple purposes for which these technologies are being developed and the inherently political processes through which originators negotiate and settle upon a given pathway content and design. A mental health safety pathway will be used as an illustrative case.

Methods: Three ethnographic case studies of care pathway development undertaken in a single National Health Service Trust in the UK (2007-2008).

Results: Care pathway methodology is conceptualised as a boundary concept (Lowy 1992) which, precisely because of looseness, has been highly effective in aligning a wide range of clinical and management interests. However, whilst it is possible to identify a 'zone of agreement' between these interests, there exists a fuzzy periphery characterized by conflicting agenda. This creates challenges for those charged with inscribing this multiplicity of interests into the pathway design.

Discussion: Pathways are complex ensembles of clinical and management discourses and the developers in this case demonstrated considerable ingenuity in tackling the challenges involved in pathway development. However, the complexity of what is being attempted in the creation of pathways is largely unacknowledged by leaders in the field.

Conclusions: There is a case to be made for allowing care pathways to be more fully fledged actors in the construction of the kind of health care organizations we desire. When enrolled into a pre-existing system of work they will change practice, but careful thought needs to be given to their development and design, if this change is to be in the direction that was intended. Studies such as this, can improve understanding of the issues involved and generate a vocabulary through which these can be articulated, in order to inform the development process.

Recommended reading:

Lowy, I (1992) The Strength of Loose Concepts – Boundary Concepts, Federative Experimental Strategies and Disciplinary Growth: The Case of Immunology, History Sci.: 371-396

Theme: Community

9.4.1

Participatory community research: Reflections on a study of the socio-cultural factors influencing an understanding of TB within the Somali community

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Abstract:

Participatory community research provides a framework whereby researchers work in partnership with members of the community in which they are undertaking research. The principal features of this approach include collaboration, mutual education, and acting on results developed from research questions that are relevant to the community. The knowledge, expertise and resources of the community are key to the success of the research (Macaulay et al 1999). This presentation will provide a reflexive account of the

learning that occurred from undertaking a participatory ethnographic study of the socio-cultural factors influencing an understanding of TB within the Somali community. Partnerships were established between academic researchers, health care professionals and the Somali community. Data was collected through fieldwork, in-depth interviews and focus groups with Somali TB patients, members of the wider Somali community, and health care professionals. Consideration will be given to the nature of the community involvement in the research process. This ranged from collaboration in developing the research proposal, through gaining access to the field, undertaking data collection and analysis, interpreting the findings and disseminating the results using culturally appropriate methods.

Key issues which will be discussed include:

- The role of opinion leaders as advocates for the Somali community, custodians of community knowledge, gatekeepers in facilitating access to participants, and champions for promoting the study.
- The complimentary roles of members of the research team which included Somali community researchers and a TB specialist nurse in addition to an academic researcher.
- The practicalities of involving Somali community researchers.
- Recognising and responding to cultural and ethnic diversity in the research team.
- The place of reciprocity in the research partnership.
- The challenge of managing the different expectations of the various collaborators.
- The paper will conclude with recommendations for further developing participatory community research approaches.

Recommended reading:

Macaulay A, Commanda L, Gibson N, McCabe L, Robbins M & Twohig L (1999) Participatory Research Maximises Community and Lay Involvement. *British Medical Journal* 319: 774-778

Gibson N, Cave A, Doering D, Ortiz L, & Harms P (2005) Socio-cultural Factors Influencing Prevention and Treatment of Tuberculosis in Immigrant and Aboriginal Communities in Canada. *Social Science and Medicine* 61(5):931-42

Grant G & Ramcharan P (2006) User Involvement in Research. In K Gerrish & A Lacey (eds) *The Research Process in Nursing*. Blackwell Publishing, Oxford pp 54-70

9.4.2

Ready, willing and able? Specialist community public health nurses views of their public health role

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Abstract:

Background: The 3rd part of the Nursing and Midwifery Council register is for those nurses who have a predominantly public health role, having the responsibility to work with both individuals and a population (NMC, 2004). These Registered Specialist Community Public Health Nurses [RSCPHN] are expected to work collaboratively to promote and protect health, reduce risky behaviours and health inequalities, and prevent disease (DH, 2004). This small qualitative research project, part of the author's Masters in Public Health degree, explored the knowledge, understanding and perceptions of the public health role of a group of active Practice Teacher RSCPHN's.

Aims: Three key areas were explored:

- What their public health role was
- What the influences are on that role are
- What they felt the solutions were to enhance this aspect of their role

Methods: This was a small qualitative study which used 3 focus groups to collect data from 16 Practice Teachers from Health Visiting, Occupational Health Nursing and School Nursing. The data was combined for thematic analysis of their responses to the three key topics identified using NVivo*.

Results: The results showed that the participants were knowledgeable about their role as public health nurses, were influenced by lack of resources, poor understanding from others of their role and tensions with managers and the wider team as to the importance of their public health role. They offered solutions including role clarity for the skill mix team, a vision for practice, and debated the role of a specific public health nurse in the team.

Conclusions: Practitioners are enthusiastic and knowledgeable about their role but are hampered by lack of resources, poor understanding by others of their role and poor use of skill mix within teams. Recommendations for clear roles and responsibilities, clear protocols for assessing need and identifying priorities are offered.

Recommended reading:

Nursing and Midwifery Council (2004) *Standards of Proficiency for Specialist Community Public Health Nurses*. London, Nursing and Midwifery Council

Department of Health (2004) *Choosing Health-Making Healthier Choices Easier*. London, HMSO

9.4.3

How do community nurses learn skills of cultural competence?

Julia Quickfall, Queen's Nursing Institute Scotland, Edinburgh, UK

Abstract:

This paper reports on some of the findings from an ethnographic study to ascertain the factors involved in the delivery of culturally competent primary care nursing for asylum applicants in Glasgow.

Methods: The study used an interpretive theory of culture (Geertz 1973), to gain an understanding of how primary care nurses used the notion of cultural competence in their care of asylum applicants, a highly vulnerable and ethnically diverse group, who may have suffered violence and torture before seeking UK asylum (Halabi 2005). The methods used involved participant observation, interviews and focussed discussion groups. Informants included 38 asylum applicant men and women and 21 practitioners, including practice nurses, health visitors, community staff nurses and support workers. Interventions between the practitioners and the asylum applicants were observed, and the informants were interviewed separately after the intervention. Field notes were written up within 48 hours into a word document and were analysed using a simple File Maker Pro database.

Results: The study showed that the practitioners acquired skills of cultural competence through an informal community of practice (CoP) and adopted most of the CoP characteristics identified by Wenger (1998). These skills involved cultural awareness, cultural sensitivity and cultural knowledge; for example, knowing when and how to use an interpreter effectively. The teams used discourse to reflect their own perspective, using stories and inside jokes to facilitate a common understanding of cultural competence.

Conclusions: As Scotland becomes more multi-cultural in nature, cultural competence skills are essential for nursing in all areas of health care. These skills are not easily gained from text books and primary care nurses need the confidence to understand that they can and do learn from each other.

Recommended reading:

Geertz, C. (1973). *The Interpretation of Cultures*. New York, Basic Books

Halabi, J. O. (2005). 'Nursing Research with Refugee Clients: A Call for Qualitative Approaches'

Wenger, E. (1998) *Communities of Practice. Learning, Meaning and Identity*, Cambridge University Press, Cambridge

Theme: Nursing students/clinical supervision

9.5.1

Still learning and working? Nursing students experiences of work-based placements

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alabaster@cf.ac.uk

Abstract:

Background: Reformed UK nurse education emphasises preparation for practice through workplace experience, while students acquire occupational knowledge and values through socialisation. This presentation aims to fit the conference theme by reporting on research which demonstrates that viewing data in its retrospective context has significance for future practice.

Aims: The research aimed to explore, in-depth, pre-registration nursing students' experiences of working with older people.

Methods: This qualitative, doctoral study drew broadly on interpretive hermeneutics informed by phenomenological theory. The sample (n=10) was recruited from a single educational institution. Data were collected using loosely structured interviews, reflexive accounting and supplementary material, being completed in 2003. Systematised detailed analysis was performed using bespoke software to aid data management.

Results: Students were defined by their ability to assist in managing workload across a variety of settings. This often meant working alongside support workers, as opposed to registered nurses, and impeded development. Participants felt driven to move on to achieve employment-compatible competence but some practice mentors discouraged this. In contrast, access to developmental opportunities was liable to be supported where practice mentors undertook fundamental care and accepted students as learners.

Discussion: Nursing is characterised by contradiction, in that it is evolutionary and conducted against a backdrop of unrelenting change, yet a potent legacy of historic practices influences its performance. Service constraints, realignment of roles and ambiguity of the students' position lend new dimensions to occupational socialisation. The duality of learning and working, described by Melia (1987) at a time when students held employee status, persists.

Conclusions: Students' learning on the job still does not necessarily equate with their learning about the job in terms of acquiring knowledge and skill for function when registered. Engagement in learning through workplace experience requires consistency in interpreting their role and enabling them to work in proximity with motivated mentors.

Recommended reading:

Alabaster, E.S. (2006) Students' Ideals for Nursing Older People in Practice, *International Journal of Older People Nursing*, 1, 66-74

Cohen, M.Z., Kahn, D.L. & Steeves, R.H. (eds.) (2000), *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers*. Sage, Thousand Oaks

Melia, K.M. (1987) *Learning and Working: The Occupational Socialisation of Nurses*, Tavistock, London

9.5.2

Stress and coping in nursing students

Chris Gibbons, Queen's University Belfast, UK
Co-authors: Martin Dempster, Marian Moutray
c.gibbons@qub.ac.uk

Abstract:

Most research exploring sources of stress and coping in nursing students construes stress as psychological distress with scant regard to those sources of stress likely to enhance well-being and learning. This study explored the relationship between sources of stress and psychological well-being and considered the moderating and mediating role played by sources of stress and different coping resources on well-being. A convenience sample of 171 final year nursing students were surveyed using an electronic questionnaire which measured sources of stress, psychological well-being, coping style, support, control and self-efficacy. Multiple regressions found that the sources of stress likely to lead to distress were more often predictors of well-being than sources of stress likely to lead to positive, eustress states. However, placement experience was an important source of stress likely to lead to eustress. Self-efficacy, dispositional control and support were other important predictors. Avoidance coping was the strongest predictor of adverse well-being. Approach coping was not a predictor of healthy well-being. While the sources of stress likely to lead to distress were more frequent, sources of stress rated as an opportunity to achieve were important. The mere presence of support is beneficial as well as the utility of that support. Avoidance coping, even if used infrequently, can have an adverse effect and, in the short-term at least, approach coping was not predictive of positive well-being. Initiatives to promote support and self-efficacy are likely to have the more immediate benefits to student well-being.

Nurse educators need to consider how course experiences might contribute not just to potential distress but to eustress during course reviews. How educators interact with their students and how they give feedback offers important opportunities to promote self-efficacy and provide valued support. Peer support is a critical coping resource and can be bolstered through induction and learning and teaching initiatives.

Recommended reading:

Gibbons, C., Dempster, M. and Moutray, M. (under review), Stress and Coping in Nursing Students, *International Journal of Nursing Studies*

Gibbons, C., Dempster, M. and Moutray, M. (under review), The Validation of the Index of Sources of Stress in Nursing Students, *Nursing Education Today*

Gibbons, C., Dempster, M. and Moutray, M. (in press), A Confirmatory Factor Analysis on the Index of Sources of Stress in Nursing Students, *Journal of Advanced Nursing*

9.5.3

Clinical supervision: Findings from an Australian randomised controlled trial

Edward White, School of Psychiatry, University of New South Wales, Sydney, Australia
Co-authors: Julie Winstanley
edwardwhite@ozemail.com.au

Abstract:

Several national and State-based inquiry documents have reported long-standing and major concerns about mental health service provision in Australia. In particular, accounts of the difficult circumstances that satellite the recruitment and retention of high quality mental health nurses have clearly emerged, independent of State jurisdiction. The privately experienced cost of working and coping in contemporary mental health settings, however, especially when the resilience of nursing staff is tested after stressful, even harrowing clinical events, remains poorly understood. Clinical Supervision [CS], a structured staff support arrangement, has shown promise as a contribution to the clinical governance agenda [Winstanley and White 2003] and is now found reflected in central policy themes elsewhere in the world. However, the concept of CS remains underdeveloped in Australia [Yegdich 2001]. This presentation will present findings from a groundbreaking randomised controlled trial [RCT], recently completed in Australia, funded by the Queensland Treasury/Golden Casket Foundation [A\$248,000]. The RCT has examined the efficacy of the most widely adopted model of group CS that is known to address the promotion of standards and clinical audit issues, the development of skills and knowledge and the personal wellbeing of the Supervisee [Procter 1986]. For the first time, this study has focused not only on the outcomes for individual mental health nurses, but has also attempted to examine the quality of care they provide and the effect of both on patient outcomes.

The presentation will address the telling methodological and substantive issues that emerged and will conclude with a set of practical challenges that confront key stakeholders involved in the implementation of Clinical Supervision. The RCT has made a novel contribution to the development of

knowledge which, it will be argued, is generalisable to other health care disciplines and to other countries elsewhere in the world.

Recommended reading:

Proctor B [1986] *Supervision: A Cooperative Exercise in Accountability*. In: Marken M and Payne M [Eds] *Enabling and Ensuring: Supervision in Practice*. National Youth Bureau and Council for Education and Training in Youth and Community Work, Leicester

Winstanley J and White E [2003] *Clinical Supervision: Models, Measures and Best Practice*. Nurse Researcher, London

Yegdich T [2001] *An Australian Perspective on Clinical Supervision*. In: Cutcliffe J, Butterworth T and Procter B [Eds] *Fundamental Themes in Clinical Supervision*. Routledge, London

Theme: Knowledge translation/
evidence based practice

9.6.1

Intuition and evidence: Findings from focus group research into nurses and decision-making

Michael Traynor, School of Health and Social Sciences, Middlesex University, London, UK
Co-author: Maggie Boland
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Abstract:

Background: Professionals have been said to draw on a mixture of technical knowledge and expert judgement when making clinical decisions (Jamous and Pelloile 1970). Recently the evidence based movement has emphasised the importance of formal technical knowledge, making the role of tacit judgement more problematic in professional discourse.

Aims: This study aims to investigate how qualified nurses talk about their decision-making in the light of the rise of evidence based practice

Methods: Two rounds of three focus groups were held in 2003 and 2008 with qualified nurses in different specialities, recruited through participation in post-qualifying courses at 2 London-based universities. Analysis of the transcripts was informed by aspects of discourse analysis.

Results: Decision-making was described as constrained by issues of hierarchy within nursing and across professions. The 2003 participants were more likely to describe research as empowering their decision-making while the 2008 participants tended to speak of guidelines and protocols as emerging from outside their realm of influence. Nurses also spoke of 'rule-breaking' when 'instinct' influenced decisions in unusual situations. This paper focuses on talk of 'instinct' and intuition.

Discussion: In each of the 2008 groups a single nurse spoke about their experience of intuition in decision-making. The groups found such accounts

problematic and worked hard to represent and reconfigure them as rational acts.

Conclusions: Intuitive judgement, though considered an essential part of professional decision-making and discourse holds particular problems for nursing because of the profession's desire to distance itself from traditional views of 'female' attributes such as intuition.

Recommended reading:

Jamous, H. and Pelloile, B. (1970), 'Professions or Self-Perpetuating System; changes in the French University-Hospital System', in Jackson, J. (ed.), *Professions and Professionalisation*, Cambridge, Cambridge University Press

9.6.2

Critical conceptions of knowledge translation: Fostering social justice, equity and cultural safety

Sheryl Reimer Kirkham, Trinity Western University, Langley, British Columbia, Canada

Abstract:

Background: Knowledge translation (KT) has been widely taken up to facilitate the uptake of research-derived knowledge into health care services. As a new field, theories and models for KT are being developed (Estabrooks et al., 2006; Kitson, 2008). This paper presents one such a model. Unique to this project was that the knowledge being synthesized and translated was derived through critical inquiry and centred on social justice, equity, and cultural safety.

Aims: Build on established partnerships to foster a clinical environment that will facilitate knowledge uptake

Synthesize findings from several studies and critically examine with administrators and front-line practitioners how actionable messages can be translated to shape patient transitions between hospital and home

Translate the principle of cultural safety into practice to prompt practitioners to reflect critically on their assumptions about patients, and thereby increase their receptivity to knowledge that will challenge these assumptions

Evaluate effectiveness of this KT model (Anderson, 2004)

Methods: Key processes included:

- establishing collaborative relationships
- implementing specific projects ('action plans')
- engaging in responsive dialogue to foster reflective practice

Several types of evaluative data were collected. Extensive field notes were written, along with interviews with 15 patients and 18 health care professionals.

Results: The pilot project provided insight into the types of organizational contexts, academic-prac-

tice partnerships, and KT activities that facilitate the uptake of knowledge regarding social justice, equity, and cultural safety.

Discussion: There is some disjuncture between KT and critical inquiry. Moreover, discourses of the clinic, while accommodating KT, may run counter to discourses of social justice, equity, and cultural safety.

Conclusions: KT is a complex endeavor and happens where there is receptiveness to the process. It does not proceed in a linear and predictable pattern and requires considerable administrative support to endorse the process and enable staff to engage with researchers.

Recommended reading:

Anderson, J.M., Browne, A.J., Lynam, J., et al. (2004) *Cultural Safety and Knowledge Uptake in Clinical Settings: A Model for Practice for Culturally Diverse Populations*. Research Proposal Submitted to CIHR

Estabrooks, D., Thompson, D., Lovely, J., & Hofmeyer, A. (2006) *A Guide for Knowledge Translation Theory*. *The Journal of Continuing Education in the Health Professions*, 26, 25–36

Kitson, A. (2008) *The Uncertainty and Incongruity of Evidence-based Healthcare*

9.6.3

Institutionalizing evidence-based nursing practice: An organizational case study using a model of strategic change

Jo Rycroft-Malone, Centre for Health-Related Research, University of Wales, Bangor, UK
Co-authors: Cheryl Stetler; Judith Ritchie; Alyce Shultz; Martin Charms
J.Rycroft-Malone@bangor.ac.uk

Abstract:

Background: There is an expectation that health care organisations use evidence-based practice (EBP) to improve the quality of patient care and service delivery. However challenges about how to make evidence-based practice a reality, particularly at an organisational level and on a sustained basis.

Purpose: To identify key contextual elements in a nursing organization where evidence-based practice was perceived to be used routinely, in contrast to one in which it was not. Theoretical framework: Pettigrew and Whipp's Content, Context, and Process model of strategic management of change.

Approach: A mixed method case study was conducted. Two sites in the KingdomStates were purposively sampled to provide contrasting cases; a 'role model' site for the institutionalization of evidence-based practice, and a 'beginning' case that self-identified as early in the journey towards the institutionalization of EBP. Data were collected through: a multi-tool survey (n=229); key informant interviews (n=59); focus groups (n=14); focused observations, and document review.

Findings: The extent and pervasiveness of EBP was qualitatively different between the 'role' and 'beginner' sites. The role site demonstrated integrated and widespread EBP activity driven by hospital, external priorities and local nursing practice problems. In contrast, the beginner site was mainly engaged in individual projects primarily motivated by external, hospital, regulatory and medically-driven priorities. Key contextual elements that facilitated the institutionalization of EBP and were pervasive in the role site included; key people leading change at multiple levels of the organisation, development of a supportive organisational context and culture that embedded EBP into the organisation's day-to-day processes and infrastructures, and co-operative inter-organisational relations. Survey data broadly supported these findings.

Discussion: Empirically little is known about how context mediates EBP, therefore this study begins to offer some evidence of the key contextual elements that may require attention if the institutionalization of EBP is to be realized.

Theme: Stroke care

9.7.1

The organisational context of nursing care in stroke units

Christopher Burton, School of Healthcare Sciences, Bangor University, Bangor, UK

*Co-authors: Andrea Fisher; Theresa Green
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Abstract:

Background: Internationally the stroke unit is recognised as the evidence-based model for patient management (1), although clarity about the effective components of stroke units is lacking (2).

Aims: We aimed to explore the organisational context of stroke unit nursing, to determine those features that staff perceived to be important in facilitating high quality care.

Methods: A case study approach (3) was used, including interviews with nurses and members of the multidisciplinary teams in two Canadian acute stroke units. A total of 20 interviews were completed, transcribed and analysed thematically using the Framework Approach (4). Trustworthiness was established through the review of themes and their interpretation by members of the stroke units.

Findings: Nine themes that characterised an organisational context that supported the delivery of high quality nursing care in acute stroke units were identified. The study highlighted the importance of an overarching service model to guide the organisation of care and the development of specialist and advanced nursing roles. Whilst multidisciplinary working appears to be a key component of stroke unit nursing, various organisational challenges to its successful implementation were highlighted. In particular the consequence of differences in the

therapeutic approach of nurses and therapy staff needs to be explored in greater depth. Successful teamwork appears to depend on opportunities for the development of relationships between team members as much as the use of formal communication systems and structures. A coordinated approach to education and training, clinical leadership, a commitment to research, and opportunities for role and practice development also appear to be key organisational features of stroke unit nursing.

Conclusions: Organisational context appears to be important in shaping the nursing contribution to stroke unit services. Recommendations for the development of stroke nursing leadership and future research into teamwork in stroke settings are made.

Recommended reading:

Stroke Unit Trialists' Collaboration, 2005. Organised Inpatient (Stroke Unit) Care for Stroke (Cochrane Review). In: Cochrane Library (Issue 5). Update Software, Oxford

Langhorne, P., Pollock, A., 2002. What are the Components Effective Stroke Unit Care? *Age and Ageing* 31, 365-371

Yin, R.K., 2003. *Case Study Research: Publication Inc.*, Thousand Oaks

Ritchie, J., Spencer, L., 1993. *Qualitative Data Analysis for Applied Policy Research*. In: Bryman, A., Burgess, R. (Eds.), *Analysing Qualitative Data*. Routledge, London

9.7.2

Mapping the evidence for long-term need: An example from stroke

Beverley French, Department of Nursing, University of Central Lancashire, Preston, UK

*Co-authors: Christopher Burton; Paola Dey; Peter Langhorne; Michael Leathley; Shankar Loharuka; Jenny Marsden; Joanna McAdam; Christopher Price; Kate Radford; Helen Rodgers; Catherine Sackley; Anil Sharma; Christopher Sutton; Marion Walker; Caroline Watkins
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Abstract:

Introduction: In 2007 the Stroke Association commissioned an information mapping review of the UK research literature relating to the needs of stroke survivors and their carers after discharge from hospital. A mapping review seeks to comprehensively identify and classify the available research, to ascertain gaps in the available evidence that would require further research.

Methods: Research published in the UK between 1996-2008, which provided information relating to the identification of need or experience, the prevalence of needs or problems, and the extent of unmet need was included. Systematic methods were used to search for and categorise the research according to study focus and design. Studies were further classified according to study quality.

Results: Eight studies identified the range of need experienced, with information available on problems with movement, personal care, psychological issues, social activities and communication; and needs identified for physical health care, practical information and support for coping, help to return to work, information about care options, aids and adaptations, and support for carers. Twenty nine studies measured prevalence, with information available on dependence in mobility and personal care, incontinence, general health status, risk indicators for secondary prevention, levels of social participation or engagement, vision and swallowing problems, mood disorder, communication problems, cognition problems, levels of institutionalisation, need for care or equipment, and carer strain. Nine studies identified the extent of unmet need, with information available on unmet need for help with mobility and personal care, medical follow up, secondary prevention treatment, help with speaking difficulties, obtaining aids and adaptations, and for information.

Conclusions: This mapping review illustrates a methodology for classifying different types of research relating to need. The presentation will discuss the processes of a mapping review in comparison with full review, including the importance of a framework that can draw together information from diverse research designs.

9.7.3

A survey of urinary continence care practices in Scottish stroke care settings

Katharine Jamieson, Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, Glasgow, UK

Co-authors: Marian Brady; Suzanne Hagen; Peter Langhorne; Ann Capewell, Carol Bugge, Doreen McClurg, Campbell Chalmers

Abstract:

Introduction: Urinary incontinence (UI) occurs in 40-60% (approximately 60,000-90,000) of the UK's annual stroke hospital admissions

1. At discharge, a quarter will still have UI and 15% will continue to experience problems a year after stroke.

2. The burden of UI extends beyond physical symptoms. Depression is twice as prevalent in individuals with incontinence post-stroke as those without.

3. Furthermore, the negative social consequences associated with UI, such as isolation, can impact on both carer and stroke survivor.

Stroke nurses have the responsibility of assessing, managing and supporting patients' continence needs. Although motivated, the availability of continence support, policy, guidelines and products is unclear.

Methods: We collected anonymised information on the urinary continence care practices in stroke

care settings across Scotland. Employing some of the strategies found to be effective in improving response rates to postal questionnaires, we designed, piloted and distributed a short postal questionnaire to 69 stroke units.

Results: Our survey had an 88% response rate with 61 questionnaires completed and returned. Continence care support was most often available by request. Three quarters of this support was provided by a Continence Advisor or Urology Doctor/Consultant. Disappointingly, in the past year, one third of stroke care settings (n=22) received no form of continence training. Various combinations of assessment tool usage were reported. Micturition diaries or fluid balance charts were used by 31 (51%) care settings. 10 of these settings added the Barthel Index. 4 care settings used a validated measure and 14 settings used local continence assessment tools. 11 care settings did not use any form of continence assessment tool.

Conclusions: With an excellent response rate we have a comprehensive overview of the challenges nurses face in providing adequate continence care for patients in stroke care settings across Scotland. Nurses' access to training, assessments, protocols and equipment varied considerably.

Recommended reading:

Barrett, JA. Bladder and Bowel Problems after a Stroke. Reviews in Clinical Gerontology 2002;12:253-67

Patel, M., Coshal, C., Rudd, AG., Wolfe, CDA. Natural History and Effects on 2-year Outcomes of Urinary Incontinence After Stroke. Stroke 2001;32:122-127

Brittain, KR. Urinary Symptoms and Depression in Stroke Survivors. Age and Ageing 1998;27(suppl 1): 116-117

Theme: Collaboration

9.8.1

Networking in nursing: The future of working together

Paul Horan, School of Nursing & Midwifery Studies, The University of Dublin Trinity College, Dublin, Ireland

Co-authors: Michael Brown; Fiona Timmins

Abstract:

Background: Over the past decade Networks have mushroomed within the nursing profession. The functions of networks in healthcare have been explained by many writers (Goodwin, 2004, 2006, 6 et al, 2006, Benton, 1997, Hughes, 1997). However a great body of the literature on the topic is theoretical in focus and there would appear to be little empirical evidence to support networking activities within healthcare or nursing. Formal evaluations of how networks function within healthcare or nursing are rare. Universally agreed definitions of networking in the nursing profession are scarce. This paper reports on some findings of a quantitative descriptive study which explores the many key issues that

contribute to the phenomena of networking in nursing.

Aims: The overall aim of this paper is to present the findings of a 5 country study which suggests that Networking represents the future vehicle of working together in nursing

Methods: As part of a larger doctoral study a quantitative descriptive e-survey data collection methodology was employed for this research. Survey participants completed online questionnaire. A data set was generated and readily converted into SPSS Version 15 for analysis – a range of statistical tests were carried out. The total sample for the study was 1601 potential participants, over 300 potential participants' email addresses were found to be obsolete. This left a sample of 1300, in total there were 665 respondents representing a response rate over 50%.

Findings: The paper reports on the following findings:

- Types of networking activities engaged in by nurses
- The benefits of networking as mean for nurses to work together

Recommendations: This paper will demonstrate some of the potential benefits of networking for nurses. Further research is required to demonstrate that networking among nurses can contribute to improved patient outcomes.

Recommended reading:

Goodwin, N., Peck E., Freeman T., (2006) Managing Network Of Twenty-First Century Organisations. Basingstoke: Palgrave MacMillan

Benton, D.C. (1997) Networking, Nursing Standard, 35, pp 47-52

Goodwin N., Peck E., Freeman T., Posaner R., (2004) Managing Across Diverse Networks of Care: Lessons from Other Sectors. (Final Report to the NHS SDO R&D Programme). Health Services Management Centre: University of Birmingham

9.8.2

Cross-boundary working involving nurses

Alison While, Florence Nightingale School of Nursing & Midwifery, King's College London, UK
Co-authors: Billie Coomber; Freda Mold; Angus Forbes

alison.while@kcl.ac.uk

Abstract:

Background: High quality healthcare depends upon good team working with all relevant skills being utilised for the patient's benefit. Much healthcare delivery is relocating into the primary care setting. Little is known about the nature and extent of cross-boundary working by nurses with the exception of one study relating to child healthcare (While et al, 2006).

Aims: To describe the nature of cross-boundary working by nurses in relation to three long-term conditions (diabetes, multiple sclerosis & COPD) and healthcare organisation type (primary care, acute hospital & teaching hospital).

Methods: Data were collected by two methods. A postal survey of randomly selected acute hospitals (n=100) and primary care organisations (n=55) and all teaching hospitals (n=35) in England. Questionnaires were mailed to nursing service leads of diabetes, multiple sclerosis and COPD in each organisation (May 2006-January 2007). The final sample comprised 298 respondents from 190 different organisations (70.7% response rate). Four regional stakeholder conferences were held January – March 2007) across England in which local nurses (n=94) participated in table top discussions using the world café method.

Findings: A large range of cross-boundary working activity (n= 805 responses) was reported. The extent of reported intra-professional, inter-professional, intra-organisational and inter-agency working varied both across disorder care group and healthcare organisational type. There were only two examples of trans-disciplinary working. Examples of cross-boundary working included both patient (eg discharge planning, multi-disciplinary clinics) and organisational focused activities (eg clinical protocol development, clinical networking) in addition to generic activities such as team-working. The survey data were echoed in the stakeholder conference data providing a validity check.

Conclusions: Nurses are increasingly working across 'boundaries', however, the nature and extent of this activity is contextually bound both by the organisation in which they work and their field of practice including their patient care group.

Recommended reading:

While A, Murgatroyd B, Ullman R & Forbes A. (2006) Nurses', Midwives' and Health Visitors' Involvement in Cross-boundary working Within Child Health Services. Child: Care, Health and Development. 32: 87-99

9.8.3

Providing person centred care through partnership working in intermediate

Valerie Thomas, School of Health Science, Swansea University, Swansea, UK

Co-author: Valerie Thomas

Abstract:

Background: Intermediate care (IC) is a concept which is familiar to many people working in health and social care in the UK but the term is used to describe services as diverse as social services respite teams, residential rehabilitation units and hospital based nursing units. All services should focus on maximising independence and cross professional working.

Aims: The aim was to explore the perceptions of staff working in and referring to community based IC teams.

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

Results: Promoting partnership working has resulted in a level of understanding, trust and reflexivity between team members which translates into a person-centred approach, putting the person at the centre of every activity (McAllin and Bamford 2007). The service manager/coordinator has facilitated the development of a model of working which transcends disciplinary boundaries, provides a sense of a central purpose and a clear idea of the focus of the work.

Discussion: This paper explores the challenges of inter professional working when measuring the effectiveness of services. Challenges facing managers / coordinators include: the heterogeneity of services that are labelled IC and the complexity of the objectives that IC seeks to achieve (Thomas and Lambert 2008).

Conclusions: Practitioners and managers need to understand the systems and structures within which they are required to function (Allen et al 2002). This paper explores the hidden work that takes place to facilitate partnership working within this complex model of care.

Recommended reading:

Thomas, V and Lambert, S (2008) An ethnographic study of intermediate care services in Wales: the hidden work. *Journal of nursing management* Vol 16 pp181-187

McAllin A. & Bamford A. (2007) Interdisciplinary teamwork: is the influence of

Allen D., Lyne P. & Griffiths, L. (2002) Studying complex care interfaces: key issues arising from a study of multi-agency rehabilitative care for people who have suffered a stroke. *Journal of Clinical Nursing*, 11:297-305

Workshops abstracts

Tuesday 24 March 2009

13.00 – 15.30

Workshop 1

Publishing from research: Issues for more experienced researchers

Alison Tierney, Editor In Chief, Journal of Advanced Nursing, Oxford, UK

Aims of workshop

1. To identify and discuss some of the more complex issues and decisions attached to research publishing.
2. To highlight various roles of more experienced researchers in relation to research publishing.
3. To identify ways in which journals and publishers might better support and promote nursing research in the future.

Abstract:

Outline: This workshop is aimed at more experienced researchers, including those working on larger-scale externally-funded research projects or leading a team of researchers or a longer-term programme of research, or working in the context of a multi-disciplinary research group. These more experienced researchers occupy a variety of roles in relation to research publishing, including teaching less experienced colleagues and research students about writing and publishing. Some of the more complicated and challenging issues and decisions attached to research publishing that we will discuss in this workshop include: –

- Selecting journals and building a publication portfolio
- Planning and managing multiple publications from a large project or programme
- Issues attached to multi-authorship and multi-disciplinary research
- Aspiring to achieve international excellence and impact
- Exploiting developments in e-publishing

The workshop will be based on a powerpoint presentation, but the intention is for this session to be as interactive as possible, with participants sharing their own experiences and ideas and offering suggestions about ways in which journals and publishers might be able to better support and promote nursing research in the future.

Tuesday 24 March 2009

16.00 – 17.30

Workshop 2

Learning the ropes of peer reviewing: Issues and challenges for reviewers and authors

Debbie Kralik, Research Unit, Royal District Nursing Service, South Australia, Wayville, Australia

Co authors: Kader Parahoo

Abstract:

Most nurse academics and advanced practice nurses will be asked to review manuscripts submitted for publication in journals at some time during their careers. Peer review is important for maintaining the integrity of a journal and can be a process for exposing the author to new ideas and perspectives. Most nurses, however, are not formally taught how to review a manuscript and consequently a review may contribute little in the way of constructive guidance for the author. In this workshop the focus will be on answering the question 'What makes a good peer review?' When an author submits a manuscript for publication in a journal, it is usually the end result of significant commitment to the research process.

While there are a number of motivations for publishing, the strongest is often the desire to contribute to a body of knowledge. Submission of a manuscript to a journal also marks the beginning of the peer review process. Competition for publishing space is increasing, however, with the numbers of papers submitted to high impact journals growing at a rate of approximately 15% each year (McCook, 2006). Inevitably, more submissions mean more rejections, appeals and complaints about the peer review process (McCook 2006), but the publishing industry needs to continue to meet authors' needs in order to maintain a competitive environment.

The ideal is that the peer review process should benefit authors, editors and reviewers (Kralik 2006). Authors have the opportunity to expose their work for constructive critique, reviewers have the opportunity and responsibility to ensure that research published in their fields is of high and the editors ensure that the peer review process is fair and leads to quality publications. Reviewing manuscripts means applying critical skills to research that is often cutting-edge. The reviewer response should be a constructive document demonstrating that the reviewer has comprehended the topic of the paper. At the same time, authors will appreciate the identification of any flaws in content or recommendations to strengthen the paper. It is important that authors receive detailed feedback from reviewers about their paper in a non-hostile tone, regardless of the recommendation to revise, accept or reject it.

Peer review is a far from perfect process, but it can provide useful guidance for authors when reviewers have commitment to working in the author's interest. In this Workshop, experienced editorial team members will stimulate discussion

about the challenges of peer review for reviewers, authors and editors.

Recommended reading:

Kralik D. (2006) What makes a good peer review? An author's perspective. *Nurse Author & Editor*, 17 (2)

McCook A. (2006) Is peer review broken? *The Scientist* <http://www.the-scientist.com/article/display/23061> accessed 27 March, 2006.

Wednesday 25 March 2009

10.15 – 11.15

Workshop 3

Evaluating research for evidence-based nursing practice

Jacqueline Fawcett, College of Nursing and Health Sciences, University of Massachusetts Boston, Boston, Massachusetts, United States

jacqueline.fawcett@umb.edu

Abstract:

Nursing research is conducted to generate or test middle-range theories, which provide the evidence used for all phases of the nursing practice process, including assessment, planning, intervention, and evaluation. Although a considerable amount of research that is relevant for nursing practice already exists, students and practicing nurses do not yet routinely evaluate that research to determine its suitability for evidence-based practice. This workshop is based on the premise that lack of attention to existing research stems from lack of understanding of the criteria used to evaluate reports of research in a systematic manner. The workshop content will include discussion of a comprehensive framework of criteria for the evaluation of reports of nursing research. The framework incorporates criteria used to evaluate the essential elements of conceptual-theoretical-empirical (C-T-E) structures for research—the conceptual model on which the research is based, the middle-range theory that is generated or tested, and the empirical research methods that are used to conduct the research. Emphasis will be placed on evaluation of the middle-range theories that are the product of all types of qualitative and quantitative research designs. Workshop participants will have the opportunity to apply the framework to published reports of qualitative and quantitative research, with special attention to evaluation of the utility of the middle-range theory as a guide for evidence-based practice.

Recommended reading:

Fawcett J. Contemporary nursing knowledge: analysis and evaluation of nursing models and theories, 2nd ed. F.A. Davis, Philadelphia, 2005.

Fawcett J, Garity J. Evaluating research for evidence-based nursing practice. F.A. Davis, Philadelphia, 2009 (August 2008).

Fawcett J. The relationship between theory and research, 3rd ed. F.A. Davis, Philadelphia, 1999.

Wednesday 25 March 2009

14.30 – 16.00

Workshop 4

Nursing workforce policy review: Methodology, process and outcome

Moira Attree, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK

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This workshop focuses on the methodology, process and outcome of a policy review of nursing workforce policies in five European countries. The three papers explore the key issues and challenges involved in nursing workforce research, policy-making and practice. The papers follow the process of policy review, proceeding from analysis of review methodology, through the review results and concludes with a reflection on the challenges to evidence based policy making and the process of conducting an international policy review.

Paper 1 critically analyses the theoretical and methodological issues involved in conducting a policy review of nursing workforce policies in five European countries.

Paper 2 presents the results of the policy analysis of nursing workforce policies in five European countries.

Paper 3 debates the challenges to evidence-based policy-making and practice. The workshop will conclude by drawing together issues, implications and recommendations for nursing workforce research, policy and practice.

Abstract 1:

Methodological issues conducting a policy review of nursing workforce policies in five European countries

Moira Attree, Senior Lecturer in Nursing, University of Manchester, Manchester, UK

Abstract:

This paper will debate the methodological challenges involved in analysing healthcare policy, using a review of nursing workforce policies in five European countries to illustrate the analysis. Policy is a core function of healthcare organisations and is fundamental to healthcare reforms. High quality, evidence-based policy development is central to improvements in the quality and safety of healthcare systems. However, healthcare professionals are not familiar with either the process of policy-making or policy review/ analysis. Little guidance exists on how to do health policy analysis; what research theories and methods best inform policy analysis. Within the policy literature criticisms focus upon the absence of explicit conceptual frameworks, lack of detail on research design and methodology, and a preponderance of single case studies. The focus policy reviews is often descriptive, rather than explanatory. This policy review

adopted Neissen et al's (2000) evidence-based policy-making approach as a framework for the analysis, and DePalma's (2002) approach to synthesizing evidence collected from the workforce policies in the five countries. Evidence based policy-making requires high level, high quality, reliable robust data (McGovern et al 2001; Muir Gray 2001). The policy review adopted Pearson's (2007) definition of best practice; which ranked levels of evidence downwards from 'research', through 'reports of representative or expert committees; government reports and policies', to 'the opinion of representative groups, respected authorities or individuals'.

Muir-Gray's (2001) hierarchy of evidence ranks five strengths of evidence from type 1: Systematic Reviews of RCTs to type 5: Opinions of respected authorities. The general consensus is that only evidence at or above level 3 should be used to guide or change healthcare practice and policy making decisions (Muir-Gray 2001; McGovern et al 2001).

This policy review identified various methodological issues, including lack of concept clarity, low level of data and lack of reliable data.

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- Niessen LW, Grijseels EWM & Rutten FFH (2000) The evidence-based approach in health policy and health. *Social Science & Medicine* 51, 859–869
- Muir Gray JA (2001) Evidence based Healthcare; How to make Health Policy Decisions and Management Decisions. Churchill Livingstone, Edinburgh

Abstract 2:

Outcome of policy analysis of nursing workforce policies in 5 European countries

Moira Attree, Senior Lecturer in Nursing, University of Manchester, Manchester, United Kingdom and Lisbeth Uhrenfeldt, Clinical Nursing Researcher, Horsens, Braedstrup & Odder Regional Hospital, Denmark

Abstract:

A synopsis of the outcome of the policy review of nursing workforce policies in five European countries: Denmark, Finland, Portugal, England and Ireland will be presented. The review identified similarities and differences in national policies. The nursing workforce situation and policy responses in the five countries varied. Nurse shortage had been addressed with different urgency in each country. England and Ireland addressed the nurse shortage in the late 1990s, in response to their current national and local situation; policy addressing nursing shortages is at an early stage in Denmark, Finland and Portugal, where the shortage is a relatively new situation. In Denmark and Finland the national government adopted generic strategies for public employees, as opposed to specifically for nurses. In the remaining three countries more

specific policies for the health care workforce were made.

The analysis revealed three common organisational policy-making themes, relating to human resource management issues, dealing with career/job support and staff development, as well as management and leadership factors that deal with local work, pay and employment conditions and practice environment. Professional practice, autonomy, ability to influence decision-making, economic reward and external perceptions of the profession are areas that require attention in order to address the current crisis in nurse retention. Managers and policy makers need to focus on increasing nurses' job satisfaction, decreasing unpaid overtime, lowering stress levels and providing support for nurses, as well as addressing nurses' pay and conditions. Interestingly the review identified that the most commonly occurring recruitment and retention policy themes from the five countries were remarkably similar to the Magnet principles identified by Kramer in the USA in the 1980s.

References

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- Rafferty AM, Clarke S, Coles J, Ball J, James P, McKee M & Aiken L (2007) Outcomes of variations in hospital nurse staffing: cross sectional analysis of survey data and discharge records. *International Journal of Nursing Studies* 44 (2): 175-182
- World Health Organisation (WHO) (2006) The world health report 2006 – working together for health. The World Health Report 2006. Retrieved on May 28, 2007 from http://www.who.int/whr/2006/whro6_en.pdf.

Abstract 3:

Challenges to evidence-based policy-making and practice

Dr Moira Attree, Senior Lecturer in Nursing, University of Manchester, Manchester, UK and Lisbeth Uhrenfeldt, Clinical Nursing Researcher, Horsens, Braedstrup & Odder Regional Hospital, Denmark

Abstract:

Evidence-based policy-making requires high level, high quality, reliable, robust data (McGovern et al 2001; Muir Gray 2001). This review identified various methodological issues, including lack of concept clarity, low level of data and lack of reliable data. The lack of an agreed definition and standardised measures of nursing need and shortage, makes comparison and evaluation of policy effectiveness and impact difficult, and compromises the generation of data to inform evidence based policy-making (McGovern et al 2001; Muir Gray 2001). Baumann et al (2006) and Buchan (2002) comment on the lack of high level, high quality nursing workforce data. A further methodological issue involves the lack of evidence of implementa-

tion of policy and its impact. This paper presents reflections on the process of conducting a policy review of nursing workforce policies. The review authors conducted a SWOT analysis to identify the strengths, weaknesses, opportunities and threats to the successful completion of the policy review. Data were analysed using content analysis (Graneheim & Lundman 2004), which revealed that the group's strengths were commitment, collaboration, support and teamwork. Being able to capitalise on the collaborative opportunities produced satisfaction and a sense of achievement in workgroup members. The main threats to effective working were funding and time to work on the review, and pressure from existing workloads, which produced dissatisfaction and stress. Conducting the analysis enabled the group to focus our limited resources on maximising our collaborative effort.

The workshop will be concluded by drawing together issues and implications and recommendations for research, policy and practice.

References:

- Baumann, A., Yan, J., Degelder, J., Malikov, K. 2006. Retention Strategies for Nursing: A Profile of Four Countries. Human Health Resource. Series Number 5.
- Buchan, J., 2002. Global nursing shortages. Are often a symptom of wider health system or societal ailments. *British Medical Journal* 30, 751-752.
- Graneheim, UH. & Lundman, B. (2004). 'Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness.' *Nurse Education Today*, 24: 105-112.

Thursday 26 March 2009

10.15 – 11.15

Workshop 5

The final hurdles: How to successfully complete your doctorate

Annie Topping, Nursing, University of Huddersfield, Huddersfield, UK

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Abstract:

This workshop is aimed at delegates who are currently or about to embark on the final stages of doctoral study. Undertaking a doctorate is undoubtedly a challenging time. In nursing many candidates undertake a doctorate on a part time basis juggling work, study and life. One of the challenging phases is the final period leading to successful completion – the final hurdles. This is the period that includes writing up of the thesis, the viva voce examination and responding to corrections. The aim of this workshop is to explore the particular challenges the final hurdles present and discuss practical solutions for jumping them.

Intended learning outcomes:

At the end of the workshop participants will be enabled to:

1. Have examined the writing up process and identified strategies to aid successful completion
 2. To understand the purpose of viva voce and examine the purpose, roles and possible outcomes
- The workshop will be divided into two parts:

A. The writing up process

This will explore the inevitable challenges of the writing up process including time management, self-motivation, overcoming writers block and managing important others. The role of the supervisory team in supporting you at this crucial time will be discussed as will what you can do to manage your supervisors more effectively. In addition what examiners want to see and strategies for aiding your reader to navigate your thesis.

B. The Viva Voce Examination

This part of the workshop will explore how you can get match fit for your Viva. The focus will be defence not defensiveness, disarming rather than conflict. The value of undertaking a mock viva, preparation and rehearsal, strategies for dealing with difficult questions or unexpected questions, and emphasising the positive will all be discussed. Lastly practical steps for managing the outcome including corrections will be discussed. It is envisaged that this workshop will be interactive and participants will be encouraged to discuss their own challenges and identify possible solutions.

At the end of the workshop, it is anticipated that participants will be able to develop a personal action plan to help them successfully navigate the 'final hurdles'

Thursday 26 March 2009

14.30 – 16.00

Workshop 6

An introduction to economic evaluation and its potential contribution to nursing research*Cynthia Iglesias, Health Sciences, University of York, York, UK**Co authors: Nicky Cullum; Marta Soares***Abstract:**

Description of Workshop Economic evaluation in health care is essential in order to ensure that finite resources are deployed for maximal societal benefit; the information resulting from such evaluations enables decision makers to disinvest from strategies that are not cost effective in favour of those which are. In the context of health care interventions, economic evaluation involves the comparative analysis of alternative strategies (e.g., drugs, devices, nursing interventions) in terms of their costs and associated health benefits. The workshop will cover the basic principles of economic evaluation (including different designs and measures of health outcome) and will be illustrated with nursing relevant examples.

Aims:

- To raise awareness of the value of economic evaluation to nursing decision making.
- To begin to develop skills in the understanding and interpretation of economic evaluations

Level: Introductory Objectives

- To be able to identify different types of economic evaluations of health care interventions
- To be able to recognise some key strengths and weaknesses in economic evaluations
- To be familiar with the most commonly used measures of health benefit relevant to economic evaluations
- To begin to develop skills in interpreting the results of economic evaluations

Content

1. Different designs: Cost benefit analysis; cost utility analysis; cost effectiveness analysis
2. Main differences between designs including strengths and weaknesses and when they should be used.
3. Measuring health benefit in natural units; health measures incorporating quality of life; valuing health benefit in monetary terms.
4. Introduction to decision rules; cost effectiveness planes; cost effectiveness acceptability curves.

Recommended reading:

Michael F. Drummond, Bernie O'Brien, Greg L. Stoddart, George W. Torrance. *Methods for the economic evaluation of health care programmes*, second edition. Oxford: Oxford University Press, 1997.

Drummond MF, Jefferson TO. Guidelines for authors and peer reviewers of economic submissions to the BMJ. The BMJ Economic Evaluation Working Party. *BMJ*. 1996 Aug 3;313(7052):275-83.

Soares M, Dumville JC. Economic evaluation of healthcare technologies using primary research. *Evidence-Based Nursing* 2008;11:67-71; doi:10.1136/ebn.11.3.67 99

Thursday 26 March 2009

16.30 – 18.00

Workshop 7

Nurse education – a dying art?

Patrick Crookes, Faculty of Health and Behavioural Sciences, University of Wollongong Australia, Wollongong NSW, Australia and Professor Dame Jill MacLeod Clark, Deputy Dean, Faculty of Medicine, Health and Life Sciences, University of Southampton, Southampton UK

*Co authors: Kylie Smith***Abstract:**

The role of the nurse educator is coming under increasing scrutiny in both Australia and the UK where there are recognised problems in attracting nurses into teaching careers. This workshop seeks to explore some of these problems and to put forward some considerations for the future. Drawing on research being undertaken in Australia into the history of nursing research, the workshop argues that the problems of attracting quality nurses into research and thus to higher education and academic careers have a long history that is not disconnected from broader social and economic changes.

It is no longer enough to argue simply for more funding, because for many nurses, or trainee nurses, the question is not merely one of salary, although this is a significant barrier given the high salaries and flexible work conditions that a well trained nurse can earn. More fundamental problems exist in the perceptions held about academic life, some of them well founded if we consider the emphasis placed on commodifiable research outcomes in the tertiary sector often at the expense of curriculum or teacher-training development. These are problems that have already been recognised by various education and health bodies in the UK, and significant programs have been put into place which seek to address these issues. The workshop will discuss some of these programs and seek participant's input into their practicality and success to date. In Australia, the situation is in a state of transition, and the workshop organisers are in the process of developing policy suggestions for government to address the rapidly aging nurse educator workforce problem. However, it is already evident that the solution does not lie simply with creating more positions, or raising funding levels.

Rather, there are fundamental underlying principles that need to be examined, such as the relevance of the Nightingale system itself, arguments about the delineation between nurses and doctors, and the importance of curriculum development and improving clinical placement procedures to ensure higher quality education outcomes. Added to this is the recognition of a generational shift in attitude toward careers, and caring professions in particular, that need to be understood in the broader context of modern workplaces, and the construction of modern subjectivities in advanced capitalist societies. The workshop would be useful for participants from all levels of practical, clinical and academic experience. It is expected that workshop

participants will discuss their own experience in the UK system, in both the past and present, which would add to research being conducted in Australia into the history of the RCN in order to develop solutions for the nurse academic workforce issue. Information gathered at this workshop will be used to complement this research to develop policy proposals for government in Australia.

The workshop convener is Prof Patrick Crookes, Dean of the Faculty of Health and Behavioural Sciences, and Head of the School of Nursing, Midwifery and Indigenous Health at the University of Wollongong in Australia. UOW is the major teaching institution for nurses in regional NSW, and Professor Crookes, who trained as a nurse in the UK, is involved with all aspects of curriculum development and nurse education at the university. Professor Crookes expertise in running this workshop comes from over 20 years of experience in nurse education in the hospital and University sectors, in both Australia and the UK. He has been involved in all areas of these activities: from clinical teaching, to curriculum development and implementation (UG, PG and Research); classroom teaching and lecturing; simulation teaching and research supervision. Patrick has significant experience in running workshops. He has published as an educator and a researcher and has been a member of the International Editorial Team for Nurse Education Today for over 10 years and was the foundation editor of the journal Nurse Education in Practice (with Karen Hoiland). He holds senior and influential positions in nursing. He is currently Head of a significant Australian nursing school (Uni of Wollongong) and has been since 1999. He has also been Dean of a multi-disciplinary Faculty of Health Sciences since 2004, whilst maintaining a publication, research and research supervision load. He has been a member of the executive of the Australian and New Zealand Council of Deans of Nursing and Midwifery since 2001, this requires being voted on to this committee by Council peers. Professor Crookes is currently Secretary and Deputy Chair of Council and a member of the Global Alliance for Nurse Education and Scholarship (GANES). He was a visiting research fellow at the University of Sheffield from 2000 to 2005 and has an international profile as a nurse and academic.



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