RCN EVENTS

ROYAL COLLEGE OF NURSING OF THE UNITED KINGDOM RESEARCH SOCIETY

Annual International Nursing Research Conference

Sunday - Wednesday 7-10 April 2002
University of Exeter, Exeter, Devon, England

Programme

Royal College of Nursing

NURSE RESEARCHER

Future RCN events

21-26 April 2002
RCN Annual Congress & exhibition 2002
Harrogate International Centre, Harrogate

14-15 June 2002
RCN Critical care nursing forum annual conference & exhibition
Regents College, London

22-23 June 2002
RCN Imaging nurses forum annual conference and exhibition
York Racecourse, York

28-30 June 2002
RCN Ophthalmic nursing forum annual conference & exhibition
Royal Bath Hotel, Bournemouth

12-13 July 2002
Health visiting: including everyone
Aston University, Birmingham

5-6 September 2002
Valuing diversity: nurse practitioners in 21st century
Renaissance Manchester, Manchester

6-7 September 2002
RCN Day surgery nursing forum annual conference & exhibition
Moat House Hotel, Peterborough

11-13 September 2002
Enhancing practice 2: innovation, creativity, patient care and professionalism
Keele University, Staffordshire

13-15 September 2002
RCN Society of orthopaedic and trauma nursing annual conference and exhibition
Telford International Centre, Telford

13-15 September 2002
RCN Paediatrics annual conference & exhibition
Cardiff Thistle Hotel, Cardiff

25-27 October 2002
Facing the future: sexual health and HIV in Europe
Renaissance Manchester, Manchester

26-27 October 2002
ENT/Maxillofacial: improving practice and acknowledging cultural diversity
The York Exhibition Conference & Banqueting Centre, York Racecourse

31 October 2002
Joint Travel Health Conference
London

6-7 November 2002
The role of the Occupational Health Nurse in workplace health management
Royal Bath Hotel, Bournemouth

6-7 November 2002
Shared investment in Continence Care
The International Centre, Telford

7-8 November 2002
Complementary therapies and nursing: education and practice
Angel Hotel, Cardiff

8-9 November 2002
Rehabilitation nursing skills
Royal Bath Hotel, Bournemouth

7-8 February 2003
Rewind – refocus: 8th European Mental Health Conference
Art & Tech Hotel, London

31 January – 1 February 2003
Cancer care 2003: working together
Queen Hotel, Chester

13 – 15 February 2003
Partners in practice: 5th RCN joint education forums' conference
Royal Bath Hotel, Bournemouth

10-12 April 2003
RCN International nursing research conference
University of Manchester, Manchester

For information on any of the events listed, please contact:
RCN Events
20 Cavendish Square
London
W1G 0RN

Tel: 020 7647 3577
email rcn.events@rcn.org.uk
www.rcn.org.uk/conferences

Welcome

April 2002

Dear Colleague,

It is a pleasure to welcome you to this year's RCN International Nursing Research Conference. The conference programme aims to present knowledge from the leading edge of nursing research. As well as plenary presentations and symposia, you can choose from over 100 concurrent presentations. Alongside these presentations, there will be on display over 40 posters.

We have a varied menu of fringe events. Full details are included within the conference programme. The RCN Research Society Opening Meeting provides the opportunity to share your views – so please join us on Tuesday and let us know what you really want.

We are grateful for the support of the Universities in the South West. University of Plymouth are hosting a 'Welcome to the West Country' reception on Sunday evening. The University of the West of England are hosting the poster and networking evening on Monday and the University of Bournemouth have sponsored the conference bags.

This year we have decided to do something a little less formal for the conference dinner. The evening will take place in the Great Hall from 7.30 pm on Tuesday evening and you will be entertained by magicians, have the opportunity to gamble with toy money on casino tables, and to try line dancing with a local line dancing troupe. We look forward to see you there!

We hope you will enjoy the conference programme, with the many social events and networking opportunities planned.

Professor Claire Hale
Chair, RCN Research Society

Dr Charles Hendry
Chair, Scientific Committee

Jackie Griffith
Chair, Organising Committee

Contents

Committees

RCN Research Society steering committee

Dr Ann Caress (Newsletter Editor), School of Nursing, Midwifery and Health Visiting University of Manchester, Manchester, England

Mrs Jacqueline Griffith, University of Plymouth, Plymouth, England

Professor Claire Ann Hale (Chair), School of Healthcare Studies, University of Leeds, Leeds, England

Dr Charles Hendry, School of Nursing & Midwifery, University of Dundee, Dundee, Scotland

Professor Joyce Kenkre, School of Care Sciences, Research Unit, University of Glamorgan, Pontypridd, Wales

Mr Leslie Gelling, Department of Academic Neurosurgery, University of Cambridge, Cambridge, England

Dr Susan Read, School of Nursing & Midwifery, University of Sheffield, Sheffield, England

Professor Anne Williams, School of Health Science, University of Wales, Swansea, Wales

Royal College of Nursing

Ms Ann McMahon, RCN Research & Development Centre, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England

Mrs Jenifer M Caveney, RCN Research & Development Centre, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England

Mr Dave O'Carroll, RCN R&D Co-ordinating Centre, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England

Ms Kathryn Clark, RCN Events, Royal College of Nursing, London, England

Organising committee

Ms Jacqueline Griffith (Chair), Institute of Health Studies, University of Plymouth, Redruth, Cornwall, England

Dr Gill Hek, Centre for Research in Applied Social Care and Health, University of the West of England, Bristol, England

Mr Ben Thomas, Somerset Partnership NHS & Social Care Trust, Bridgewater, England

Professor Christine Webb, Institute of Health Studies, University of Plymouth, Plymouth, England

Ms Jo Stockley, Royal College of Nursing, Exeter, England

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Dr Charles Hendry (Chair), School of Nursing & Midwifery, University of Dundee, Dundee, Scotland

Professor Veronica James, Queens Medical Centre, University of Nottingham, Nottingham, England

Professor Joyce Kenkre, School of Care Sciences, Research Unit, University of Glamorgan, Pontypridd, Wales

Dr Caroline Shuldham, Royal Brompton & Harefield NHS Trust, London, England

Professor Christine Webb, Institute of Health Studies, University of Plymouth, Plymouth, England

Professor Anne Williams, School of Health Science, University of Wales, Swansea, Wales

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Ms Kathryn Clark, RCN Events, Royal College of Nursing, England

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International scientific advisory committee

Professor Sabine Bartholomeyczik, University of Witten, Herdecke, Witten, Germany

Professor Jessica Corner, Institute of Cancer Research, London, England

Professor Seamus Cowman, Faculty of Nursing & Midwifery, Faculty of Medicine, Dublin, Ireland

Professor Jackie Crisp, Sydney Children's Hospital, Sydney, Australia

Dr Joan Curzio, Glasgow Caledonian University, Glasgow, Scotland

Professor Philip Darbyshire, Women's and Children's Hospital, Adelaide, Australia

Professor Sabine de Geest, University of Basel, Basel, Switzerland

Professor Rob de Hann, University of Amsterdam, Amsterdam, Netherlands

Professor Judith Donoghue, University of Technology, Sydney & South East Area, Kogarrah, Australia

Dr Dawn Dowding, University of Stirling, Stirling, Scotland

Dr Mary Duffy, University of Utah, Salt Lake City, USA

Mr Leslie Gelling, Cambridge University, Cambridge, England

Professor Kathryn Getliffe, University of Southampton, England

Ms Roswyn Hakesley-Brown, Wolverhampton, England

Professor Somchit Hanucharurnkol, Mahidol University, Bangkok, Thailand

Mrs Gill Hek, University of the West of England, Bristol, England

Professor Martha Hill, John Hopkins University, USA

Professor Jan Kare Hummelvoll, Hedmark College, Elverum, Norway

Professor Jennifer Hunt, Welwyn Garden City, England

Professor Linda Johnston, University of Melbourne, Melbourne, Australia

Dr Martyn Jones, University of Dundee, Dundee, Scotland

Dr Shake Ketefian, University of Michigan, Ann Arbour, USA

Dr Soyaza Kim, Yonsei University, Seoul, Korea

Professor Hesook Suzie Kim, University of Rhode Island, Rhode Island, USA

Professor Margarethe Lorensen, University of Oslo, Oslo, Norway

Professor Karen Luker, University of Manchester, Manchester, England

Professor Gene Marsh, Sheffield Teaching Hospitals NHS Trust, Sheffield, England

Professor Hugh McKenna, University of Ulster, Jordanstown, Northern Ireland

Professor Ian Norman, King's College London, London, England

Ms Jeannette Robertson, Princess Margaret Hospital for Sick Children, Perth, Western Australia

Professor Ruth Schrock, University of Witten, Witten, Germany

Dr Kate Seers, Royal College of Nursing Institute, Oxford, England

Professor Walter Sermeus, Catholic University of Leuven, Leuven, Belgium

Dr Linda Shields, Mater Children's Hospital, South Brisbane, Australia

Dr Marlene Sinclair, Queen's University, Belfast, Northern Ireland

Professor Debbie Tolson, Glasgow Caledonia University, Glasgow, Scotland

Mrs Corry Van den Hoed-Heekschop, Sophia Children's Hospital, Linschoten, The Netherlands

Professor Katri Maria Vehvilainen-Julkunen, University of Kuopid, Kuopio, Finland

Professor Robin Jennifer Watts, Curtin University of Technology, Perth, Australia

Ms Anne Wilson, North Glasgow University Hospitals NHS Trust, Glasgow, Scotland

Amendments

Below are details of abstracts that have either been withdrawn or been removed as advertisied in the Final Announcement

Abstracts withdrawn:

1.2.1 Challenges associated with qualitative research interviews with cancer patients

1.4.2 The fate of idealism in nursing: experiences of newly qualified diploma nurses

2.2.2 Managing problem nurses: the rhetoric and the reality

2.3.1 Evaluation of change in clinical practice

3.2.3 At home with clients: health visiting know how in action

3.3.1 Non-attendance for cervical screening: subjective experience and lay perspectives in socially constructed worlds

3.5.2 The measurement of patient satisfaction: the development of a questionnaire

5.2.3 The invisible men: fathers experiences of providing intimate care to their disabled children

5.6.1 A study of mature women's experiences of pre-registration nurse education using focus groups

5.7.3 Participation and consent in collaborative research: ethical issues undertaking a co-operative inquiry

6.1.2 Degree education adds value to practice

6.5.2 Developing type 2 diabetes self management – what do people need?

7.2.1 Nurse teacher/researcher: a contradiction in terms

7.4.4 Improving uptake of influenza vaccination

7.5.1 Assessments of critical care nurses' knowledge

Abstracts moved:

3.3.2 Meeting the information needs of women after treatment for gynaecological cancer: implications for nursing intervention
moved to: 3.6.3.

3.4.1 A phenomenological investigation of patients' experiences following transfer from intensive care
moved to 6.3.1.

3.4.2. Assessment and prediction of post traumatic stress disorder following intensive care
moved to 3.5.3.

3.5.3. Perceptions of quality in in-patient units
moved to: 6.5.2

3.6.3. Living with postnatal depression: a hermenetic phenomenological investigation
moved to: 7.4.4.

6.3.1 Patient referrals: views of health care providers from secondary and primary care settings in Hong Kong
moved to 3.2.3.

General information

Venue

The conference is being held at the University of Exeter, (Streatham Campus), Exeter.

Registration

Opening times:

Sunday:	13.00 – 18.00
Monday:	08.30 - 18.00
Tuesday:	08.30 – 17.30
Wednesday:	08.30 – 13.15

RCN staff can be contacted on: 01392 263739 or 01392 263738 during registration times only.

Badges

For security purposes, participants must wear their badges at all times. Participants will not be admitted to the conference sessions without their identity badge.

Plenary sessions

The opening and closing ceremonies and all plenary presentations will take place in the Great Hall.

Concurrent sessions

All concurrent and symposium sessions will take place in the Peter Chalk building and will be sign posted.

Posters and exhibition

The exhibition and poster displays will be in the lower exhibition hall.

Opening times:

Monday:	08.30 - 18.30
Tuesday:	08.30 – 18.30
Wednesday:	08.30 – 12.15

Fringe events

For a comprehensive list of fringe events, please see pages 9-10.

Message board

A message board is located in the registration area.

Speakers slide preview room/Information for speakers

This is located in the Peter Chalk Centre and is be signposted. If speakers wish to prepare slides using a slide projector, spare slide trays and a slide projector will be available in the speakers slide preview room.

If speakers wish to use powerpoint, speakers must arrive at least 20 minutes before the start of their conference session to enable technicians to assist with the set up of their powerpoint presentation.

Speakers must also provide chairs with a biography to assist in their introduction.

Catering

Lunches will be served within the Devonshire House Refectory. If a fringe event is taking place during a lunch period, lunch will also be served within that particular room.

Evening meals are not included within the conference fee. However, meals will be available for purchase from Devonshire House Refectory.

Car parking

Residential delegates will issued with a parking permit on key registration. If non resident, a fee of £1 is payable daily, tickets available by machines in the car park areas.

Social events

Sunday 7th April – 17.30

Welcome reception, sponsored by Faculty of Human Sciences, Institute of Health Studies, University of Plymouth will be taking place in the Lower Exhibition Hall. All delegates are invited to attend.

Monday 8th April – 17.15

An opportunity to network, visit the posters and cybercafe, with a glass of wine, sponsored by the University of the West of England, Bristol. All delegates are invited to attend.

Tuesday 9th April – 17.00 – 18.00
Research Society Open Meeting (Exeter Room: Peter Chalk)

The Steering Committee invite you to come along to the Open Meeting to discuss present and future strategy and enjoy a glass of wine afterwards.

Tuesday 9th April – 19.30 – 1.00
Conference dinner (Great Hall)

This year, the conference dinner will be much more informal. A glass of wine and a buffet will be served, and participants will be entertained by magicians, have the opportunity to gamble with toy money on casino tables, and to try line dancing with a local line dancing troupe. Tickets cost £20.00, and can be purchased from the registration desk until Tuesday morning.

Mother and baby room

Committee room C, located within Northcote House, is available for feeding mothers.

Disabled access

Please contact the registration/enquiries desk

First aid facilities

In the first instances, participants should notify RCN staff at the registration/enquiries desk.

Cloakroom

Facilities for cloaks are located within the registration area

Toilets

Toilets are located within the registration/enquiries area, as well at the Peter Chalk building.

No smoking policy

All RCN conferences have a no smoking policy and therefore, smoking is not allowed in any areas being used by the participants.

Mobile phones and pagers

Participants are requested to switch off all mobile phones and pagers during all conference sessions.

Fringe events

Monday 8th April

12.30 - 13.45 **New Researchers Event**

Room: Glasgow 1
Barbara Jack and Charles Hendry

This event is aimed at nurses new to research, as well as those attending the conference for the first time

The research road can be very long and winding with plenty of road works to stop you in your tracks. In the early stages of undertaking research this can be a journey in which with a little help, direction and support can be of great value.

The purpose of this event is to establish what may be of help to you on the research journey. Additionally the last two years' fringe events have provided feedback to the Research Society Steering Committee as to what help nurse researchers need.

The aims of this event are to enable you to:

• meet with others at a similar stage of their research development

• share experiences

• find out what help is available

• meet new people and network

So come along and meet us, have lunch with us, and you never know you might find the exact help that you were looking for. We look forward to meeting you.

12.30 - 13.45 **Charting the Challenge for Higher Education**

Room: Hull
Roswyn Hakesley-Brown, Sue Howard and Joan Abbott

Over the next four months the RCN through a Presidential election Taskforce will be pulling together the results of existing RCN education work - Charting the Challenge for Nurse Lecturers in Higher Education - to which many of last year's delegates contributed and a Principled Approach to Nurse Education and discussing these with RCN members around the country.

The purpose of the Taskforce is to enable the development of a firm policy base with which the RCN can support future developments and trends in education.

The purpose of this fringe is to inform delegates of:

• the progress made in relation to Charting the Challenge for Nurse Lecturers in Higher Education

• the relationship of Charting the Challenge and other relevant work with the current Presidential Taskforce on nursing education which was commenced in January this year and concludes in July. Following initial taskforce work key policy issues include:

1. the appropriateness and relevance of current pre-registration education arrangements and how these should be developed in the future

2. how post registration education should be managed in the future

3. the appropriate future involvement of the regulator in nursing / professional initiatives

4. the relationship between workforce matters including those in higher education, education policy and how this is managed in the future.

Delegates are invited along for lunch and to participate in the debate.

12.30 - 13.45 **Meeting the aliens: involving users in research**

Room: Glasgow 2
Dot Chatfield, Mary Cooke and Leslie Gelling

RCN Research Society (Eastern Region)

Users and consumers of health care have an important role to play in research. It is increasingly being recognised that involving users, in all stages of the research process, can have benefits for users, health care professionals and the health service. Despite this there remains a clear reluctance to invite users to play a more active role in the research.

It is the aim of this fringe meeting to examine the reasons for this reluctance, to explore how users might become more involved and to consider the benefits that might result.

Come along to meet with us and share lunch.

13.45 - 15.15 **Taking nursing research forward: learning from the 2001 Research Assessment Exercise (RAE)**

Room: Glasgow 1
Professor Senga Bond, Professor of Nursing Research at the University of Newcastle upon Tyne and Chair of the Nursing Panel for the 2001

RAE will provide an interpretation of the improved results over the previous RAE as well highlight continuing issues of concern in the 2001 submissions. Representatives of institutions which gained good ratings will be available to talk about their successful submissions and the strategies they used to achieve them.

18.15 - 19.15 **RCN President's International Reception**

Commitee room A, Northcote House
Roswyn Hakesley-Brown

The President of the Royal College of Nursing, Roswyn Hakesley-Brown will host this event for international delegates who will receive an invitation in their registration pack

Tuesday 9th April

7.30 - 8.30   Regional Breakfast Meetings

A number of breakfast tables will be hosted by Research Society members in the Devonshire House Refectory. These breakfast meetings will afford delegates from across the UK the opportunity to find out what is happening under the auspices of the RCN Research Society within their area or explore how they would like to network locally and what support they might expect from the RCN.

12.30 - 13.45   Helping nurses to embrace R&D: the Northern Ireland approach

Room: Glasgow 1

Tanya McCance, Brendan McCormack and Bob Brown

In Northern Ireland, colleagues with an interest in the development of nursing practice are putting in place a framework that we hope will enable nurses to understand research and quality improvement processes, find and utilise research in their practice and generate knowledge from practice based research enquiry. The amalgamation of the Research Society and the DQI networks was the starting point in this process, supported by a developing support mechanism that enables researchers with an academic and practice interest to collaborate in the evolvement of a framework for practitioner research and development.

This event will aim to:

• provide delegates with an overview of NIRAQ / R&D office activity

• enter into discussion about current challenges concerning evidence-based policy

• consider the potential for a practice driven research agenda in the building of nursing research capacity

Come along and have lunch we look forward to seeing you.

12.30 - 13.45   Research in Child Health Network (RiCH)

Room: Glasgow 2

Theresa Pengelly

The philosophy of the RiCH (Research in Child Health) Network is to support, encourage and inform those involved in the nursing care of children, to become involved in the development of a sound body of evidence for the nursing care of children. One of it's aims is to provide a supportive infrastructure for new and experience researchers.

Interested? Like to meet other people researching in this area? If so please come along to this fringe event have lunch and network with other researchers.

12.30 - 13.45   PhD Student Network

Committee Room A: Northcote House

Jacky Griffith

The purpose of this event is to bring together PhD students at all stages in the process for a networking opportunity and facilitate some discussion around the experience of doing a PhD, ie: helpful hints, building support networks etc.

The outcome will be to link people up doing similar research projects to enhance completion strategies.

Lunch will be served and I look forward to seeing you.

17.15 - 18.15   Research Society Open Meeting

Exeter Room, Peter Chalk Building

The Steering Committee invite you to come along to the Open Meeting to discuss present and future strategy and to join them for a glass of wine and canapés afterwards before the start of the evening entertainment

Outline programme

Sunday 7 April 2002

4.00	Opening ceremony
4.15	Welcome to Exeter

Chair's opening remarks
Professor Claire Hale, Chair, RCN Research Society Steering Committee

4.30   Keynote paper
Dr Anne-Marie Rafferty, Director, Centre for Policy in Nursing Research, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK

5.20   Chair's closing remarks

5.30   Welcome reception hosted by Institute of Health Studies, University of Plymouth

Monday 8 April 2002

9.30   Chair's opening remarks
Professor Anne williams

9.40   Plenary: The international contribution of feminist thinking to the development of nursing
Professor Christine Webb, Professor of Health Studies, University of Plymouth, Plymouth, Devon, UK

10.30   Poster viewing, exhibition, networking and refreshments

11.00 – 12.30 Concurrent session 1

Room: Sheffield

Chair: Anne Williams

1.1.1   Enlightenment through reflection and action: preparing practitioners for the development of practice
Brendan McCormack, Professor/Director of Nursing Research, University of Ulster, Londonderry, Northern Ireland, UK. Co authors: Anna Illman, John Culling, Suzanne O'Neill

1.1.2   Developing self-evaluation research skills: an example from research in community rehabilitation services
Gill Hek, Director of Research, University of the West of England, Bristol, England, UK.

1.1.3   Challenging formal guidelines: The use of professional judgement in health visiting practice
Jane Appleton, Principal Lecturer Research Education, Oxford Brookes University, Oxford. England, UK.

Room: Swansea

Chair: Martin Johnson

1.2.1   Abstract withdrawn

1.2.2   Enquiry into the process of referral due to a family history of breast cancer: Combining methods within a single paradigm
Caroline Benjamin, Macmillan Genetic Associate and Research Fellow, University of Liverpool, Liverpool, England, UK. Co author: Katie Booth

1.2.3   A randomised controlled trial to assess the effect of education on the knowledge, quality of life, satisfaction and coping of men with prostate cancer on hormonal manipulation therapy
Hazel Templeton, Lecturer in Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Vivien Coates

Room: Edinburgh

Chair: Roswyn Hakesley-Brown

1.3.1   Workforce development: Accreditation of work-based learning
Lesley Moore, Senior Lecturer, Nursing, University of the West of England, Bristol, England, UK. Co author: Kath Ross

1.3.2   An illuminative evaluation of the ENB 870 (Understanding and Application of Research) course, examining the relationship between educational provision and clinical effectiveness
Hazel Rangeley, Senior Lecturer, University of Huddersfield, Huddersfield, England, UK.

1.3.3   Illuminative case study design: a new approach to the evaluation of continuing professional education
Lorraine Ellis, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK.

Room: Belfast

Chair: Charles Hendry

1.4.1   Communities of nursing practice: the evolution of apprenticeship in nursing?
Morag Prowse, Head of Department/Adult Studies in Clinical Nursing, University of Plymouth, Plymouth, England, UK.

1.4.2   Abstract withdrawn.

1.4.3   Developing a competency framework for nurse educators in clinical practice
John Keast, Senior Nurse, Research and Education, Royal Devon and Exeter Healthcare NHS Trust, Exeter, England, UK.

Room: Keele

Chair: Susan Read

1.5.1 Implementing local pay systems in nursing and midwifery: a study of ten NHS trusts
Elizabeth Meerabeau, Head of School of Health, University of Greenwich, London, England, UK. Co author: Sue Corby

1.5.2 A profile of lead nursing R&D roles in two English health regions
Ruth Harris, Research Fellow, King's College London, London, England, UK. Co author: Daniel Kelly

1.5.3 Strengthening shared governance decision making through action research
Tracey Williamson, Research Fellow, University of Salford, Salford, England, UK.

Room: Newcastle

Chair: Judith Harrison

1.6.1 A cross-sectional survey of perceived importance and perceived usefulness of information sources for asthma patients
Ann-Louise Caress, Lecturer in Nursing, University of Manchester, Manchester, England, UK. Co authors: Kinta Beaver & Ashley Woodcock

1.6.2 Patterns of anxiety and contributing factors in surgical patients: a pilot study
Katrina Brockbank, Senior Nurse/Lecturer Practitioner, Salisbury District Hospital/Bournemouth University, Bournemouth, England, UK. Co author: Eloise Carr

1.6.3 Patients' expectations of treatments for varicose veins
Kim Drewery-Carter, Staff Nurse, Sheffield Teaching Hospitals NHS Trust, Sheffield, England, UK. Co authors: Simon Palfreyman & JA Michaels

11.00 – 12.30 Symposium 1

Room: Exeter

Chair: Caroline Shuldham

Providing research to support clinical practice- experiences from the clinical arena
Sharon Fleming, Nursing Research, Department of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK.

Will bedside nurses ever see the research process as part of their daily workload?
Joy Godden, Senior Nurse, Surgery, Royal Brompton and Harefield NHS Trust, London, England, UK.

Clinical researchers/researchers in clinical practice
Helen Goodman, Cardiac Home Care/Research Nurse, Royal Brompton and Harefield NHS Trust, London, England, UK.

Providing the evidence for change in clinical practice – one Trust's experiences of evaluating a community care programme for patients requiring coronary bypass grafting
Jean Booth, Senior Clinical Scientist, Royal Brompton and Harefield NHS Trust, London, England, UK.

Nursing research or research by nurses: views from a NHS Trust
Sharon Fleming, Head of Nursing Research, Royal Brompton and Harefield NHS Trust, London, England, UK.

12.30 Lunch, poster viewing, exhibition and networking

1.45 – 3.15 Concurrent session 2

Room: Newcastle

Chair: Christine Webb

2.1.1 A blob of this and a blob of that:
A phenomenological enquiry into the nutritional experiences of older people on a rehabilitation ward
Samantha Pollitt, Lecturer, University of Central Lancashire, Preston, England, UK. Co authors: Martin Johnson & Alison Cochrane

2.1.2 An action research study to explore patient participation on a ward for older people
Liz Tutton, Research Fellow, Royal College of Nursing, Oxford, England, UK.

2.1.3 Researching experiences of nursing home entry: the perils of constructivism
Sue Davies, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK.

Room: Sheffield

Chair: Judy Harrison

2.2.1 Accident and Emergency nurses' lived experience of violence in the work place - a phenomenological study
Ethel Hislop, Staff Nurse, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

2.2.2 Abstract withdrawn

2.2.3 Developing integrated nursing teams: an evaluation study
Ann Adams, Senior Research Fellow, University of Warwick, Coventry, England, UK. Co authors: Sandra Whitlock, Heather Sutton & Vivienne Bennett

Room: Edinburgh

Chair: Susan Read

2.3.1 Abstract withdrawn

2.3.2 Changing service plans into evaluation frameworks using theories of change
Jane Wilcockson, Senior Research Assistant, University of Northumbria at Newcastle, Newcastle upon Tyne, England, UK. Co author: Susan Procter

2.3.3 Skill mix: a cultural and social exploration
Lesley Young-Murphy, Health Visitor, University of Newcastle, Newcastle, England, UK.

Room: Belfast

Chair: Leslie Gelling

2.4.1 Using the systems approach in understanding intensive care unit (ICU) consultants' perceptions of protocolised-weaning from mechanical ventilation (MV)
Bronagh Blackwood, Lecturer in Nursing, The Queen's University of Belfast, Belfast, Northern Ireland, UK. Co authors: Jennifer Wilson-Barnett & Gavin Lavery

2.4.2 Continual monitoring: the panopticon in an intensive therapy unit
Susan Philpin, Lecturer, University of Wales, Swansea, Wales, UK.

2.4.3 A phenomenological exploration of the lived experience of transfer from the intensive care unit to the general ward
Aidin McKinney, Staff Nurse, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

Room: Keele

Chair: Martyn Jones

2.5.1 Why are registered nurses leaving an acute hospital trust? An exploratory study
Margaret O'Hagan, Quality Improvement Co-ordinator, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

2.5.2 Nursing shifts: is what's best for nurses best for the organisation?
Janet Wilson, Acting Manager, Practice Development Support Team, Sheffield Teaching Hospitals NHS Trust, Sheffield, England, UK.

2.5.3 The conflict perception and management styles of staff nurses and ward managers in specialist units
Sean Graffin, Lecturer in Nursing, University of Ulster, Newtownabbey, Northern Ireland, UK.

Room: Swansea

Chair: Morag Prowse

2.6.1 Evaluating an assessment scale which measures the irrational beliefs of people with mental health problems
Douglas MacInnes, Senior Lecturer - Research, Canterbury Christ Church University College, Canterbury, England, UK.

2.6.2 Patterns of utilization at a nursing center for the homeless: health care problems and interventions
Joan Wilk, Associate Professor, University of Wisconsin-Milwaukee, Milwaukee, United States.

2.6.3 Using a game theory framework to analyse complex caring networks
Davina Allen, Senior Lecturer, University of Wales College of Medicine, Cardiff, Wales, UK. Co authors: Lesley Griffiths & Patricia Lyne

1.45 – 3.15 Symposium 2

Room: Exeter

Chair: Patricia Lyne

Enhancing the evidence base for nursing, midwifery and health visiting practice
Patricia Lyne, Professor, School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, Wales, UK

A practice based approach to critical appraisal
Chris Martinsen, Senior Staff Nurse/Associate Researcher, University of Wales College of Medicine, Cardiff, Wales, UK

Can good qualitative evidence be successfully located and appraised working within the current systematic review model?
Philip Satherley, Research Officer, University of Wales College of Medicine, Cardiff, Wales, UK

A more efficient process for appraising studies located through the review process
Patricia Lyne, Professor, School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, Wales, UK

3.15	Poster viewing, exhibition, networking and refreshments

3.45 – 5.15   Concurrent session 3

Room: Sheffield
Chair: Christine Webb

3.1.1   **Informal carers: valued but overlooked**
Meinir Krishnasamy, Institute of Cancer Research, Centre for Cancer and Palliative Care Studies, London, England, UK.

3.1.2   **Influences on caregiver's psychological stress**
Sabine Bartholomeyczik, Professor of Nursing Science, University Witten/Herdecke, Witten, Germany. Co authors: Dipl Pflegewirt & Dirk Hunstein

3.1.3   **Tking a discourse analysis approach to explore why there is no discussion of the district nursing contribution in residential care homes**
Rosemary Woolley, Research Assistant, University of Hertfordshire, Hatfield, England, UK. Co author: Claire Goodman

Room: Keele
Chair: Morag Prowse

3.2.1   **Education is not filling a pail but lighting a fire (William Butler Yeates): Findings from the AGEIN Project examining how pre-registration nurses learn to care for older people suggesting a new model for gerontological education**
Jayne Brown, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK.

3.2.2   **Interprofessional education as a foundation for multidisciplinary teamwork**
Susan Morison, Research Fellow, Queen's University, Belfast, Belfast, Northern Ireland, UK. Co author: Marianne Moutray

3.2.3   **Patient referrals: views of health care providers from secondary and primary care settings in Hong Kong**
Christine Chan, Lecturer, The Hong Kong Institute of Education, Hong Kong, China.

3.3.1   Abstract withdrawn

3.3.2   Now 3.6.3

3.4.1   Moved to 6.3.1.

3.4.2   Moved to 3.5.3.

Room: Edinburgh
Chair: Martin Jones

3.5.1   **Beyond patient satisfaction: new approaches to measuring patient experiences of nursing care**
Sophie Staniszewska, Senior Research Fellow, RCN Institute, Oxford, England, UK.

3.5.2   Abstract withdrawn

3.5.3   **Assessment and prediction of post traumatic stress disorder following intensive care**
Joan Maclean, Lecturer, University of Leeds, Leeds, England, UK

Room: Newcastle
Chair: Ann Caress

3.6.1   **Birth technology: observations of high technology usage in the labour ward**
Marlene Sinclair, Lecturer, University of Ulster, Londonderry, Northern Ireland, UK.

3.6.2   **Postpartum health and service utilization: the experiences of low income women**
Wendy Sword, Assistant Professor, McMaster University, Hamilton, ON, Canada. Co authors: Paul Krueger & Susan Watt

3.6.3   **Meeting the information needs of women after treatment for gynaecological cancer: implications for nursing intervention**
Joanne O'Neill, Research Associate, University of Manchester, Manchester, England, UK. Co authors: Katie Booth, Kinta Beaver & Carole Farrell

3.45 – 5.15 Symposium 3

Room: Exeter

Current perspectives on nursing workforce issues
Chair:Pippa Gough, Fellow in Health Care Policy, King's Fund, London, England, UK

The dynamics of nurses' careers: Evidence from the British Household Panel Survey
Elizabeth West, Senior Research Fellow, Royal College of Nursing Institute, Radcliffe Infirmary, Oxford, England, UK

An examination of health services organisation and professional nursing practice environments as perceived by staff nurses and directors of nursing
Maureen A Flynn, Nurse Research Officer, Nursing Policy Division, Department of Health and Children, Dublin, Ireland

Are teamwork and professional autonomy compatible and do they result in improved hospital care?
Anne Marie Rafferty, Reader, Centre for Policy in Nursing Research, London School of Hygiene and Tropical Medicine, London, England, UK. Co authors: Jane Ball and Linda Aiken

Setting safe nurse staffing levels: some international approaches
Cherill Scott, Research Fellow, Royal College of Nursing Institute, London, England, UK

5.15	Social event, including poster viewing and networking. Sponsored by: University of the West of England.

Tuesday 9 April 2002

8.45 Registration

9.20 Chair's opening remarks
Professor Claire Hale

9.30 Plenary: The Spanish National Strategy for Nursing Research
Teresa Moreno Casbas, University of Madrid, Spain

10.20 Poster viewing, exhibition, networking and refreshments

11.00 – 12.30 Concurrent session 4

Room: Newcastle

Chair: Judy Harrison

4.1.1 The impact of the clinical nurse specialist within a palliative care team in an acute hospital setting on cancer patients symptoms and insight
Barbara Jack, Senior Lecturer, Edge Hill College of Higher Education, Liverpool, England, UK. Co authors: Jackie Oldham & Anne Williams

4.1.2 When cancer comes back: what are the information needs of patients and their partners?
Sharon Foy, Macmillan Research Associate/Nurse Researcher, University of Manchester, Manchester, England, UK. Co authors: Kinta Beaver, Katie Wilson & Wendy Makin

4.1.3 An exploration of the nurses' experience of supporting a cancer patient in their search for meaning
Barry Quinn, Clinical Nurse Specialist, Research and Development, University College Hospital, London, England, UK.

Room: Sheffield

Chair: John Keast

4.2.1 Evidence based practice. Why bother? no-one listens
Jane Doyle, Sister, Sheffield Teaching Hospitals NHS Trust, Sheffield, England, UK. Co authors: Simon Palfreyman & Angela Tod

4.2.2 Responding to local need: is research part of the missing link?
Julie Taylor, Director of Postgraduate Studies, University of Dundee, Dundee, Scotland, UK. Co author: Stuart Cable

4.2.3 A model for the development of culturally competent researchers
Irena Papadopoulos, Head of Research Centre for Transcultural Studies in Health, Middlesex University, London, England, UK. Co author: Shelley Lees

Room: Belfast

Chair: Gill Hek

4.3.1 Who is the most appropriate person to undertake the role of providing a medical/healthcare input to children in a special school?
David Marshall, Consultant Nurse in Learning Disabilities, Down & Lisburn Trust, Downpatrik, Northern Ireland

4.3.2 Measurement of self-efficacy and concordance in the management of childhood atopic eczema
Steven Ersser, Head of Nursing Development, University of Southampton, Southampton, England, UK. Co author: Susan Latter

4.3.3 Exploring the interprofessional working of the NHS and 'Brainwave': A family perspective
Alison Dumbrell, Researcher, Bournemouth University, Bournemouth, England, UK. Co author: Farnaz Heidari

Room: Swansea

Chair: Joyce Kenkre

4.4.1 The awareness of the health needs of prisoners
Maggie Bolger, Senior Lecturer, University of Glamorgan, Pontypridd, Wales, UK. Co author: Gavin Fairbairn

4.4.2 Establishing clinical leadership in prison health care through clinical supervision
Dawn Freshwater, Course Director, The University of Nottingham, Nottingham, England, UK. Co author: Liz Walsh

4.4.3 Stories prison staff tell about health
Gavin Fairbairn, Professor of Professional Development, University of Glamorgan, Pontypridd, Wales, UK. Co author: Maggie Bolger

Room: Hull

Chair: Charles Hendry

4.5.1 Patient support: fact or fantasy? Children's and parent's perceptions of the support they receive when the child has a life-limiting or life-threatening condition
Irene McTaggart, Nursing Lecturer, University of Dundee, Dundee, Scotland, UK.

4.5.2 Parents experiences of the management of childhood constipation: a qualitative enquiry
Michael Farrell, Lecturer/Practitioner, Alder Hey Royal Liverpool Childrens NHS Trust, Liverpool, England, UK. Co authors: Gillian Holmes & Pat Coldicott

4.5.3 Up days and down days: children's and their parents' management of food and eating in Cystic Fibrosis
Eileen Savage, PhD Student, University of Manchester, Manchester, England, UK. Co author: Peter Callery

Room:	Edinburgh
Chair:	David Pontin

4.6.1 Working together or apart? An analysis of differences in opinion between health and social care professionals as to possible early indicators of child abuse and neglect
Catherine Powell, Lecturer/Child Protection Nurse Specialist, University of Southampton, Southampton, England, UK.

4.6.2 The use of epidemiological data evidence on which to base the development of palliative care nursing services for children with lift limiting conditions
Ruth Davies, Lecturer, University of Wales College of Medicine, Cardiff, Wales, UK

4.6.3 Diana, Princess of Wales Children's Community Nursing Team - An evaluation of service delivery, consumer involvement and partnership working
Lesley Danvers, Research Associate, The University of Nottingham, Nottingham, England, UK. Co author: Dawn Freshwater

Room:	Keele
Chair:	Marlene Sinclair

4.7.1 The 'ordeal of fieldwork': exploring the process of developing competence as a fieldworker
Fiona Murphy, Lecturer, University of Wales, Swansea, Wales, UK.

4.7.2 Informed consent in clinical research - are we doing it properly?
Jacqueline Pirmohamed, Senior Nurse, Royal Liverpool University Hospital, Liverpool, England, UK. Co author: Wendy Gratton

4.7.3 Designing RCTs to test service interventions: issues of standardisation, selection and generalisability
Susan Procter, Professor of Nursing Research, University of Northumbria at Newcastle, Newcastle upon Tyne, England, UK. Co authors: Bill Watson & Wendy Cochrane

11.00 – 12.30 Symposium 4

Room:	Exeter
Chair:	David Thompson

Nursing interventions to support lifestyle changes for patients with coronary heart disease
Lesley Lockyer, Research Fellow, Cardiac Nursing, School of Healthcare Studies, University of Leeds, Leeds, England, UK

Health promotion after a myocardial infarction: The role of coronary care unit nurses in giving dietary advice
Lesley Lockyer, Research Fellow, Cardiac Nursing, School of Healthcare Studies, University of Leeds, Leeds, England, UK

The MIDAS: a new disease specific health related quality of life instrument for patients with myocardial infarction
Alun Roebuck, Research Fellow, University of York, York, England, UK

Masculinity and coronary health risk taking
Alan White, Senior Lecturer, Nursing, Leeds Metropolitan University, Leeds, England, UK

Evaluation of anxiety and quality of life before and after coronary bypass surgery
Donna Fitzsimons, Lecturer/Research Facilitator, University of Ulster, Belfast, Northern Ireland, UK

Nurse-led shared care for patients awaiting coronary surgery
Grace Lindsay, Senior Lecturer, University of Glasgow, Glasgow, Scotland, UK

12.30 – 1.45	Lunch, poster viewing, exhibition and networking

1.45 – 3.15 Concurrent session 5

Room:	Hull
Chair:	Ann Caress

5.1.1 Evaluation of a tool to identify educational needs of patients with arthritis
Bernadette Hardware, Research Nurse, Barnsley District General Hospital NHS Trust, South Yorkshire, England, UK. Co author: Jane Shewan

5.1.2 A cross-sectional study of the relationship between gender and age on psychological adjustment in early inflammatory polyarthritis
Janet Ramjeet, Lecturer in Nursing, University of East Anglia, Norwich, England, UK. Co author: Maria Koutantji

5.1.3 A survey of orthopaedic nurses in Northern Ireland to explore their attitudes towards and skills required for the promotion of clinical effectiveness
Robert Brown, Lecturer in Practice Development and Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Brian McGuire

Room: Belfast

Chair: David Pontin

5.2.1 "Parenting their child": Parents' stories of loss
Ruth Davies, Lecturer in Nursing, University of Wales College of Medicine, Cardiff, Wales, UK

5.2.2 'Who will look after my child (as well as I can) when I need a break?' Respite in the home or hospice for families with children with life limiting disorders
Nicola Eaton, Lecturer in Nursing, University of Wales Swansea, Swansea, Wales, UK.

5.2.3 Abstract withdrawn

Room: Sheffield

Chair: Martin Johnson

5.3.1 Data displays as an aid to qualitative analysis
Tracey Williamson, Research Fellow, University of Salford, Salford, England, UK.

5.3.2 Participant, non-participant or hybrid observation? The observational experiences of a research nurse
Rachel Norman, Research Nurse/PhD Student, University of the West of England, Bristol, England, UK.

5.3.3 Visual data collection: a case for structured observations using video films
Sylvie Marshall-Lucette, Senior Lecturer, Healthcare Management & Research, Kingston University and St George's Hospital Medical School, Kingston upon Thames, England, UK.

Room: Newcastle

Chair: Morag Prowse

5.4.1 Using patient self-efficacy and patient reported pain scores to identify effective use of patient-controlled analgesia
Judith Donoghue, Professor of Acute Care Nursing, University of Technology, Sydney, Lindfield, NSW, Australia. Co author: Anne McMaugh

5.4.2 Acute pain teams: How many are there and what do they do? Findings from a national survey
Ann McDonnell, MRC Training Fellow, University of Sheffield, Sheffield, England, UK. Co authors: Jon Nicholl & Susan Read

5.4.3 Describing chronic pain: towards bilingual practice
Gwerfyl Roberts, Lecturer, University of Wales, Bangor, Wales, UK. Co author: Bridie Kent

Room: Edinburgh

Chair: Gill Hek

5.5.1 A study of mature women's experiences of pre-registration nurse education using focus groups
Jennifer Kevern, Senior Lecturer, University of Plymouth, Exeter, England, UK. Co author: Christine Webb

5.5.2 The transition year: addressing the needs of newly qualified nurses
Clare Bennett, Senior Lecturer, Middlesex University, London, England, UK. Co author: Maggie Mallik

5.5.3 Shared mentoring and learning amongst newly qualified nurses and pre-registration house officers (PRHOs): can it work?
Farnaz Heidari, Research Fellow, Bournemouth University, Bournemouth, England, UK.

Room: Swansea

Chair: Joyce Kenkre

5.6.1 Abstract withdrawn

5.6.2 Promoting sexual health amongst Hong Kong adolescents: the contribution of focus groups to needs assessment
Sheila Twinn, Senior Lecturer, The Chinese University of Hong Kong, Shatin, Hong Kong. Co authors: Ann Shiu & Eleanor Holroyd

5.6.3 Comparing issues about sexual health concerning young people, young parents, and professionals
Mary Cooke, Senior Research Fellow, University College Northampton, Northampton, England, UK.

Room: Keele

Chair: Susan Read

5.7.1 Politics or paranoia: reading between the lines when undertaking research studies
Julie Taylor, Lecturer, University of Dundee, Dundee, Scotland, UK. Co author: Jane Cantrell

5.7.2 Qualitative research and insider status
Lesley Dibley, Lecturer in Child Health, Suffolk College, Ipswich, England, UK.

5.7.3 Abstract withdrawn

1.45 – 3.15   Symposium 5

Room: Exeter

An 'all Ireland' collaborative leadership and practice development programme for ward leaders in oncology and haematology services
Chair: Brendan McCormack, Professor, Director of Nursing Research and Practice Development, University of Ulster, Londonderry, Northern Ireland, UK

Papers:

Integrating learning, research and development – the adoption of an adult orientated approach to critical inquiry

But we know what we need to change! Assessing the context of practice and developing a practice

Visioning a future for cancer nursing: reconciling cultural and organisational barriers

Integrating research, practice development and learning: a framework for engaging practitioners in inquiry focused research

Presenters:
Brendan McCormack, Professor, Director of Nursing Research and Practice Development, University of Ulster, Londonderry, Northern Ireland, UK
Elizabeth Henderson, Macmillan Lead Nurse (Cancer Services), Belfast City Hospital, Belfast, Northern Ireland, UK
Mary Day, Nursing Services Manager, HOPE Directorate, St James' Hospital, Dublin, Ireland
Gillian Lamrock, Senior Nurse (Cancer Services), Belfast City Hospital, Belfast, Northern Ireland, UK
Collette Healy, Clinical Education Facilitator, HOPE Directorate, St James' Hospital, Dublin, Ireland
Richard Henry, Clinical Education Facilitator, Cancer Services, Belfast City Hospital, Belfast, Northern Ireland, UK
Sally Campalani, Senior Clinical Nurse, Belvoir Park Hospital, Belfast

3.15   Poster viewing, exhibition, networking and refreshments

3.45 – 5.15 Concurrent session 6

Room: Sheffield

Chair: Christine Webb

6.1.1   **Mentorship preparation – the way forward**
Moira Davies, Senior Lecturer, University of Glamorgan, Pontypridd, Wales, UK.

6.1.2   **Abstract withdrawn**

6.1.3   **The emergence of professional doctorates: the present and the future**
Eloise Carr, Senior Lecturer, Bournemouth University, Bournemouth, England, UK. Co author: Kathleen Galvin

Room: Newcastle

Chair: Jo Stockley

6.2.1   **Proposal that patients be considered honorary members of the healthcare team**
Carol Edwards, Postgraduate Research Student, Royal College of Nursing, Oxford, England, UK.

6.2.2   **Research to enhance children's rights: the contribution of salutogenesis**
Julie Taylor, Director of Postgraduate Studies, University of Dundee, Dundee, Scotland, UK.

6.2.3   **A program of research evaluating a collaborative research utilization model on pain management outcomes**
Marlene Dufault, Associate Professor of Nursing, University of Rhode Island, Kingston, Rhode Island, USA

Room: Belfast

Chair: Melanie Glover

6.3.1   **A phenomenological investigation of patients' experiences following transfer from intensive care**
Robert Brown, Lecturer in Practice Development and Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Eunice Strahane

6.3.2   **Exploring the perceptions of tuberculosis amongst the Somalian community**
Angela Chamberlain, NHS Nurse Researcher, The Whittington Hospital, London, England, UK. Co authors: Frances Gordon & Senga Steel

6.3.3   **Orphan care in Africa: Culturally sensitive response in a time of crisis**
Betty Beard, Professor of Nursing, Eastern Michigan University, Ypsilanti, United States of America

Room: Edinburgh

Chair: Jackie Griffith

6.4.1 Development and validation of a constipation risk assessment scale for use in clinical practice
Janice Richmond, Practice Development Nurse, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

6.4.2 Dressing and topical agents for burns not requiring surgical intervention: a systematic review
Fiona Campbell, Research Associate, University of Newcastle, Newcastle, England, UK. Co authors: E A Nelson & K Seers

6.4.3 Effect of type of hip protector, and resident characteristics on the use of hip protectors in nursing and residential homes: a randomised controlled trial
Peter O'Halloran, Research and Development Fellow, The Queen's University of Belfast, Belfast, Northern Ireland, UK. Co authors: Liam Murray & Gordon Cran

Room: Swansea

Chair: Charles Hendry

6.5.1 The narratives of men with newly diagnosed type 2 diabetes
Robin Lewis, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK. Co authors: Robin Lewis & Keith Cash

6.5.2 Perceptions of quality in in-patient units
Hugh McKenna, Professor, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Sinead Keeney

6.5.3 Investigating the effect of erectile dysfunction on the lives of men
David Pontin, Senior Lecturer, University of the West of England, Bristol, England, UK. Co authors: Tim Porter & Ruraidh McDonagh

Room: Keele

Chair: Ann McMahon

6.6.1 Lessons from the Bristol Enquiry: Learning from sentinel events
Morag Prowse, Head of Department/Clinical studies in Adult Nursing, University of Plymouth, Plymouth, England, UK.

6.6.2 A study describing stakeholders' experience of respite services for children with severe disabilities - tensions and resolutions in nursing and social care models
John Atkinson, Senior Lecturer Research, University of Paisley, Ayr , Scotland, UK. Co author: Elizabeth Kennedy

6.6.3 Mothers' and fathers' experience of family-centred care in a hospital setting
Sue Melling, Senior Lecturer and Pathway Leader Child Health, Bournemouth University, Bournemouth, England, UK.

3.45 – 5.15   Symposium 6

Room: Exeter

Interprofessional education within the context of health and social care
Led by: Brenda Clarke, Senior Lecturer, School of Acute and Critical Care Adult Nursing, University of the West of England, Bristol, England, UK

A research programme to evaluate a pre-qualifying interprofessional curriculum for health and social care professionals
Margaret Miers, Principal Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, England, UK. Co authors: Brenda Clarke and Kath Ross

Health and social care students and interprofessional learning, opinion, attitudes and self assessment of relevant skills
Margaret Miers, Principal Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, England, UK. Co authors: Katherine Pollard

A qualitative longitudinal study of small groups of health and social care students' experience of interprofessional education
Brenda Clarke, Senior Lecturer, School of Acute and Critical Care Adult Nursing, University of the West of England, Bristol, England, UK. Co author: Katherine Pollard

Interprofessional learning in the context of elderly care: a collaborative intiative
Brenda Clarke, Senior Lecturer, School of Acute and Critical Care Adult Nursing, University of the West of England, Bristol, England, UK.

Constructing meaning through the development of an evaluation framework for three interprofessional M level projects
Judith Thomas, Senior Lecturer, School of Health Community and Policy, University of the West of England, Bristol, England, UK. Co author: Sue Hazelhurst

5.15 Networking opportunities

7.30 Informal conference dinner

Wednesday 10 April 2002

08.45 Registration

09.10 Chair's opening remarks
Dr Sue Read

09.20 Plenary: Mental health nursing and the quest for the methodological high ground
Professor Edward White, University of Technology, Sydney, Australia

10.10 Poster viewing, networking and refreshments

10.40 – 12.40 Concurrent session 7

Room: Hull
Chair: Gill Hek

7.1.1 The neonatal nurse - what is important to parents? Obtaining views in order to inform curriculum planning. A grounded theory study
Susan Prosser, Lecturer / Practitioner, University of Plymouth/Royal Devon & Exeter NHS Care Trust, Exeter, England, UK.

7.1.2 An evaluation of an assessment tool for clinical practice from the nurse mentor's perspective
Marian Traynor, Nurse Lecturer, The Queen's University of Belfast, Belfast, Northern Ireland, UK.

7.1.3 Evaluation of a basic life support CD-ROM: Its effectiveness as a learning tool and user experiences
Pam Moule, Senior Lecturer, University of the West of England, Bristol, England, UK.

Room: Edinburgh
Chair: Charles Hendry

7.2.1 Abstract withdrawn

7.2.2 Developing lecturer practitioner roles using action research: politics, ethics and participation
Graham Williamson, Senior Lecturer University of Plymouth, Plymouth, England, UK. Co author: Sue Prosser

7.2.3 Registered nurses' perceptions of standards of nursing practice: towards an emerging theory of professional dissonance
Moira Attree, Lecturer in Nursing; PhD Student, University of Manchester, Manchester, England, UK.

7.2.4 Teaching communication skills in pre registration nursing education in England: a national survey
Timothy Jenkinson, Senior Lecturer, University of Plymouth, Plymouth, England, UK. Co author: Jacqueline Randle

Room: Belfast
Chair: Jackie Griffith

7.3.1 Reflective diaries in dementia care: methodological issues
Judith Ward, Community Psychiatric Nurse (Elderly), North & East Devon Partnership Trust, South Molton, England, UK. Co author: Phil Baker

7.3.2 To identify user and carer-defined outcomes that can be used to evaluate the effectiveness of drugs for dementia
Victoria Traynor, Research and Development Fellow, RCN Institute, Oxford, England, UK. Co author: Jan Dewing

7.3.3 The methodological challenges and rewards of memory-based research with older people
Deidre Wild, Senior Fellow, RCN Institute, Oxford, England, UK. Co author: Victoria Traynor

7.3.4 Primary care nurses' attitudes and knowledge about dementia: implications for service development
Michelle Bryans, Research Fellow, University of Stirling, Stirling, Scotland, UK. Co author: John Keady

Room: Sheffield
Chair: Jo Stockley

7.4.1 Stress and stress management for mental health nurses
Deborah Edwards, Research Assistant, University of Wales College of Medicine, Cardiff, Wales, UK. Co author: Philip Burnard

7.4.2 A pilot study of the clinical outcomes of supported employment for people with schizophrenia
Jenny Droughton, Lecturer Practitioner in Mental Health Nursing, University of Manchester, Manchester, England, UK.

7.4.3 Perceptions of the practice nurse's role in managing medicines in older people
Sharon Simpson-Prentis, Researcher (PhD student), University of Leeds, Leeds, England, UK.

7.4.4 Living with postnatal depression: a hermeneutic phenomenological investigation
Robert Brown, Lecturer in Practice Development and Nursing, University of Ulster, Londonderry, Northern Ireland, UK

Room:	Swansea
Chair:	Judy Harrison

7.5.1 Abstract withdrawn

7.5.2 Organ and tissue donation: families' decision-making
Tracy Long, Senior Lecturer Nursing, University of Southampton, Southampton, England, UK. Co author: Magi Sque

7.5.3 Nurses' attitudes to euthanasia
Janet Holt, Lecturer, University of Leeds, Leeds, England, UK.

7.5.4. Moving beyond 'person-centred' care
Michael Nolan, Professor of Gerontological Nursing, University of Sheffield, Sheffield, England, UK. Co author: Janet Nolan

Room:	Newcastle
Chair:	Joyce Kenkre

7.6.1 Barriers to accessing cardiac rehabilitation services
Angela Tod, Nurse Researcher, Rotherham Health Authority, Rotherham, England, UK.

7.6.2 An evaluation of the impact of an intervention to improve cardiac secondary services in primary care targetted at areas of deprivation
Anne Lacey, Senior Research Fellow, University of Sheffield, Sheffield, England, UK. Co author: Mike Macintosh

7.6.3 A validation study of the cardiac depression scale (CDS) in a UK population
Alun Roebuck, Research Fellow, University of York, York, England, UK. Co author: David Thompson

7.6.4 How did the UK military support reserve and volunteer nursing veterans during and after the Gulf War?
Deidre Wild, Senior Fellow, RCN Institute, Oxford, England, UK.

Room:	Keele
Chair:	Ann McMahon

7.7.1 Eating disabilities: perceptions of stroke survivors
Lin Perry, Research Fellow, Kingston University and St George's Hospital Medical School, Kingston upon Thames, England, UK. Co author: Susan McLaren

7.7.2 Quality of life after stroke and nutrition-related factors
Lin Perry, Research Fellow, Kingston University and St George's Hospital Medical School, Kingston upon Thames, England, UK. Co author: Susan McLaren

7.7.3 A controlled before and after evaluation of an evidenced based nursing assessment tool
Maggie Tarling, Integrated Care Pathways Co-ordinator, University Hospital Lewisham, London, England, UK. Co authors: Paul Lambrith & Grace Stevenson

7.7.4 Fatigue in the hepatitis C population
Michele Glacken, Lecturer, University of Dublin, Trinity College Dublin, Ireland.

10.40 – 12.40 Symposium 7

Room:	Exeter

Qualitative fieldwork in practice: perspectives, methods and experiences
Alan White, Senior Lecturer in Nursing, Leeds Metropolitan University, Leeds, England, UK

Fieldwork: perspectives, challenges and benefits
Martin Johnson, Professor in Nursing, University of Salford, Salford, England, UK

Fieldwork – the benefits and pitfalls
Alan White, Senior Lecturer in Nursing, Leeds Metropolitan University, Leeds, England, UK

Fieldwork – pragmatism and inclusive methodology
Tony Long, Senior Nursing Lecturer, University of Leeds, Leeds, England, UK.

12.40 Lunch and closing ceremony

Plenary abstracts

Monday 8 April 2002

The international contribution of feminist thinking to the development of nursing

Professor Christine Webb, Professor of Health Studies, University of Plymouth, Plymouth, England, UK

Abstract:

Introduction

This will set the scene and outline the scope of the presentation by indicating the topics and issues to be included and justifying those to be excluded. Those included will be research, education, practice and writing, and definitions and parallels/differences between feminism and nursing will be discussed. Limitations of time mean that the areas of masculinity, lesbians and queer theory will be excluded. The presentation will relate the discussion throughout the author's own background in sociology and nursing, and professional experiences and development, most recently in international research and journal editing.

Feminism and nursing

The recent historical development of feminism and nursing will be explored, highlighting the similarities and differences. The presentation will outline the directions in feminist theorizing and draw a parallel in terms of a theory-practice gap.

Feminist research

Definitions of feminist research and its methodology methods will be considered, situating feminist research as critical research and my illustrations will be drawn from recent PhD studies in nursing in the UK and Australia.

Education

The presentation will compare and contrast women's studies and nursing education in relation to interdisciplinarity, their place in the university, and professionalism, illustrating from personal experience how acceptance of feminist approaches has developed in nursing education in the past 20 years.

Feminism and nursing practice

The influence of feminism, or rather its lack, on nursing will be considered, and will focus particularly on the concept of horizontal violence and two recent UK studies in which it emerged as an important influence in practice and student nurse socialisation in clinical areas.

Conclusion

In conclusion, the presentation will try to draw these ideas together and claim that nursing and feminism have a great deal in common but that the potential for feminism to influence nursing – and particularly nursing practice – is yet to be realised.

Tuesday 9 April 2002

The Spanish National Strategy for Nursing Research

Teresa Moreno Casbas, University of Madrid, Spain

Abstract:

Introduction

This paper will describe the development of nursing research in Spain, which has taken us from virtually a standing start in the Outline programme early 1990s to the position of being an important contributor to the development of the global knowledge base of nursing in Europe. The development of nursing research has been facilitated by the Institute of Health "Carlos III" (ISCIII) in Madrid, the main unit of scientific and technical support for the Ministry of Heath and Consumer Affairs and for the Regional Health Services in Spain and a public health research organisation. The Health Research Funding Agency (FIS) is also part of the ISCIII. The FIS provides economical support through nation-wide public calls for the submission of proposals for the development of biomedical research projects and facilitates international collaboration and professional training to young researchers.

Background to the development of nursing research in Spain

In 1987, ISCIII carried out a series of initiatives to facilitate the involvement of nurses into health research which would enable them to apply for funding and contribute to the research commissioning process. Part of these initiatives was the provision of funds to establish a Working Group for Nursing Research. In 1995, a group of 5 nurses and 2 physicians produced a document about actual state of nursing research in Spain and made specific recommendations in order to stimulate and develop the integration of nursing research into the National Health System (NHS). Following this the management of the ISCIII, established the Investén-isciii group in 1996. The Working Group became a formal structure in 2000, called " The Centre for Co-ordination and Development of Nursing Research (Investén-isciii)".

Investén-isciii

The mission of the Investén-isciii consists of developing a national strategy that organises and facilitates research in nursing. This strategy has a fundamental aim of integrating research into the daily practice of nurses by

1. Stimulating the production and development of research
2. Establishing educational opportunities in research
3. Utilising existing resources
4. Developing links with other research organisations
5. Collaborating with other disciplines and with international groups.
6. Contributing to policy development in nursing research

During the six years of our existence, we have developed a number of different activities in order to encourage research in nursing related issues, stimulate multidisciplinary research team and promote a higher co-ordination between all activities led by those nurses involved in research. In this paper the author will discuss the major achievements of Investén-isciii in these areas of national concern and also discuss the way in which we have contributed to the development and promotion of nursing research in Europe through our success in obtaining EEC funding for an Euro Conference. The main purpose of this conference was to strengthen cross-border collaboration among European nursing researchers, in order to promote and develop nursing research into the next century. The title of the conference was "Building a European Nursing Research Strategy" and it was held in the "Arzobispo Fonseca College", Salamanca, Spain, from 13th to 17th March 1999. Representatives from 14 European countries attended the Conference. Altogether, 92 persons participated, including one guest from the United States and one from Canada. A total of 26 of these participants were Young Researcher Grant recipients.

Currently we are incorporating the outcomes of this conference into our own future plans for nursing research in Spain.

Wednesday 10 April 2002

Mental health nursing and the quest for the methodological high ground

Professor Edward White, Professor of Mental Health Nursing, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, Australia

Abstract:

This paper does not intend to be a review of contemporary mental health nursing research. Rather, the intention will be to explore some of the competing arguments for different methodological approaches in social research, in which mental health nursing as a case example. It will draw into question the extent to which the artificially dichotomised debate impacts upon the working lives of practitioners, managers and policy makers.

In particular, and somewhat unfashionably, this paper will trace the development of survey method, during this its centennial anniversary year. It will also trace its subsequent decline, in favour of the new methodological orthodoxy in nursing research. Unusually, for this speaker, the paper will also be inter-woven with occasional accounts of personal experience, drawn from an international perspective. The paper will call for a rapprochement between different wings of methodological opinion, in deference to a publicly unified position for nursing research in which the achievement of quality becomes the over-arching concern.

Symposiums

Monday 8 April

Symposium 1
11.00 – 12.30
Chair: Caroline Shuldham

Providing research to support clinical practice-experiences from the clinical arena

Sharon L Fleming, Nursing Research, Department of Nursing and Quality, Royal Brompton and Harefield NHS Trust, London, UK.

This symposium will explore the challenges and difficulties of conducting and facilitating research in a clinical setting by drawing on the experiences of clinical nurses and researches in a NHS trust. The first presentation illustrates the rewards and difficulties of promoting a research culture in a clinical environment from the perspectives of a nurse manager. This is followed by an exploration of how a unique post of clinical nurse/nurse research has fostered research enquiry in a clinical area and brought clinical relevance to a research programme. The strengths and weaknesses of juggling both roles will be examined using illustrations from completed research work. The next presentation focuses on conducting methodologically sound research within the constraints of the clinical setting. An evaluation of a "hospital at home" scheme for cardiac surgery patients by a randomised controlled trial is used to show the benefits and consequences of using this methodology. The final presentation looks at how a Nursing Research Department Located in the clinical setting can facilitate nurses to conduct research, provide education to enable nurses to consume research evidence and promote a research culture. However, changes in NHS R & D funding have stimulated a change of direction for this Department and the implications of multidisciplinary collaboration for nursing research will be discussed.

Will bedside nurses ever see the research process as part of their daily workload?

Joy Godden, Senior Nurse, Surgery, Royal Brompton and Harefield NHS Trust, London, England, UK

Abstract

It has been argued that great benefits can be gained from the research process becoming an integral part of the clinical environment (Tordoff 1988;FoNS 2001). The generation of relevant research questions is potentially easier in an area where there is an atmosphere of enquiry, and where practice is regularly questioned. At the other end of the process, it is recognised that nurses who participate in research related programmes are more likely to apply research in practice (Royle, Blythe 1998). Achieving this close link between research and practice is a challenge, particularly in the rapidly changing work environment faced by today's nurses. However knitting the academic and the clinical together can contribute to a forward thinking nursing team, and an active research programme within the organisation.

This session aims to explore some practical ways to create a clinical environment that is research friendly. The discussion will include:
- Building on skills / experience that are common, but often hidden
- Using research as a vehicle for professional development
- Being creative with staffing posts
- Providing organisational resources and a positive attitude
- Involving "the management"
- Identifying the broadest possible support networks

The session will also identify some of the difficulties associated with moving towards this goal. These include: -
- Staff turnover
- Time pressure
- The tiny proportion of projects that get followed through to the end of the process

These difficulties will be illustrated by examples from the experiences of a nurse manager of a cardiac surgical unit.

Intended learning outcomes:

- Identify possible ways to facilitate a research friendly clinical environment
- Evaluate practical examples of this approach
- Be aware of potential pitfalls that can be experienced in managing research in the clinical area

References:

Tordoff C (1998) from research to practice: a review of the literature Nursing Standard. 12:25, 34-37

The Foundation of Nursing Studies (FoNS). (2001) Taking Action – Moving Towards Evidence Based Practice (main report). London

Royle J, Blythe J (1998) Promoting research utilisation in nursing: the role of the individual, organisation, and environment. Evidence-Based Nursing 1:3, 71-72

Clinical researchers / researchers in clinical practice

Helen Goodman, Cardiac Home Care/Research Nurse, Royal Brompton and Harefield NHS Trust, London, UK

Abstract

One of the constant dilemmas in nursing is how to marry research and practice (Kitson 1996). This presentation looks at how one Trust has tackled this challenge through the setting up of a research practitioner role. The post holder spends three days a week working in clinical practice in the surgical unit as a cardiac homecare nurse and the other two days based in the Nursing Research Department. This enables up-to-date clinical skills to influence research and research experience to influence clinical projects. The projects undertaken in both roles overlap. This allows the role of the research department to receive a high profile in the surgical unit and to demonstrate research at unit level and it allows the research department to benefit from inside knowledge of the organisation and day to day running of the ward environment. The role in practice allows access to patient and staff from an insider perspective and the research role allows access to research services and audit departments, which are often far removed from the life on the wards.

A profile of both the roles will be given with an exploration of the strengths and weaknesses of juggling the two posts. This will be illustrated with examples of the research studies that have been completed and which range from postal surveys to determine the education and support needs of patients waiting for cardiac surgery (Fleming et al 2000) to a randomised controlled trials on the post-operative effects pre-operative education for cardiac surgical patients (Shuldham et al in press).

The presentation will conclude with a discussion of why this role has worked, the flexibility required by not only the post holder but also colleagues and managers and how it could be achieved elsewhere.

References:

Kitson A (1996) From research to practice: one organisational model for promoting research-based practice. Journal of Advanced Nursing 23, 430-440

Fleming S, Goodman H, Geraghty A, West W, Lancaster L (2000) A Survey of Patients' Education and Support Needs While Waiting for Cardiac Surgery. Royal Brompton & Harefield NHS Trust: London

Shuldham C, Fleming S, Goodman H (in press) The impact of pre-operative education on recovery following coronary artery bypass surgery: a randomised controlled clinical trial. European Heart Journal.

Intended learning outcomes:

- Appreciate the advantages of joint research and practice roles
- Understand the strengths and weaknesses of such positions
- Examine how such roles can be introduced into the workplace

Providing the evidence for change in clinical practice – one Trust's experience of evaluating a community care programme for patients requiring coronary bypass grafting

Jean Booth, Senior Clinical Scientist, Royal Brompton and Harefield NHS Trust, London, England, UK

Abstract:

Evidence based practice has become a mantra for the millennium, however providing evidence may task the most experience clinical team in the current NHS environment. Evidence may range from theoretical concepts to the randomised clinical trial, which require different expertise and resources. In 1996 the Trust introduced a novel community care programme (pre-admission clinic, early discharge, home care) for patients requiring coronary artery bypass grafting. A major implication of this programme is that the care of the patient is moved onto the carer and the community at an earlier stage of recovery. To bridge this transfer of care from the secondary to the primary setting, specialist cardiac nurses provide care in the home. Such a service has been termed "hospital at home". In the USA and more recently in the UK "hospital at home" services have become common practice in response to needs by health care providers to reduce waiting list times, to reduce cost, to improve utilisation of limited health care resources whilst simultaneously improving quality of care. In addition the Tomlinson report recommended the move of health care provision from the hospital to the community (Fulop et al 1997). However concerns have been raised about the implementation of such services without adequate evaluation of outcomes and there are suggestions that they may increase overall cost (Ilffie S 1997; Hensher et al 1996). The performance of an adequate evaluation is complex as there is a need to be methodologically sound, yet meet the logistics of performing research within a clinical setting. We decided to meet the gold standard and perform a randomised controlled study. The presentation will focus on the rationale for this decision, the study design, the determination of appropriate outcomes and the complex involvement of the multi-disciplinary clinical and research teams. The presentation will involve discussion on the benefits and consequences of performance of the randomised study by a multidisciplinary team in the clinical setting.

References:

Fulop NJ, Hood S, and Parsons (1997) Does the National Health Service want hospital-at-home Journal of the Royal Society of Medicine 90212-5

Ilffie S (1997) Hospital at home: buyer beware Journal of the Royal Society of Medicine 90(4):181-2.0141-0768

Hensher, M Fulop N, Hood S, Ujah S (1996) Does Hospital at home make economic sense: Early discharge versus standard care for orthopaedic patients. Journal of the Royal Society of Medicine 89548-51. Have a better understanding of the methodological issues of evaluating clinical practice. Understand appropriate outcomes to evaluate practice gain insight into the logistics of the performance of the randomised study.

Nursing research or research by nurses: views from a NHS Trust

Sharon Fleming, Head of Nursing Research, Royal Brompton and Harefield NHS Trust, London, England, UK

Abstract:

This presentation will examine how a Nursing Research Department can enable clinical nurses to link evidence and clinical practice and how recent policy changes in R & D funding have stimulated a review of direction. This department is distinctive as it is located in the clinical rather than the academic setting and therefore tackles some of the dearth of research expertise in the clinical setting as identified by Hunt (2001). The aim of promoting a research culture for nurses by ensuring that good quality research or implementation projects meet research priorities to improve patient care and nursing practice is achieved by-

1) Doing research – The research team lead their own research projects as well as facilitate research projects led by clinical nurses. The presentation will explain how the evaluation of one area of research, the management of chest drains, has led to research activity in the clinical area and the tackling of gaps in research evidence.

2) Education – To enable nurses to be research consumers, education is vital. The departments' involvement in teaching evidence based health care, research methodology and links with academic departments will be outlined.

3) Promoting a research culture – This includes activities such as a research awareness day, a newsletter, consultation work and collaborative conference presentations such as this one.

To date this department has focused on linking evidence to nursing clinical practice and the name of Nursing Research Department reflects this role. However with the publication of Research and Development for a First Class Service (DH, 2000) perhaps our focus now needs to change from "nursing research" to "research by nurses". Although individual nursing research projects remain important, in order to achieve external funding within the remit of NHS Priorities and Needs R & D Funding (DH 2001), multidisciplinary and academic links will need to be forged to build future programmes of research.

References:

Hunt JD (2001). Research into practice; the foundation for evidence-based care. Cancer Nursing 24, (2), 78-87.

Department of Health (2000). Research and Development for a First Class Service. R & D funding in the new NHS. Department of Health. Department of Health (2001). NHS Priorities and Needs R & D Funding A position paper. Department of Health understand how a clinically based nursing research department can facilitate nurses to become researchers. Explain the educational support necessary to enable nurses to become consumers of research. Challenge traditional ways of doing nursing research by discussing changes in R & D funding.

Monday 8 April

Symposium 2
1.45 – 3.15

Enhancing the evidence base for nursing, midwifery and health visiting practice

Chair: Patricia A Lyne, RCN Professor of Nursing Research, University of Wales College of Medicine, Cardiff, Wales, UK

There has been much debate about the use of evidence to inform nursing practice. Standard methods for the location and appraisal of evidence focus on experimental studies and disregard work which many nurses see as being relevant. How can we broaden the scope of available evidence and assess the quality of non-experimental work, including qualitative studies? This is the challenge which our research team has faced. We have undertaken systematic reviews of the evidence concerning complex questions – where the 'interventions' could not be closely defined. During this process we have developed methods for locating and appraising evidence which we believe to be more efficient, more inclusive and more relevant to nursing than some which are currently in use.

Can good qualitative evidence be successfully located and appraised working within the current systematic review model?

Philip Satherley, Research Officer, University of Wales College of Medicine, Cardiff, Wales, UK.

Abstract:

This paper will describe how the authors developed a new procedure, based on systematic review methodology, to locate and appraise non-experimental evidence.

Firstly, a brief overview of systematic review methods and the work of the Cochrane Collaboration is provided. We will then argue that, although this is an effective method for assessing the strength of evidence arising from well designed experimental studies, its location within the Evidence Base Practice hierarchy of evidence limits its application of 'real world' research. There is, we believe, a need to extend the range of research which can contribute to the evidence base.

The paper then draws on the authors' own experiences of conducting systematic reviews in what Elaine et al (1999) term 'difficult' areas, ie those where the components of 'interventions' are difficult to define. For example, we designed a review to locate and appraise interventions designed to remove or reduce barriers to change, to improve interagency working. As we predicted, all the evidence located was of a non-experimental nature and would have been discarded using the standard systematic review model. The solution we found to this problem will be presented and the paper describes how we developed an efficient procedure for locating and filtering studies within limited resources and time. We conclude with practical pointers for practitioners conducting reviews of a similar kind.

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Understand the principles and limitations of a formal systematic review.
- Understand why the current systematic review model needs to be refined to accommodate non-experimental evidence.
- Use the practical pointers given and thus widen the scope of evidence available to inform their own practice.

References:

Elaine, J., et al, 1999. Efficient literature searching in diffuse topics: lessons from a systematic review of research on communicating risk to patients in primary care. Health Libraries Review, 16, 112-120

Lyne, P.A. and Satherley, P., 2000. Systematic Review: Effectiveness of interventions designed to reduce or remove barriers to change to improve interagency working. Welsh Office for Research and Development, Cardiff

Rosaline, S. and Barbour, M. A., 2000. The role of qualitative research in broadening the 'evidence base' for clinical practice. Journal of Evaluation in Clinical Practice, 6 (2), 155-1

A more efficient process for appraising studies located through the review process

Patricia A Lyne, RCN Professor of Nursing Research, University of Wales College of Medicine, Cardiff, Wales, UK

Abstract:

After locating publications which may contain the evidence desired, the next task is to appraise the quality of the work. There are well described methods for appraising evidence from randomised controlled trials (RCTs) and other comparative experiments (Cochrane Collaboration: www.cochrance.org/cochrane/resource.htm), and also for a range of quasi experimental designs (Effective Practice and Organisation of Care Group: www.abdn.ac.uk/public_health/hsru/epoc/index/hti). More recently, work has moved forward on the appraisal of qualitative studies. Appraisal systems usually consist of checklists which apply to various aspects of the work. In our view, these tend to skim the surface of the published study. In this paper we will describe the development of an appraisal framework which takes a more integrated approach, focusing on the logical backward chain from conclusion to research design. It derives from the work of Campbell and Stanley (1966) who described the threats to internal and external validity associated with varied research designs. This framework can be applied to a range of research publications. It has the advantage of allowing rapid screening out of unusable work and more rapid progress for the non specialist researcher. We will describe the framework and demonstrate how it can contribute to a more logical approach to critical appraisal.

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Appreciate the limitations of current methods of critical appraisal.
- Understand the rationale for the development of an alternative method
- Evaluate that method and decide if it is suitable for use in their own field of research or practice

References:

Cochrane Collaboration website: http://www.cochrane.org/cochrane/resource. htm

Effective Practice and Organisation of Care Group: http://www.abdn.ac.uk/public_health/hsru/epoc/index/hti

Campbell, D.T. & Stanley, J.C. (1966). Experimental and quasi experimental designs for research. Boston: Houghton Mifflin.

A practice based approach to critical appraisal

Chris Martinsen, Senior Staff Nurse/Associate Researcher, University of Wales College of Medicine, Cardiff, Wales, UK

Abstract:

The final paper shows how the systems described by the other contributors to the symposium have been put into practice. The author and his colleagues have established a multi-professional team to develop evidence based guidelines for nursing practice in the Intensive Care Unit. The paper will briefly introduce this work and then describe some of the difficulties which they encountered in using standard methods to locate and appraise evidence. The main problem was failure of these methods to yield any useable evidence. It will then demonstrate how the new methods were used in relation to a specific set of procedures, the management of intravenous access devices and will provide two worked examples to show how the new approach yields greater efficiency in targeting, locating and rapidly screening the required evidence for a particular clinical problem.

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Appreciate the difficulties in obtaining all relevant evidence using current methods.
- Understand how to approach the new methodology from a base in clinical practice.
- Understand how to obtain evidence using the new methodology.

Reference:

Lyne, P.A. and Satherley, P. , 2000. Systematic Review: Effectiveness of interventions designed to reduce or remove barriers to change to improve interagency working. Welsh Office for Research and Development, Cardiff.

Monday 8 April

Symposium 3
3.45 – 5.15

Current perspectives on nursing workforce issues

Chair: Pippa Gough, Fellow in Health Care Policy, King's Fund, London, England, UK

A great deal of concern has recently been voiced about the future of the nursing workforce in the UK. The predictions of an increased demand for nurses and nursing care combined with established problems in the recruitment and retention of nurses suggests that there may not be enough qualified

personnel in the next few years to maintain current standards of care, let alone improve quality of care (Buchan and Seccombe (2000). The future of nursing is not just a question of numbers. It depends on how nurses are distributed geographically and across services, how they are educated and trained, how the public and the media view nursing, and how new staff are recruited into the profession. Retaining skilled and experienced staff is also an important issue. Pay and working conditions need to be competitive with other professions to that nursing will be seen as a career that offers life long opportunities to care for others and to develop as an individual. At the level of the ward or unit, ward managers need to be given the tools and resources to ensure that staffing levels and skill mix are sufficient to ensure high quality care. Nursing workforce issues also need to be seen in the context of a global market for skills, migration, social inequality and discrimination, and the changing role of women in the labour force.

The purpose of this symposium is to explore some of the current perspectives on nursing workforce issues.

The dynamics of nurses' careers: Evidence from the British Household Panel Survey

Dr Elizabeth West Senior Research Fellow Royal College of Nursing Oxford, England, UK

Background

The current drive for improved quality of care in the NHS highlights the importance of the nursing workforce. A great deal of evidence shows that nurses in the UK have low levels of job satisfaction and that many intend to leave their jobs in the near future (Aiken et al 2001). Although there is a great deal of concern about human resource management in the NHS we have little concrete evidence about nurses' experience of work and the factors that feed into their decision to leave the profession.

Aims

- To report findings from an empirical investigation about the dynamics of nurses' careers.

- To illustrate how large, routinely collected social science data sets, can contribute to research on the nursing profession.

- To disseminate evidence about nurses' careers that could be useful to policy makers and others.

Data and methods

This paper reports on-going work that uses data from the British Household Panel Survey (BHPS) to increase our understanding of the nursing profession. The BHPS is a survey of 5,000 families, which has been conducted every year for the last nine years, and provides information about approximately 400 nurses. This enables us to construct their entire job histories as well as focusing on questions about health and well being that were included one year.

Findings

Key results are that while some personal characteristics of the nurse are important, features of the job are also significantly related to nurses' decisions to quit (Barron and West 2001). Leaving nursing is associated with being male, having a degree, and being UK born. Low pay, working rotating shifts and feeling unable to use initiative at work are also associated with nurses' decisions to quit. We also found that although nurses were similar to other working women in social classes I and II in terms of their mental and physical health, they were more likely to feel exhausted and "used up" at the end of the working day (West and Barron 2001). Based on these analyses, we argue that we need to examine the effect of nursing on nurses, otherwise the profession will continue to lose skilled and experienced staff.

Intended learning outcomes:

- Identify two different quantitative approaches to studying nurses' careers.

- Be more aware of the role that workforce issues will play in the future of the nursing profession

- Be more aware of the usefulness of large social scientific data sets for nursing research

References:

Aiken, L.H. et al. (2001) "Nurses Reports on Hospital Care in Five Countries." Health Affairs.

Barron, D.N. and West E. "Leaving Nursing: An Event History Analysis of Nurses' Careers." (Submitted for publication to ESR)

West E. and Barron D.N. "The Remains of the Day: How Nursing Affects Nurses' Health and Well-being." (Work in progress).

An examination of health services organisation and professional nursing practice environments as perceived by staff nurses and directors of nursing

Maureen A Flynn, Nurse Research Officer, Nursing Policy Division, Department of Health and Children, Dublin, Ireland

Abstract:

This study examines organisational structures and processes of band-one hospitals in Ireland and identifies characteristics of the nursing practice environment from staff-nurses and directors of nursings' perspective. The current increase in turnover and shortage of nurses in Ireland provided the impetus for the research. The specific objectives of the research were to: establish from directors of nursing the organisational structure and processes in acute hospitals and to determine staff-nurses' and directors of nursings' perceptions of staff-nurses involvement in decision-making and supports for professional development. Perceptions of the professional nursing practice environment in relation to; autonomy, control over practice setting, nurse-doctor relationships, and organisational support were also investigated. Furthermore the study set out to establish the differences that may exist between the perceptions of directors of nursing and staff-nurses and between staff-nurses in different locations.

The study was descriptive, cross sectional, and predominantly quantitative in nature. Based on the literature a conceptual model was devised to provide the framework for the study. The theoretical perspectives of organisational theory and the principles of shared-governance and Magnet hospitals were used in devising an integrated model. Two new questionnaires were derived from the above to obtain information on the main constructs for the study (organisational structures, organizational processes, professional development, decision-making, nurse autonomy, control over practice setting, nurse-doctor relationships and organisational support). The questionnaires contained researcher designed questions, the Nursing Work Index – Revised (NWI-R) scale devised by Aiken and Patrician (2000) and a nineteen item decision-making scale. In addition directors of nursing supplied hospital documents to elaborate on responses given in the questionnaire. Data was collected from directors of nursing (N=10) and staff-nurses (N=368) employed in the eleven acute band-one hospitals in Ireland.

The main findings of the study are that perceptions on organisational structures and process vary between staff-nurses and directors of nursing and for nurses across the eleven study hospitals. Particularly in relation to the: position, involvement and visibility of the director of nursing; levels of nursing management; delegation of responsibility; visibility and centrality of a philosophy for nursing practice; models for nursing care delivery; and supports provided for professional development.

The majority of the sample group of staff-nurses did not agree that 26 of the 50 NWR-R items related to excellent employers were present in the eleven hospitals. On a four-point scale staff-nurses had a moderately positive perception of relationships with doctors (2.77); autonomy in practice (2.56); organisational support (2.51); control over practice settings (2.35); and a very low perception of their involvement in decision-making (less than 30% involved). One-way analysis of variance (ANOVA) demonstrated a significant statistical difference between the practice environments in the eleven hospitals, particularly in relation to organisational support (sig. level .001); in addition to, control over practice setting (sig. level .003); nurse autonomy (sig. level .004); nurse doctor-relationships (.024); and involvement in decision-making (.024).

The implications from this research are that those who know and understand the

characteristics of a professional practice environment are in a powerful position to retain staff-nurses in nursing. Policies and strategies are urgently required to reverse perceptions and promote stability.

Are teamwork and professional autonomy compatible, and do they result in improved hospital care.

Dr Anne-Marie Rafferty Reader Centre for Policy in Nursing Research London School of Hygiene and Tropical Medicine London. Co authors: Jane Ball & Linda H. Aiken

Abstract

Objectives:

To explore impact of inter-disciplinary teamwork and nurse autonomy on nurse-assessed quality of care and job satisfaction.

Method:

A postal questionnaire survey of nurses in 32 hospitals in England.

Findings: 10,022 staff nurses working in surgical or medical settings were surveyed with a response rate of 50%. The working practice environment was characterised in terms of: nursing autonomy, control over resources, relationship with doctors, emotional exhaustion and decision making. These key variables were correlated with each other and related to both nurse-assessed quality of care and nurse satisfaction. Nurses who reported higher levels of team- work were significantly more likely to be satisfied with their jobs and plan to stay in them, and to have lower burnout scores. Teamwork scores varied significantly between nurses on quality measures. Higher teamwork scores were associated with higher levels of nurse-evaluated quality of care, perceived quality improvement over the last year and confidence that patients could manage their care when discharged. Nurses with higher levels of teamwork also exhibit higher levels of autonomy and are more involved in decision making.

Conclusion:

The value of teamwork lies in its association with a range of positive occupational and organisational attributes such as job satisfaction, satisfaction with being a nurse, plans to remain in post and lower levels of reported `burnout'. Higher reported levels of teamwork also affect how nurses assess quality of care. There was a strong association between teamwork and autonomy. While it is not possible to specify whether teamwork is a pre-condition for autonomy or vice-versa, their interaction would suggest synergy rather than conflict. Organisations should promote nurse autonomy without fearing that it might undermine teamwork and because it can have important pay-offs for patients. The promotion of teamwork provides an important vehicle for quality improvement in patient care.

Intended learning outcomes:

- Understand the link between teamwork and nurses' autonomy
- Be aware of the link between important outcomes for staff, such as job satisfaction, and the quality of patient care.
- Develop awareness of the value of surveys in research on the nursing profession.

References:

Aiken, L.H. et al. (2001) "Nurses Reports of Hospital Care in Five Countries." Health Affairs. May/June.

Setting safe nurse staffing levels: some international approaches

Cherill Scott Research Fellow Royal College of Nursing Institute London, England, UK

Abstract:

Background

For some years, the International Council of Nurses has been urging national nurses' associations to influence the development of - and contribute to – improved systems of human resource (HR) planning in the health sector. At best, this is a complex and long-term process. Currently, many industrialised countries are experiencing trends which make it even more difficult to plan, manage and develop their nursing workforce: these include serious difficulties with the recruitment and retention of permanent staff, leading to fears that patient care is being compromised. The crisis is at its most visible in the hospital service.

Aims

To compare and contrast different national approaches to setting safe nurse staffing levels.

Methods

In the course of searching the literature on nurse workforce planning and patient safety for a study focused on the UK, a sub-section of literature on international policy developments was identified. Most of the information collected in this way was from North America, Australia, and Belgium. Subsequently, a visit to the University of Leuven, Belgium, provided more in-depth information about the development and application of the national Nursing Minimum Data Set (an approach which is now being considered in The Netherlands).

Findings

Different countries are trying different solutions to the global crisis in nurse staffing. A common feature is the tension between centralised government planning initiatives and the need to balance these "top down" initiatives with "bottom-up" initiatives from practitioners, who have greater awareness of the needs of their patients and clients.

In some places (notably the US and the state of Victoria, Australia) nurses are waging

political campaigns in support of mandatory nurse: patient ratios to safeguard standards. It is hoped that this paper, by reviewing different national initiatives, will encourage nurses to be more critical of - and confident about engaging in –HR planning.

Intended learning outcomes:

- Distinguish "top-down" from "bottom-up" approaches to setting safe staffing levels
- Deeper understanding of the links between policy and practice.
- Increased awareness of different national initiatives in this area.

References:

International Council of Nurses (1994) Planning Human Resources for Nursing. Geneva: ICN.

Department of Health (2000) A Health Service of All the Talents: developing the NHS workforce. London: DOH.

Griens, A.M., Goossen, W.T. & Van der Kloot, W.A. (2001) Exploring the Nursing Minimum Data Set for The Netherlands using multidimensional scaling techniques, Journal of Advanced Nursing 36 (1), 89-101.

Monday 8 April

Symposium 4
11.00 – 12.30

Nursing interventions to support lifestyle changes for coronary heart disease patients and their families

Lesley Lockyer, Research Fellow, Cardiac Nursing, School of Healthcare Studies, University of Leeds, Leeds, England, UK

Abstract

Supporting individuals in making lifestyle changes is a fundamental tenet of the National Service Framework for coronary heart disease. However, although cardiac rehabilitation, and through this health promotion, has been developing over the last 30 years, and is now widely accepted as a therapeutic option for some patients with coronary heart disease; many of those involved in cardiac rehabilitation accept there are many patients who are currently not well served. This is compounded by the acknowledged problems associated with health promotion and supporting individuals in changing their behaviour.

Coronary heart disease affects individuals and their families physical and psychological health. This symposium gives the opportunity for five researchers currently active in researching aspects of cardiac nursing to bring their work together for the first time.

Health promotion after a myocardial infarction: the role of coronary care unit nurses in giving dietary advice

Lesley Lockyer, Research Fellow, Cardiac Nursing, School of Healthcare Studies, University of Leeds, Leeds, England, UK

Abstract

This paper explores one aspect of the health promotion given by nurses working within a coronary care unit to patients and their families after a myocardial infarction (MI).

Background

Links between a high intake of saturated fats and a low intake of fruit and vegetables are linked to an increased incidence of coronary heart disease (CHD) (Leather, 1998; DH, 2000). Critiques of health promotion suggest that for the most part women are assumed to be responsible for health promotion within the family as the primary food provider (Daykin and Naidoo, 1995). Within the NHS trust where these interviews took place, health promotion begins in the coronary care unit, and dietary modification is one aspect of this advice.

Methods

This paper uses data from depth interviews with eight registered nurses that work within a single coronary care unit. All have responsibility for giving health promotion advice to patients and their families. The interviewees were asked for their perceptions of all aspects of giving health promotion advice, of which diet and dietary advice was a single strand. The interviews were recorded and transcribed followed by a thematic analysis of the interview data.

Results

The nurses interviewed viewed giving dietary advice as potentially problematic. Issues around people's beliefs about what constituted a 'good diet' were seen as to sometimes run contrary to recommendations. Some women appeared to believe food to be part of the cause of their own, or their partner's illness. A significant number of men were seen as letting their partners take responsibility for managing their diet.

Conclusion

Nurses who give health promotion aim to inform and support individuals in beginning to change their lifestyle. This paper will discuss the implications for nursing of this study and suggest strategies to help develop effective practice.

Intended learning outcomes

- understand the relationship between diet and coronary heart disease.
- be able to identify the barriers to dietary health promotion that may be encountered.
- be able to identify strategies for effective health promotion in the coronary care unit.

References

Department of Health (2000) National Service Framework for Coronary Heart Disease. London: The Stationery Office.

Daykin, Norma and Naidoo, Jennie (1995) Feminist critiques of health promotion. In Bunton, R., Nettleton, S., Burrows, R. (eds): The Sociology of Health Promotion. Routledge London and New York

Leather, S (1998) Nutrition: patterns and policy options. In: Sharp, I (ed): Social inequalities in coronary heart disease. Opportunities for action. London: The Stationery Office.

The MIDAS: a new disease specific health related quality of life instrument for patients with myocardial infarction

Alun Roebuck, Research Fellow, University of York, York, England, UK. Co author: David Thompson

Abstract:

Coronary heart disease (CHD) is a major cause of death and morbidity in the Western world. It can affect all aspects a patients, their family and spouses physical, psychological and social health as well as their perception of well-being (Mayou and Bryant 1993). Modern treatments for CHD focus not only on improving life expectancy, but also on improving overall health-related quality of life, and life satisfaction. However, the most commonly used therapeutic outcome measures in the United Kingdom are survival and functional status. This is despite the fact the concept of health-related quality of life is being increasingly cited as a key component within the clinical decision making process and in the determination of therapeutic benefit (Treasure 1999).

Reasons why health-related quality of life scores are not commonly recorded on CHD patients are many. However, they included a lack of understanding of the concept of quality of life and its measurement, a mistrust of the subjective nature of quality of life instruments and the fact that existing instruments are often complicated and time consuming to administer (Jenkinson and McGee 1998).

This paper examines some of the key psychometric measurement properties of some of the more commonly used health-related quality of life instruments in CHD. It then reports the development of a new disease-specific health-related quality of life instrument, the MIDAS (Myocardial Infarction Dimensional Assessment Scale).

Intended learning outcomes

- Be aware of the need to measure other health domains apart from mortality and functional status
- Be aware of the key psychometric principles in health related quality of life measurement

- Have an awareness of the methodological framework used in the development of the Mycocardial Infarction Dimensional Assessment Scale

References:

Mayou R, Bryant B (1993) Quality of life in cardiovascular disease. British Heart Journal; 6: 460-466

Jenkinson C, McGee H (1998) Health status measurement: a brief but critical introduction. Oxford, Radcliffe Medical Press.

Treasure T. (1999) The measurement of health related quality of life. Heart; 81:331-332.

Masculinity and coronary health risk taking

Alan White, Senior Lecturer, Nursing, Leeds Metropolitan University, Leeds, England, UK

Abstract:

Much has been written on Coronary Heart Disease and the need for individuals to modify their health behaviour to reduce potential risks (Department of Health 2000). However few have considered the implications of how masculinity impinges on men adopting a healthy lifestyle.

This paper will consider how men perceive their cardiac health behaviour and how that differs from the perceptions of the nursing staff in coronary care. The paper will discuss the implications for risk taking in what is the largest premature killer in men.

Secondary analysis of two studies has been undertaken, the first is a field study of men who had been admitted to hospital due to experiencing acute chest pain (White 200). The second was a recent interview study of coronary care nurses and their perceptions of men and women as patients.

The analysis reinforces the view that men's health is influenced by their socialisation as men and that they do not see health as a prime concern until it is affected by illness. It also further demonstrates how important the man's partner is in managing their health.

Health change is seen to occur following infarction but the likelihood of long-term risk reduction is complicated by these two factors.

Intended learning outcomes

- Identify the specific difficulties men face with adjusting their health behaviour when confronted with cardiac illness
- Appreciate the potential of the nurse in helping men and their families to come to terms with these health behaviour changes
- Consider the benefits and pitfalls of undertaking secondary analysis on existing research data

References:

Department of Health (2000) Coronary Heart Disease National Service Framework. London: HMSO.

White AK (2000). Men making sense of their chest pain. University of Manchester, Manchester. (Unpublished)

Evaluation of anxiety and quality of life before and after coronary bypass surgery

Donna Fitzsimons, Lecturer/Research Facilitator, University of Ulster, Belfast, Northern Ireland, UK

Abstract:

Introduction

Coronary bypass surgery remains the gold-standard treatment for coronary disease, offering most patients symptom relief and improved quality of life. But surgery is essentially palliative, with symptoms gradually returning postoperatively. While many aspects of this operation have been extensively researched little is known of how preoperative experience influences postoperative outcomes. This research builds on previous work which evaluated patients' experience, quality of life and anxiety levels whilst awaiting surgery.

Objectives

(i) To evaluate postoperative anxiety and quality of life using the State Trait Anxiety Inventory (STAI) (Soielberger et al 1983) and the SF36 (Jenkinson et al 1993) and to compare results with preoperative data.

(ii) To describe patients' current health and recollections of the waiting period using a focused interview.

Methods

The initial randomised sample of 70 patients was re-studied 6 years postoperatively using the STAI and SF36. A purposive sample of 6 patients were interviewed to provide qualitative data. Data was analysed using paired t-test and regression analysis. Interviews were taped, transcribed and coded using content analysis.

Results

Of the initial sample of 70, 10 patients were deceased and 6 untraceable. The remaining 54 were verified as alive by GP and had postal questionnaires administered. Of these 50 (96%) responded, 43 were males and 7 females – mean age 66.

SF36 scores were comparable to population norms and demonstrated a statistically significant (p=<0.01) improvement on every dimension from preoperative levels. Regression analysis found that preoperative mental health was predictive of general health postoperatively.

State anxiety reduced from 46.7 to 36.4 postoperatively and trait anxiety from 44.3 to 37.1 (p=<0.01).

Four interview themes emerged – Waiting nightmare, life-saving surgery, improved health and balancing risk factors.

Implications

Anxiety and quality of life improved postoperatively but this study highlights the importance of reducing preoperative anxiety and assisting risk factor modification postoperatively.

Intended learning outcomes

- Discuss the anxiety and quality of life issues associated with bypass surgery
- Evaluate the impact of pre-operative anxiety on post-operative outcomes
- Identify nursing interventions aimed at reducing this morbidity

References:

Fitzsimons D (1998) Waiting for coronary artery bypass surgery: a qualitative and quantitative study. Unpublished Dphil Thesis. University of Ulster

Fitzsimons D, Richardson SG & Scott ME (2000). Prospective study of clinical and functional status in patients awaiting coronary artery bypass surgery. Coronary Health Care 4: 117-122.

Fitzsimons D, Parahoo K & Stringer M (2000). Waiting for coronary artery bypass surgery: a qualitative analysis. Journal of Advanced Nursing 32:5, 1243-1252.

Nurse-led shared care for patients awaiting coronary surgery

Grace Lindsay, Senior Lecturer, University of Glasgow, Glasgow, Scotland, UK. Co author: Fiona McHugh

Abstract:

Objective: To evaluate the effectiveness of a nurse-led shared care programme to improve coronary heart disease risk factor levels, general status and reduce anxiety and depression in patients awaiting coronary artery bypass grafting.

Design: Randomised controlled trial.

Setting: Community, January 1997- March 1998.

Study Groups: 98 (75 male) consecutive patients were recruited to the study within one month of joining the waiting lit for elective coronary artery bypass surgery at Glasgow Royal Infirmary University NHS Trust. Patients were randomised to usual care (n49) or a nurse-led intervention programme (n=49).

Intervention: A shared care programme consisting of health education and motivational interviews, according to individual need carried out monthly. Care was provided in the patients own homes by the community based cardiac liaison nurse alternating with the General Practice nurse at the practice clinic.

Outcome Measures: Smoking status, obesity, physical activity, anxiety and depression, general health status and proportion of patients exceeding target levels for blood pressure, plasma cholesterol and alcohol intake.

Results: Compared with patients who received usual care those participating in the nurse-led programme were more likely to stop smoking (25% Vs 2%, p=0.001) and reduce obesity (body mass index >30) (16.3% Vs 8.1%, p=0.01). Target systolic blood pressure improved by 19.8% compared to a 10.7% decrease in the control group (p=0.01) and target diastolic blood pressure improved by 21.5% compared to 10.2% (p=0.000). However, there was no significant difference in either group in the proportion of patients with cholesterol levels exceeding target levels. There was a significant improvement in general health status scores across all eight domains of the SF-36 questionnaire with changes in difference in mean scores between the groups ranging from 8.1 (p=0.005) to 36.1 (p<0.000). Levels of anxiety and depression improved (p<0.000) and there was improvement in time spent being physical active (p<0.000).

Conclusions: This nurse-led share care intervention was show to be effective for improving care for patients on the waiting list for CABG.

Intended learning outcomes

- Appreciate that nurse led shared care between primary and secondary care improves health in patients awaiting coronary surgery
- Be aware that specialist and practice nurse delivered care is an effective model of practice

References:

McHugh F, Lindsay GM, Hanlon P, Hutton I et al, (2001). Nurse-led shared care for patients on the waiting list for CABG: a randomised controlled trial. Heart: 86: 317-23

Lindsay GM, McHugh F, Brown M and Wheathley DJ (1998). Implementing research in nurse led care. Nursing Times. December 16/23/30, Vol 94. No. 50

15 ASPIRE Steering Group (1996). A British Cardiac Society survey of the potential for secondary prevention of coronary disease. ASPIRE (Action on Secondary Prevention through Intervention to Reduce Events). Principal results. Heart. 1996;75(4):334-42

Tuesday 9 April

Symposium 5
1.45 – 3.15

An 'all Ireland' collaborative leadership and practice development programme for ward leaders in oncology and haematology services

Chair: Brendan McCormack, Professor, Director of Nursing Research and Practice Development, University of Ulster, Londonderry, Northern Ireland, UK

This symposium will describe an ongoing action research project between the cancer services of St. James' Hospital Dublin and Belfast City Hospital. The project represents 'cross-border' collaboration in action between two leading health care providers in Ireland. The project began in March 2001 with the overall aims of:

1. developing the leadership potential of ward leaders of cancer services in City Hospital, Belfast and St. James' Hospital, Dublin, through a programme of work based and action learning.

2. developing the practice development knowledge, skills and expertise of ward leaders in the two organisations.

3. organising a programme of development activities that would be initiated, implemented and sustained by ward leaders participating in the programme of work.

4. evaluating the processes and outcomes of the work from the perspectives of the participants and their colleagues.

The project is located within an emancipatory practice development methodology, with three action cycles:

- Action Cycle 1: Developing a shared vision

- Action Cycle 2: The context of care delivery

- Action Cycle 3: Maximising leadership potential

For many of the participants in this project, this approach is a new experience and has required considerable 'risk taking' in adopting new ways of working and engaging with others. Therefore, the purpose of this symposium is to share the work undertaken thus far and to engage in challenge and critique with others.

The papers included in this symposium have been chosen to represent the overall methodology of the project and aspects of the project in action. Paper 1 will provide an overview of the research and development framework and the methodology underpinning it. Paper 2 will describe the processes adopted to create a shared vision for nursing practice across the services in the two hospitals (action cycle 1). Paper 3 will present the results of the evaluation of the context of practice and the development plans arising

from this evaluation. The processes in place to develop practice will be outlined as well as the ongoing evaluation of processes and outcomes (action cycle 2). Paper 4 will describe the way adult learning principles have been integrated into the overall research and development framework and present an analysis of the outcomes in terms of leadership development in the programme so far (action learning cycle 3).

Integrating research, practice development and learning: a framework for engaging practitioners in inquiry focused research

Brendan McCormack, Professor, Director of Nursing Research and Practice Development, University of Ulster, Londonderry, Northern Ireland, UK

Abstract:

The development of effective leaders is a key objective of health care strategists in the United Kingdom and Ireland (NHS Confederation, 2000). Recent 'scandals' in hospitals in particular have identified the need for practice leaders who are able to transform the context and culture of practice and the relationships between practitioners and among practitioners and patients. In addition, cancer services are currently receiving much attention and are identified as a major focus of development (DHSSPS, 1999). The "all Ireland Cancer Initiative" is explicitly established to develop efficient, effective, timely and consistent services for users. Whilst there are many strategic development initiatives in progress as part of the All Ireland Cancer Services Initiative, Belfast City and St. James' Hospitals expressed a desire to:

- Create a service whose nursing leaders are prepared for change;

- Enable a culture of practice where ward leaders feel more empowered.

- Develop ways of working that are committed to 'getting ideas into practice' whilst at the same time critically challenging practices.

- Move away from a culture of 'medical dependency' among nurses to one where nurses feel able to initiate, develop and sustain creativity in practice.

An eighteen-month project has been established utilising a framework of 'emancipatory practice development' (Manley & McCormack, 2000). This framework integrates development, learning and research activities. Each participant is acting as a 'co-researcher' and 'self-evaluator' of their development and learning. Internal facilitators have been appointed on each site to work with project participants in bringing about changes in practice and supporting their development activities. Data is being collected in the form of action learning notes, individual interviews and reflective conversations.

This paper will outline the methodology of the project, its strengths and its weaknesses. Analysis of the data thus far in terms of changes in leadership style, risk taking in action learning, the challenging role of 'participants as researchers' and changes in collegial relationships will also be presented.

References

Department of Health and Personal Social Services (1999) Research for Health and Wellbeing: a strategy for research and development to lead Northern Ireland into the 21st Century. Research and development Office, HPSS, Belfast

Manley K and McCormack B (2000) Practice Development: Its purpose and methodology. Unpublished Paper. Practice Development Function, RCN Institute, London.

NHS Confederation (2000) Creating a Leadership Academy for the NHS, Action Point 17, The NHSConfederation, London.

Intended learning outcomes

At the end of the presentation, participants should be able to:

- understand a framework for integrating research, practice development and learning.

- Consider the challenges associated with implementing the framework and the approaches adopted to addressing these.

- Realise the potential of this approach for creating sustainable change through the identification of clearly articulated processes and outcomes.

Visioning a future for cancer nursing: reconciling cultural and organisational barriers

Elizabeth Henderson, Macmillan Lead Nurse (Cancer Services), Belfast City Hospital, Belfast, Northern Ireland, UK and Mary Day, Nursing Services Manager, HOPE Directorate, St James' Hospital, Dublin, Ireland

Abstract:

A key component of the project is the development of a shared vision for cancer nursing across the two sites as the project is working with two services with differing organisational cultures. In order to develop a shared vision for nursing and the service as a whole, it is essential to develop a shared vision among practitioners. This shared vision includes a vision for the project as a whole, (including the processes adopted in the project) and for the care services. Having a shared vision has been identified as an essential foundation stone in the development of practice (Manley, 2000; Titchen, 2000) and is recognised as one of the essential benchmarks in transformational organisational cultures.

In this project, a combination of visioning exercises, action learning and the use of the creative arts have been adopted to develop a

shared vision (McNiff, 1998). The methods adopted include:

- values clarification exercises;
- creative writing;
- 'fantasy' writing;
- drama workshops
- reflection on practice

From these approaches, a 'draft' set of beliefs and values for the service were developed. Participants also engaged in discussions with other staff members in their teams to further develop these beliefs and values and to achieve ownership of a shared vision for the service. The draft vision developed will continue to be refined and further developed with participants and their teams throughout the lifetime of the project. This paper will describe the experience of developing a shared vision and the challenges of doing so. In addition, the processes of agreeing the vision with co-workers, key stakeholders and advisory group members will be explored. It will be argued that whilst the development of the vision has been both invigorating and frustrating for participants, its development has provided a benchmark against which all decisions in the project are measured.

References

Manley K (2000 [a]) Organisational culture and consultant nurse outcomes: part 1 – organisational culture, Nursing Standard, vol 14 (36), 34-38.

McNiff, S (1998) Trust the Process – an artist's guide to letting go. Shambhala, London.

Titchen, A. (2000), Professional Craft Knowledge in Patient-Centred Nursing and the Facilitation of its Development, Ashdale Press, Kidlington, Oxon.

Intended learning outcomes

At the end of the presentation, participants should be able to:

- critically review one approach used for developing a shared vision for nursing across different cultures and organisational systems.
- identify the barriers to developing a shared vision for practice.
- understand how the creative arts can help to overcome barriers to change and enable the expression of a vision for practice.

"But we know what we need to change!" – assessing the context of practice and developing a practice development agenda

Gillian Lamrock, Senior Nurse (Cancer Services), Belfast City Hospital, Belfast, Northern Ireland, UK and Collette Healy, Clinical Education Facilitator, HOPE Directorate, St James' Hospital, Dublin, Ireland

Abstract:

Determining a focus for development is a key challenge in a practice development plan (McCormack et al, 1999). It has been argued that practice development occurs through a haphazard series of professional and educational activities (Kitson et al, 1998). Additionally, many practice developments focus on the 'symptoms' of the organisational culture rather than the core causative factors (MacLeod, 1994). Identifying the need for change and planning appropriate change strategies is a central objective of this project and represents the second action cycle of the work. This cycle began with a workshop on organisational culture and the various ways it is manifested in the day-to-day experience of practitioners. Included in this workshop was a discussion about ways of measuring the 'context of practice' and from this a range of tools were used to evaluate the practice contexts and the overall quality of care delivered – including observation of practice, leadership style, the organisation of care, pain management and ward culture. This evaluation formed a baseline for identifying a range of practice developments. Project participants are developing action plans to address a range of practice issues. These action plans are agreed with service managers and take account of the organisations' strategic plans. Methods of evaluating the ongoing development of practice are being established, including outcome evaluation for identified practice changes. Participants receive training (as necessary) in the evaluation of these developments and will work with the internal facilitators in undertaking the work with support from the external facilitator.

This paper will present the findings of the evaluation of context and the plans that are being put in place to bring about changes in the culture of practice, team effectiveness and a variety of clinical practices.

References

Kitson A; Harvey G & McCormack B (1998) Approaches to Implementing Research in Practice. Quality in Health Care, 7 (3), 149-159

MacLeod M (1994) "It's the little things that count": the hidden complexity of everyday clinical nursing practice, Journal of Clinical Nursing, vol 3, (6), pp 361-368.

McCormack B; Manley K; Kitson A; Titchen

A; and Harvey G (1999) Towards Practice development – A vision in reality or a reality without vision? Journal of Nursing Management, 7, 255-264.

Intended learning outcomes

At the end of the presentation, participants should be able to:

- understand one approach to assessing practice context.
- realise the importance of adopting a systematic approach to determining the need for change.
- identify the challenges involved in securing ownership for identified changes and the need to locate development activities within a critical social scientific framework.

Integrating learning, research and development - the adoption of an adult orientated approach to critical inquiry

Richard Henry, Clinical Education Facilitator, Cancer Services, Belfast City Hospital, Belfast, Northern Ireland, UK and Sally Campalani, Senior Clinical Nurse, Belvoir Park Hospital, Belfast

Abstract:

The integration of learning and research can offer one of the most fruitful ways to develop nursing practice (Carr & Kemmis, 1986). With reference to a number of projects currently being undertaken in the Oncology Haematology Directorate, Belfast City Hospital, this paper will examine how learning approaches have been fused with the research process in order to effect profound and significant changes to nursing care.

The experience of using reflection on practice will be related insofar as it focuses on everyday challenges and issues that affect the delivery of care. Developing this theme into a discussion of action and work based learning; the experience of nurses, first critically reviewing and then developing and experimenting with their practice will be detailed (Brown, 1975). Subsequent learning will then be outlined together with an evaluation of the process of data generation, collection, organisation and analysis. Finally the use of this data to derive themes for development and insights into knowledge development will be discussed.

That these approaches are entirely consistent with adult learning theories will be acknowledged together with the importance of learning to action research (Grundy, 1982). This latter consideration will be the central theme of this paper particularly with regard to the emancipation and empowerment of nurses and the impetus it can give to practice development and the generation of theory.

References

Brown R (1975) Knowledge, Education and Cultural Change. Tavistock Publications, London.

Carr, W. and Kemmis, S. (1986), Becoming Critical: Education, Knowledge and Action Research, Falmer Press, Brighton.

Grundy, S. (1982), 'Three modes of action research', Curriculum Perspectives, vol. 2, no. 3, pp. 23-34.

Intended learning outcomes

At the end of the presentation, participants should be able to:

- Understand the place of adult learning principles in research and development activities.
- Challenge assumptions underpinning adult learning theory and realise the need for positive motivational strategies to engage adults in learning activities.
- identify the way in which action learning can act as an overarching framework for the integration of research, professional development and learning.

Tuesday 9 April

Symposium 6
4.45 – 5.15

Interprofessional Education within the Context of Health and Social Care

Lead by: Brenda Clarke, Senior Lecturer, School of Acute and Critical Care Adult Nursing, Faculty of Health and Social Care, University of the West of England, Bristol, England

A research programme to evaluate a pre-qualifying interprofessional curriculum for health and social care professionals

Margaret Miers, Principal Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, England: Co-presenters: Brenda Clarke, Senior Lecturer and Kath Ross, Professor, Faculty of Health and Social Care, University of the West of England, Bristol, England

Abstract:

In September 2000 the Faculty of Health and Social Care, UWE, commenced an interprofessional curriculum for all professional awards. The interprofessional strand of the curriculum comprised three interprofessional modules in years 1, 2 and 3. The modules aim to develop students' understanding of professional roles in health and social care and students' teamwork and communication skills. The modules are delivered through enquiry based learning, supported by a staff development programme for the interprofessional group facilitators.

In response to the policy emphasis on interprofessional learning and the need to develop an evidence base in educational research, the Faculty has designed a research programme to evaluate the effectiveness of the curriculum. The overall research approach is that of realistic evaluation (Pawson and Tilley, 1997), an approach which accepts the importance of studying the outcomes of an intervention as well as contextual factors (including the research process) which influence and may interact with the change mechanisn (the interprofessional modules). Hence the research programme collects qualitative and quantitative data to study both process and outcome. The programme comprises six interlinked studies using a mix of primary and secondary sources. Three studies collect primary data: a longitudinal study of all students, comparing scores on scales over time and between cohorts (study 1); a longitudinal study of groups of students' experience of the process of interprofessional learning (study 2); a study of collaborative learning and working in placement settings (study 3). Three studies use secondary data; study 4 reviews staff and student evaluations of the interprofessional modules; study 5 analyses curriculum documents and study 6 studies staff skills and development.

The paper discusses the research programme's aims, considers the ethical issues involved in researching ourselves and approaches to managing educational research.

References:

British Educational Research Association (BERA), Ethical Guidelines, http://bera.ac.uk/guidelines.html

Miller, C, Freeman, M and Ross, N (2201), Interprofessional Practice in Health and Social Care: Challenging the shared learning agenda, Arnold: London.

Pawson, R and Tiley, N (1997), Realistic Evaluation, Sage: London.

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Identify the arguments in favour of interprofessional pre-qualifying professional education
- Understand 'realistic evaluation' as an approach to educational evaluation
- Discuss the ethical issues in researching educational programmes

Health and social care students and interprofessional learning: opinion, attitudes and self assessment of relevant skills

Margaret Miers, Principal Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, England: Co-presenter: Katherine Pollard, Research Associate, Faculty of Health and Social Care, University of the West of England, Bristol, England, UK.

Abstract:

The Faculty of Health and Social Care, University of the West of England, has responded positively to the challenge to provide opportunities for health and social care professionals to learn together. As part of a research programme exploring the effectiveness of a pre-qualifying interprofessional curriculum for health and social care professionals, a longitudinal prospective study of September 2001 entrants to the Faculty has commenced. On entry to all pre-qualifying awards, students have completed a questionnaire and attitude scale collecting background demographic data, concerning self assessment of communication and teamwork skills, views of relationships between health and social care professionals and attitudes to learning with students on a range of professional awards.

This paper explains the design of the longitudinal cohort study, the plans for control groups, and the development of the collaborative learning questionnaire. The study population comprises all students commencing nursing, midwifery, occupational therapy, physiotherapy, social work, radiotherapy and diagnostic imaging awards, n=650 students. Nursing students from all four branches comprise 60% of the sample. Background information (age, sex, ethnicity, qualifications, faculty campus, professional award and prior work experience) has been collected from the study population. The relationship between these background variables and scores on three separate scales a) opinion concerning health and social care interprofessional relationships b) attitudes to collaborative learning and c) self assessment of teamwork skills will be presented using descriptive statistics. The role of factor analysis in exploring the internal consistency of scales will be explained.

Results from the cohorts of nursing students will be compared with data from other professional awards. In addition students on the four branches will be compared and implications for nursing students in interprofessional pre-qualifying education will be considered.

References:

El Ansari, W, Phillips, CJ and Hammick, M (2001), Collaboration and Partnerships: developing the evidence base, Health and Social Care in the Community 9(4), 215 – 227

Oppenheim, AN (1992), Questionnaire

Design, Interviewing and Attitude Measurement, 2nd Edition, Pinter Publishers Ltd: London

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Identify the advantages of a longitudinal cohort study
- Explain steps in the development of a measurement scale
- Understand difficulties in researching the effects of interprofessional learning

A qualitative longitudinal study of small groups of health and social care tudents' experience of interprofessional education

Brenda Clarke, Senior Lecturer, School of Acute and Critical Care Adult Nursing, Faculty of Health and Social Care, University of the West of England, Bristol, England, UK.

Abstract:

A research programme designed to evaluate an interprofessional pre-qualifying curriculum for health and social care professionals in the Faculty of Health and Social Care, University of the West of England, commenced in September 2001. The programme, which uses a mixed method approach, consists of a number of interlinked studies which together promise to offer a broad range of data on interprofessional learning. This paper discusses a longitudinal study of small groups of health and social care students' experience of collaborative learning. The methodological approach taken follows that of realistic evaluation (Pawson and Tilley, 1997).

The interprofessional modules use an enquiry-based learning approach. Students are randomly placed in groups of 10 with individuals from a variety of health and social care professions e.g. physiotherapy, radiotherapy, social work, occupational therapy, midwifery and all four branches of nursing. Students' experience of an interprofessional curriculum is likely to be influenced by a wide range of factors including learning group composition, the nature of collaboration with the group, the faculty centre at which learning takes place, and the process and nature of lecturer facilitation. Qualitative data will be collected from up to six interprofessional learning groups (n=60) across the faculty sites. Each of the six groups participating in the longitudinal qualitative data study will be observed during two learning group sessions. These observations will focus on the nature of collaborative learning and working within the group. Focus groups sessions will be conducted with each of the participating groups. In addition to this semi-structured, in-depth interviews will be undertaken with students with the aim of exploring the experience of interprofessional learning within and across the health and social care professions. In-depth interviews will also be conducted with the lecturers who facilitate the groups. Data will be analysed using open and axial coding to reveal theme (Berg, 1989).

References:

Berg, B (1989), Qualitative Research Methods for the Social Sciences, Allyn and Bacon, Massachusetts.

Pawson, R and Tilley, N (1997), Realistic Evaluation, Sage, London

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Gain an understanding of the interprofessional modules in one pre-qualifying interprofessional curriculum
- Identify processes and contextual factors which may influence the effectiveness of the interprofessional curriculum
- Be aware of the different styles of facilitative approaches to small group learning and the possible impact these may have on the collaborative working within an interprofessional group

Interprofessional learning in the context of elderly care: a collaborative initiative

Brenda Clarke, Senior Lecturer, School of Acute and Critical Care Adult Nursing, Faculty of Health and Social Care, University of the West of England, Bristol, England, UK.

Abstract:

The need to bring together separate but interlinked professional skills has increasingly arisen in response to the growth in the complexity of health and social care services; the expansion of knowledge, subsequent increase in specialisation and the need for more integrated and supportive services for both users and professionals (NHS Plan DOH 2000). Whilst there is little evidence to support the view that interprofessional learning results in greater collaboration and an increase in the quality of care, in Britain there is a generally held belief that interprofessional education is a good thing (see for example Miller, 1999 and Barr, 1996). Increasingly, universities involved in the education of health and social care professionals are taking up the challenge of introducing interprofessional learning into the curriculum.

This paper is based on an on-going research study to evaluate an interprofessional learning initiative between third year nursing students and medical students undertaking a care of the elderly module. Enquiry based learning is used as a vehicle to facilitate interprofessional learning and the scenarios offer triggers enabling exploration and discussion on such topics as the complex discharge from hospital to the community of an elderly person. A mixed method approach to the study has been used resulting in both quantitative and qualitative data. Findings from the first cohort of medical students n=52 and nursing students n=52 would suggest a favourable response to the use of enquiry-based interprofessional learning. Data from the pre and post test questionnaires indicates a change in the understanding of the nature of collaboration needed between the professions in order to facilitate quality patient care. In addition the data raises some interesting issues about the concepts of team working by each of the professional groups both before and following the enquiry based session.

References:

Barr, H (1996), Ends and Means in Interprofessional Education: Towards a Typology, Education for Health, 9:3, 341 – 352

Department of Health (2000), The NHS Plan, Her Majesty's Stationery Office: London

Miller, C et al (1999), The role of collaborative/shared learning in pre-post registration education in nursing, midwifery and health visiting, English National Board for Nursing, Midwifery and Health Visiting: London

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Understand the concept of enquiry based learning as a vehicle for interprofessional learning
- Identify the advantages of such an approach
- Be aware of the possible impact interprofessional education may have on the quality of delivery care to elderly individuals

Constructing meaning through the development of an evaluation framework for three interprofessional M level projects

Judith Thomas, Senior Lecturer, School of Health Community and Policy, Faculty of Health and Social Care, University of the West of England, Bristol, England

Abstract:

This paper will outline the design of a multi-dimensional framework that was developed to evaluate three interprofessional M level preceptorship projects. The researcher was faced with a number of challenges e.g. the work was already in progress, each project varied significantly in the way it interpreted the aims and constructed the meaning of terms such as 'inter-professional' and action learning'. To overcome these 'real world' problems while ensuring the evaluation was rigorous a combination of qualitative and quantitative data was used. Methods of data collection included semi-structured interviews and a focus group with key staff, use of a collaboratively designed questionnaire (n=20), small group discussions with students (n=60), participant observer attendance at meetings together with naturally occurring data such as module

evaluation forms and minutes of meetings. The paper outlines the research approach and analyses the quality of data produced by the various methods, showing how this was used to:

- Inform the educational developments

- Develop a continual process of reflection and evaluation amongst key staff

- Evaluate the aims of the project

- Make recommendations to the faculty executive about the provision of masters level teaching

Reference will be made to how the evaluation approach was informed by principles of collaborative research (Reason, 1994), action research (Elliot, 1991) and questions framed by House about evaluating the legitimacy of goals, multiple criteria and participant involvement in defining what is important for evaluation (1993:8). Throughout the paper the presenter will encourage delegates to make connections with their own working context and discipline and to question how an evaluation process can be developed which ensures the advancement of knowledge.

References:

Elliot, J (1991), Action Research for Educational Change, OUP: Milton Keynes

House, E (1993), Professional Evaluation: Social Impact and Political Consequences, Sage: London

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Appreciate the tensions and benefits of a multi-dimensional approach to evaluation

- Understand the rationale for involving stakeholders in the evaluative design

- Identify some of the inherent dilemmas for the evaluator in aiming for participative evaluation

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Wednesday 10 April

Symposium 7
10.40 – 12.40

Quantitative fieldwork in practice: perspectives, methods and experience
Chair: Alan White, Senior Lecturer in Nursing, Leeds Metropolitan University, Leeds, England

Fieldwork in practice: perspectives, methods and experience
Martin Johnson, Professor in Nursing, University of Salford, Salford, England

Abstract:

The introductory paper will give an outline history of fieldwork using qualitative research in nursing. Trend and styles will be identified and the popularity of some approaches and the neglect of others will be examined.

The apparent relationship (or lack of this) between methods of data collection and research perspectives such as 'new' phenomenology (Crotty, 1996), ethnography and grounded theory (Glaser and Strauss, 1967) will be critically analysed.

The paper will examine the theoretical perspectives justifying fieldwork of various types moving onto an analysis of the challenges that fieldwork may present. Developing Dingwall's (1977) position we see these as essentially scientific, political, personal and moral. Scientific problems focus principally on the search for rigour with many criteria currently used with greater or lesser clarity and overlap of meaning. Regarding the related problem of rigour in sampling we will draw attention to some common misapprehensions. In this and the accompanying papers we will use examples to illustrate the particular personal and moral dilemmas faced by researchers in the field. We will argue that, despite influential arguments to the contrary (Hammersley, 1992) and even considering the particular challenges faced by practitioner researchers that the practice setting should be the priority location for nurse researchers.

References:

Crotty, M (1996), Phenomenology and nursing research, Churchill Livingstone: Melbourne

Dingwall, R (1977), The social organisation of health visitor training, PhD Thesis, University of Aberdeen, Scotland

Glaser, BG and Strauss, AL (1967), The discovery of grounded theory, Aldine: Chicago

Hammersley, M (1992), What's wrong with ethnography?, Routledge: London

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Explain the rationale for undertaking fieldwork in practice settings in nursing

- Discuss scientific, personal, political and ethical problems fieldworkers may face

- Examine arguments for and against practitioner research

Fieldwork – the benefits and pitfalls
Alan White, Senior Lecturer, Leeds Metropolitan University, Leeds, England

Abstract:

Fieldwork is an under-used approach within nursing research, but it holds great opportunities for unearthing alternate points of viewpoints on both the world of the patient and the work of the nurse. This paper will address the benefits and the potential pitfalls of fieldwork, with reference to a participant observation study of men who were admitted to hospital following acute chest pain (White, 2000).

Being "right there where things happen" (Schatzman & Strauss, 1973, p62) gives one an alternative insight into the social situation as it unfolds that is not possible by relying solely on interviews or the more distant questionnaire approaches. Being caught up within the intricacies of the clinical setting as both a participant and as an observer enables a researcher to achieve a much deeper understanding of the social processes at play.

However this is not without its difficulties, the most important of which is encompassed by seeing 'Humans-as-Instruments' (Lincoln & Guba, 1985), whereby one is the sole collector and interpreter of the events and of the associated ethical dilemmas such as whether informed consent can genuinely be gained.

The paper presented will argue that, despite the difficulties, there is a clear need for nurses to consider this approach seriously as a viable menas of undertaking clinical research.

References:

Lincoln, YS and Guba, EG (1985), Naturalistic Inquiry, Sage: Beverley Hills

Schatzman, L and Strauss, AL (1973), Field research: strategies for a natural sociology, Prentice-Hall: Englewood Cliffs, New Jersey

White, AK (2000), Men making sense of their chest pain, unpublished PhD, Manchester University: Manchester

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Discuss the potential benefits and pitfalls of fieldwork

- Examine the opportunities open to them as researchers for using this approach

- Appreciate how participant observation has been used within a study to enhance the credibility of its findings

Fieldwork – pragmatism and inclusive methodology

Tony Long, Senior Nursing Lecturer, University of Leeds, Leeds, England

Abstract:

In qualitative research statements made by respondents and observations made by researchers cannot validly be separated from the physical and social context in which they occur (Grbich, 1999). Research in the field, then, is often an essential component of studies by interview or observation.

Mason (1996) suggests that since phenomena and experiences of the sort considered here are complex and conceptual then interaction between researcher and respondent is essential. We will argue that an important element of this interaction is the facilitation of the resepondent's opportunities and ability to express their perspectives and to display their experiences. Participants may feel the need not only to represent the content of their experiences but also to explain and perhaps even justify their actions (Dingwall, 1997). Data collection methods and the conduct of the study must then be sensitive and responsive to these issues.

Reference will be made to one specific fieldwork study as an example to demonstrate this point. The nature and content of participants' responses and behaviour indicated the need to move on from focussed interviews to participant observation within episodes of data collection in order to capture the fullness and depth of the participants' experiences. This was possible only because of the study's location within the field, and was consistent with the pragmatic perspective offered by Hammersley and Atkinson (1995) in which they advise the collecting of "whatever data are available to throw light on the issues that are the focus of the research".

The paper will conclude by suggesting that while skill, concentration and reflexivity are required to ensure rigorous collection and processing of such data, a pragmatic approach to fieldwork and readiness to match data collection strategies to the exigencies of the context are essential.

References:

Dingwall, R (1997), Accounts, interviews and observation, in Miller, G, Dingwall, R (eds.), Context and method in qualitative research, pp. 51 – 65, Sage: London

Grbich, C (1999), Qualitative research in health, Sage: London

Mason, J (1996), Qualitative researching, Sage: London

Intended learning outcomes:

At the end of the presentation, participants should be able to:

- Appreciate the role of the participant's context in giving meaning to the data
- Discuss the matching of data collection methods to this context before and during data collection
- Examine the balance of risks and benefits of such a pragmatic approach

Posters

1 Issues of methodology-information needs of myocardial infarction patients

Fiona Timmins, Lecturer, School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland. Co author: Micheal Kaliszer. Presented by: Michelle Glacken

Abstract

The authors measured and compared the information needs of MI patients and of nurses by means of a previously validated Cardiac Patients Learning Needs Inventory (CPLNI), (Gerard & Peterson, 1984). Based on the results of this study and a review of previous research using the CPLNI, including the original publication, the questionnaire itself and several aspects of the methodology used in the analyses will be critically discussed. These include the appropriateness of items and sub-scales and of various measures of reliability and validity to evaluate the questionnaire, the validity of the analysis methods used to compare groups and change within groups, and the reliability of the presented results. Measuring group consensus will also be discussed.

Intended learning outcomes

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

- Understand the methodology used within this study
- Understand the methodological issues that exist in relation to the use of this instrument (CPLNI)
- Be aware of the importance of measuring the validity and reliability of research instruments and methods of performance.

References

Gerard P and Peterson L (1984), Learning needs of cardiac patients, *Cardiovascular Nursing* 20, 7-11

Turton J (1998), Importance of information following myocardial infarction study of the perceived information needs of patients and their spouse/partner compared with perceptions of nursing staff, *Journal of Advanced Nursing* 27 770-778

Karlik B A and A Yarcheski (1987), Learning needs of cardiac patients: a partial replication study, *Heart & Lung* 16(5), 544 - 551

2 Recent advances in the quality of written information on patient and carers outcomes

Fiona Paul, ICU Specialist Liaison Nurse, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, UK. Co authors: Martyn Jones, P McGoldrick.

Abstract

Written information is a form of patient education, which nurses and other healthcare professionals are recognising as increasingly important. Although there are examples of high quality written patient information materials developed within healthcare settings, many fall below adequate standards. Therefore, it is essential that providers of information can critically appraise and understand what constitutes high quality information materials. Quality information materials are clearly presented, evidence-based and have involved patients in the development process. Although there is evidence that written information can have a positive effect on patient outcomes, many studies show that the effects on outcomes are either minimal or of no benefit. However, most studies rarely evaluate the quality of the information when evaluating its benefits.

A literature search using Cochrane, CINAHL and Medline databases was undertaken to identify studies that focused primarily on the quality of written patient information. Search terms included patient information, patient education, design, readability, satisfaction, anxiety, and knowledge. Few Randomised Controlled Trials (RCT) were found and the majority of studies focused on evaluating readability rather than other quality aspects. The importance of conducting RCTs to evaluate the effectiveness of patient information has been recommended. To this end, an RCT is currently in progress to compare a new information leaflet developed in accordance with good practice and evidence based guidelines, thereby assuring quality, with an in-house leaflet that did not follow quality guidelines. The new leaflet was designed to improve aspects including, legibility, clarity and presentation. Reference sources and contact details were also incorporated to improve the information provided following discharge from hospital. One hundred and twenty parents of children hospitalised with benign febrile convulsion are being recruited in this study, and the aim is to evaluate the effects of each leaflet on outcomes, including anxiety, behavioural knowledge, understanding, and satisfaction with the information provided.

Intended learning outcomes

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

- Understand the need for producing high standards of written information to enhance patients and carers understanding of illness, treatments, therapy or self-care
- Gain knowledge of the principles of good practice and evidence-based guidelines for developing information for patients
- Understand the advantages of giving written information as an adjunct to verbal communication.

References

Fitzmaurice D A and Adams JL (2000), A systematic review of patient information leaflets for hypertension, *Journal of Human Hypertension* 14 (4), 259-62

Dixon-Woods M and Thornton H (2001), Authors did not consider patients? Views of information they received, *British Medical Journal* 323 (7311), 516a

Mayberry J F and Mayberry MK (1996), Effective instructions for patients, *Journal of the Royal College of Physicians of London* 30, 205-208

3 Primary health care nursing for older people in residential homes: time for a public health approach?

Rosemary Woolley, Principal Lecturer, University of Hertfordshire, Hatfield, England, UK. Co authors: Denise Knight, Sally Kendall, Claire Goodman.

Abstract

Demographic projections for the United Kingdom clearly indicate a marked increase in the number of older people particularly those aged over 80 years (Bartlett & Phillips 2000). The associated increase in disability and dependence, a common but not inevitable consequence of ageing, means that many older people will require assistance with their daily activities such that residential care is required. In March 2000, 346,000 individuals were receiving care in residential care homes, largely provided by the independent sector (DoH 2000). Care in this context is defined as being a form of social provision despite evidence of prevailing health needs in this population. There is however little empirical evidence to inform strategic health care provision in residential settings.

This paper will examine the evidence relating to the identified health needs of older people in residential care from a population perspective and the largely medical focus of this evidence will be critically discussed. It will be argued that a public health approach using population and social models of health needs assessment provide an alternative approach in ensuring the vision of the National Service Framework for Older People (DoH 2001) of high quality integrated health and social care is achieved. Data from a survey of primary health care nursing involvement in residential homes in Hertfordshire will be drawn upon to support the assertion that the public health skills of primary health care nurses could be utilised more appropriately in this setting to realise policy initiatives in the care of older people.

Intended learning outcomes

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

- Be aware of health care needs of older people in residential care homes
- Understand the potential benefits of a public health approach in residential care settings.

References

Bartlett H P and DR Phillips (2000), The United Kingdom: Demographic Trends, Recent Policy Developments and Care Provision. In Bengston VL, Kim K, Myers GC

and K Eun (ed), Aging in East and West: Families, States, and the Elderly, New York: Springer

Department of Health (2000), Community Care Statistics 2000 Residential Personal Social Services for Adults, England, London: Department of Health

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

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4 Involving young people in health issues - does it work?
Sue Linnell, Research Associate, School of Health, Staffordshire University, Stafford, England, UK. Co author: Ruth Chambers.

Abstract
An innovative health project based in Stoke-on-Trent South primary care trust, involved some of their youngest patients in designing a leaflet aimed at reducing the fears associated with visiting their health centre. The techniques of how we maintained the young people's interest, in conjunction with the professionals,' will be highlighted.

A simple, easy to read and small questionnaire was designed and sent to one hundred randomly selected young patients (aged 12 to 18 years). The returned questionnaires established what the fears were and ideas of solutions.

Some of the young people subsequently met to discuss the ideas from the questionnaires. Whilst some ideas were impossible to solve, like requests for "younger staff" and "Playstations", some were. A leaflet was suggested as a way to present some of their "top tips". This draft leaflet was then presented to the sub committee of the PCT. The leaflet was finalised and is being distributed now.

Throughout the process, the young people remained enthusiastic, wanting their names on the leaflet, making interviews for local media, finalising the draft and being present at the launch.

The words of one of the young people sums up our approach "We had loads of fun designing the leaflet and coming up with the cartoons which gets the message across." They succinctly explained the leaflet's target group as "My mates say they feel overwhelmed by the surgery and worry that what they say to the staff, will not stay confidential" and "Our leaflet reassures people everything you tell the doctor is strictly between the two of you".

The evaluation of the effectiveness of the leaflet is now under way. The challenges of participation, interagency work in primary care and evaluating small-scale projects will be highlighted. This could be a workshop, a presentation or a poster.

Intended learning outcomes
At the end of this presentation, participants should be able to:

- Understand a method of involving young

patients - focus group

- Be aware of the challenges to involvement and how to overcome some of these
- Be aware of evaluation challenges to small projects.

References
Hart R, (1992), Children's participation, Florence: UNICEF

DoH (1999), Patient and public involvement in the NHS, London: Department of Health

National Youth Agency (2001), Young people's active community involvement, Leicester: National Youth Agency

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5 Building on a methodology: 'I've started so I'll...finish?' - guided verbal reflection
Jayne Brown, Lecturer in Nursing, Acute and Critical Care, University of Sheffield, Sheffield, England, UK. Co author: Samantha Young.

Abstract
Guided verbal reflection is a research technique that involves informants in audio taping their thoughts, feelings and experiences. Respondents are given guidelines that cover the issues of interest to researchers but are also encouraged to raise issues of interest to themselves. With the exchanging of tapes and ideas it is hoped to be able to develop an iterative dialogue with both groups of informants (whereby themes are compared across the sample) and individually (in order that personal or unique experiences can be explored one-to-one). Developed for the three-year longitudinal evaluation of the English National Board's Framework and Higher Award, where it proved very successful (Owen et al 1997), it has since been used in a 3 1/2 year longitudinal project with pre-registration student nurses. Here despite initial enthusiasm informants found difficulties with the GVR process. At present it is being used with six non-executive (lay) board members of a Primary Care Trust. This paper will explore the issues surrounding the use of Guided Verbal Reflection with a range of professional / non-professional groups in health care. The practical, methodological, economic and participatory in utilising this approach will be explored

Intended learning outcomes
At the end of this presentation, participants should be able to:

- Articulate Guided Verbal Reflection as a data collection method
- Be aware of some of the advantages and limitations of this method.

References
Owens R, Nolan MR, Venables A and Curran M (1997), An Evaluation of the ENB Framework and Higher Award

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6 'What it means to fall: private versus public falls'. Implications for health care professionals
Khim Horton, Tutor, European Institute of Health and Medical Sciences, University of Surrey, Surrey, England, UK.

Abstract
Little is known about how older people who have had falls feel about falling. This paper examines the differing meanings held by older people who have had recurrent falls in relations to falling in public and/or private spaces. In-depth interviews were conducted with forty older people. Data was analysed using NUD*IST, a qualitative data analysis package.

There are some similarities and differences between falling in public spaces and in private spaces. Falling in public spaces not only draws attention from other people unknown to older people themselves, but there is a greater likelihood that someone from the public will get medical assistance, whereas falling in private spaces calling for medical assistance relies on the person who falls, or someone close to him/her. To an older person, feelings of embarrassment and inadequacy may be generated, in particular, when others like strangers proceed to give them assistance. When an older person falls in a private space, he or she may be more likely to hang on some furniture to stop themselves. The paper shows that falling in public spaces as well as private spaces impose a difficulty common to all who have had falls. The difficulty is in 'covering' the visible signs of falls, or injury from fall is experienced by more older men than women. More men than women fell in public spaces, and these experiences are embarrassing; by falling in public the person becomes a 'public display' and more older men than women found it more discrediting. Implications for practice will be outlined.

Intended learning outcomes
At the end of this presentation, participants should be able to:

- Understand the experiences of falling among older people
- Identify the similarities and differences between private and public falls
- Be aware of the implications for practice in relation to caring for older people who have had falls.

References
Goffman E (1963), Stigma, New Jersey: Prentice Hall

Jeffery R (1979), Normal Rubbish: deviant patients in casualty department, *Sociology of Health and Illness* 1(1): 90-108

Martin C (1999), The construction of the risks of falling in older people, *Scottish Health Feedback*, Scotland: Health Development Agency

7 Breast care nursing in North Wales 2: an evaluation of the BCNs from the perspective of practice nurses and district nurses

Ros Carnwell, Director of Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, UK. Co author: Sally-Ann Baker.

Abstract

The current paper reports the second phase of a project, which was commissioned to evaluate the effectiveness of the breast care nursing service within North Wales. This was achieved through a series of studies, each of which examined the service from different perspectives and allowed triangulation giving further validity to the findings. The first study in the series examined the BCNs from their and the perspective of professional colleagues (Redworth and Baker 2000) and resulted in the imperative to examine the community nursing perspective.

The study employed a survey approach, with postal questionnaire being the main method of data collection. The instrument was developed specifically for the study with the content being based upon the first study (Redworth and Baker, 2000), as well as literature and the Macmillan Cancer Relief Nursing Audit instrument. The resulting instrument comprised both open and closed questions. Questionnaires were distributed to the total population of District Nurses (n=97) and Practice Nurses (n=243) within North Wales, with 52% being returned.

Overall, the breast care nursing service evaluated positively, and was perceived to be patient orientated, offering advice and support to both patients and professionals. There were, however, some less positive findings such as a need for improved communication between BCNs and community nurse and a requirement of breast related education. Furthermore, the findings revealed that there were differences between the two professional groups in terms of service awareness, usage education etc. This latter finding has implications for the targeting of service improvements.

Intended learning outcomes

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

- Appreciate the strengths and limitations of the breast care nursing service in North Wales
- Understand the value of a multi methods approach in evaluating service provision
- Understand the implications of findings from evaluative research for service provision.

References

Redworth F and S Baker (2000), Breast Care Nursing within North Wales: An evaluation of the Breast Care Nursing Service by Breast care Nurse Specialists and their Professional Colleagues, North Wales Health Authority

Horden A (2000), The Emerging Role of the Breast Care Nurse in Australia. *Cancer Nursing* 23(2): 122-127

Jary J and Franklin L (1996), The role of the specialist nurse in breast cancer, *Professional Nurse* 11(10): 664-665

8 Women's lived experience of breast biopsy: a phenomenological perspective

Mairin O'Mahony, College Lecturer, Nursing Studies, University College Cork, Cork, Ireland.

Abstract

A recent study undertaken to explore women's experience of breast biopsy in an Irish context will be presented. Breast cancer is currently the second most common female cancer affecting over 1,500 women in Ireland annually and causing approximately 650 deaths in women each year (Department of Health and Children, 2000). Surgical breast biposy is identified as " the only definitive means of diagnosing a suspicious breast lump"(Boring, Squires & Tong, 1993). Although the outcome of breast biopsy is generally favourable,breast biopsy is a time of considerable anxiety, stress and psychological morbidity for women and their significant others (Northouse et al, 1995; Seckel and Birney, 1996: Deane and Deagner, 1998).

A phenomenological approach from a Heideggerian perspective was used. Study participants were eight women who had experienced a recent breast biopsy with benign diagnosis. Data collection involved in depth interviewing. Data were analysed using Benner's (1994) paradigm cases, thematic analysis and exemplars. Themes that emerged from the data were "Finding the Lump", "Waiting , not knowing, knowing", "Getting Back to normal" and "Reflections". Findings offer some insight into women's lived experience of benign breast disease and subsequent investigations prior to confirmation of benign diagnosis. The study highlights the need for nurses and health professionals to:

- Enhance health promotion in the area of breast awareness and breast self examination
- Communicate diagnostic results to women immediately
- Encourage significant others to accompany women when crucial information is being given to them
- Consider timing and amount of information given to women
- Identify women's social support deficits

The paper will focus on the lived of breast biopsy experience as described by participants and implications for nursing practice.

Intended learning outcomes

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

- Have an understanding of women's lived experience of breast biopsy

- Be able to identify women's fears and needs on finding a breast lump
- Be aware of the need for continued health promotion in the areas of breast awareness and breast self examination.

References

Deane AK and LF Degner (1998), Information needs, uncertainty and anxiety in women who had a breast biopsy with benign outcome, *Cancer Nursing* 21(2): 117-126

Northouse LL, Jeffs M, Cracchiolo-Caraway A, Lampman L and G Dorris (1995), Emotional distress reported by women and husbands prior to breast biopsy, *Nursing Research* 44(4): 162-169

Seckel MM and Birney MH (1996), Social support, stress and age in women undergoing breast biopsies, *Clinical Nurse Specialist* 10(3): 137-143

9 Mapping the developing role of the emergency nurse practitioner

Susan Craggs, Research Nurse/Practice Development Nurse, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, England, UK. Co authors: Cath Steele, Stella Marr.

Abstract

This paper will describe the results of the first phase of a study into the developing role of the Emergency Nurse Practitioner (ENP). The first phase involved a mapping exercise of ENP roles within the Northern and Yorkshire Region. Telephone surveys were conducted with the senior nurse in each Accident & Emergency Department who participated in the study. Out of a total of 48 departments contacted, 38 (79%) responded. Service delivery varied considerably in the scope of practice, range of patients seen, availabilty and educational preparetion. The specific structure and function of each service was based on historical legacy of hospital development and amalgamations, as well as local champions. Few ENP services referred patients directly to medical out patient specialists. Of those that did considerable variation in patient pathways and experiences of care were identified for patients presenting with similar conditions. These reflected local medical practice and historical working patterns. This paper will describe similarities and variations in practice and practice contexts and discuss the implications for patient care management arising from this survey.

Intended learning outcomes

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

- Be aware of the variations in servive delivery to patients by the ENP
- Be aware of the variations in educational preparations of ENP's and the implications this has for patient care management.

References

Mabrook AF and B Dale (1998), Can nurse practitioners offer a quality service? An evaluation of a years work of a nurse led minor injuries unit. *Journal of Accident & Emergency Medicine* 15: 266-268

Brebner JA, Ruddick-Bracken H, Norman JN and JG Page (1996), The nurse practitioner; management of minor trauma. *A&E Nursing* 4, (1): 43-46

Senior K (1999), ENP scenarios: highlighting the barriers, *Emergency Nurse* 6 (9): 29-32

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10 Evaluation of a nurse-led psychogeriatric liaison service

Helen Pratt, Nurse Practitioner, Mental Health Directorate for Older People, Tameside and Glossop Community and Priority Services NHS Trust, Ashton-under-Lyne, England, UK. Co author: Elizabeth Matthew.

Abstract

Context

Depression and dementia are much more prevalent amongst older people who are physically ill and admitted to general hospitals, than amongst the general population. These conditions often co-exist; requiring combined management and most of these disorders are undetected and/or under treated. Studies have shown that these disorders lead to increased length of stay, possible re-hospitalisation and the presence of delirium is associated with accelerated functional decline. A specialist nurse would be able to address the complex issues, which liaison work with older people requires.

Objectives

This paper will describe a study that is currently being conducted whose objective is to evaluate the impact of a proactive nurse-led Old Age Psychiatry liaison service, on a number of patient and service outcomes and to assess the cost-effectiveness of the existing service and the new one.

Methodology

The research design is a randomised-controlled trial, intending to recruit 250 participants. Patients will be screened for mental illness by a blinded research assistant, using validated screening tools. Screened positive participants that consent, will be randomly allocated, using a minimisation database, in to one of two groups as follows; nurse-led service (and treatment-as-usual) versus treatment-as-usual. The blinded research assistant will conduct follow-up clinical measures at six weeks. The service outcome measures and economic evaluation will be completed at three months.

The research is in the initial stages, the completion date for the investigative stage is forecast for winter 2002.

Relevance

Whilst the study is of a small nature, its intent is to provide the evidence to develop nurse-led liaison services locally and raise their

national relevance. This would hopefully improve the way older people (and carers), who present with mental illness, are treated and cared for on medical wards.

Intended learning outcomes

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

- Develop methodological understanding in terms of undertaking a study in this field

- Be aware of the objectives and process of the study

- Consider the role of nurse-led liaison services for the future, particularly in the light of recent national policy directives for older people.

References

Loane R and P Jeffrys (1988), Consultation-liaison in an old age psychiatry service, *Psychiatric Bulletin* 22: 217-220

Mayou R, Hawton K and E Feldman (1988), What happens to medical patients with psychiatric disorder? *Journal of Psychosomatic Research* 32: 252-257

Shahinpour N, Hollinger-Smith L and MA Perlia (1995), The medical-psychiatric consultation-liaison nurse. Meeting psychological needs of medical patients in the acute care setting, *Nursing Clinical North America* 30: 77-86

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11 A collaborative research study between an acute NHS Trust and a University School of Health Care to evaluate the outcomes of the Research in Healthcare course ENBR18

Jacqueline Pirmohamed, Senior Nurse in Research & Development, Liverpool Clinical Trials Centre, Royal Liverpool University Hospital, Liverpool, England, UK. Co author: Cor Jonker.

Abstract

Health care professionals are encouraged to ensure that the care they provide is of high quality and is based on the best available evidence (NHS R&D, 1997). However, despite recent advances in health care, effective utilisation of current research findings in reality is fraught with difficulty. Health care providers and nurse educators are concerned on how to overcome such difficulties to ensure use of research findings in practice (Parahoo,2000).

One approach to this may be to develop more innovative ways of training and education (Bond,2000). However, there is little information on the evaluation and outcomes of such schemes. To address this, a 3-year collaborative research project was drawn up between an acute NHS Trust and a University School of Health Care.

The Course began in March 2001 and runs 6 monthly for up to 20 participants. The aims of the study were to explore the individual course participant's knowledge and attitudes

of research and the application of research findings in clinical practice. Data has been collected via a quantitative and qualitative taped interview which is conducted at baseline / entry to the course and six and 12 months after course completion. The first year's data collection will be cpmpleted and analysed by February 2002.

Aims of the study are to examine if a collaborative approach between the NHS Trust and University is effective in the delivery of education for research. Also to assess if the course is effective in supporting the healthcare practitioner in the utilisation of evidence-based practice and in stimulating the development of healthcare practice research. The authors will present all of the initial findings from which an action plan for the future development of research training for healthcare practitioners will be drawn.

Intended learning outcomes

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

- Discuss the need for specific research training for nurses and other healthcare professionals

- Debate the social, institutional and emotional obstacles that healthcare professionals face in developing an evidence-based approach to their practice

- Outline the options available for developing practitioner-research in the healthcare professions and the role of research-nurses in evidence-based healthcare.

References

Research & Development in the NHS (1997). Strategy for change. London. HMSO

Parhoo K (2000), Barriers to, and facilitators of, research utilisation among nurses in Northern Ireland, *Journal of Advanced Nursing* 31(1): 89-98

Bond S (2000), Nursing research and the 2001 UK Research Exercise, *Clinical Effectiveness in Nursing* 3: 149-150

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12 Does palliative care want or need advanced nurse practitioners?

Jane Bartholomew, Senior Staff Nurse, Marie Curie Cancer Care Centre, Solihull, England, UK.

Abstract

The purpose of this study was to determine what the terms specialist and advanced nurse meant to doctors and nurses in a palliative care unit; what they understood the roles and the differences to be; whether they believed palliative care needs these roles; and, how they felt the role of the advanced nurse practitioner would fit in. The definition of advanced practice in palliative care is inconclusive, and so another objective was to demonstrate that palliative care is delivered by expert nurses, and to look at how they acquire that expertise. The art and science of palliative care nursing needs to be developed

and this research demonstrates that it is the role of the advanced practitioner to identify these qualities and develop them so that the speciality of palliative care nursing can continue to develop. The qualitative methodology of semi-structured interviews was used to question senior nurses and doctors about their understanding of specialist and advanced nursing practice issues and theory. The participants were also asked to critique a job description for an advanced nurse practitioner, based on definitions found in literature. Qualitative data analysis identified themes and correlation's between the interviewee's responses and the theory. The three main findings of the study were that doctors and nurses in palliative care do recognise that there is a difference between specialist and advance practice; that they recognise the value of advanced practice; and that, palliative care needs to expert nurses that are dynamic, autonomous and advancing practice. Recommendations for further research are more investigation of the professional boundaries between the expert palliative care nurse and the advanced nurse and demonstration of the value of the hospice in the delivery of palliative care. Recommendations for practice are that the advanced nurse should be involved in clinical practice - developing and empowering other nurses, teaching of palliative care issues, such as ethics, and clinical governance opportunities. In conclusion the advanced nurse practitioner is needed to reinforce and strengthen the importance of nursing in palliative care.

Intended learning outcomes

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

- Understand the concept of advanced practice
- Relate advanced practice to palliative care
- Consider whether advanced practice is required for palliative care.

References

Band E L and B Bandman (1988), Critical Thinking in Nursing, California: Appleton and Longe

Benner P (1984), From Novice to Expert, New York: Addison Wesley

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13 Manual handling practice amongst student nurses: do they practice what we teach?
Jane Swain, Senior Lecturer, Institute of Health Studies, University of Plymouth, Exeter, England, UK. Co authors: Christine Webb, Eric Pufahl.

Abstract:

Background

Experience of training students of nursing in manual handling suggested that they did not practice the techniques they had been taught. A search of the literature revealed that there was indeed a theory-practice gap in this area.

Design

The aim of the project was to determine students' knowledge of recommended techniques, what they practised in the clinical area and, if they did not use the techniques they had been recommended in training sessions, why this was. A survey design was used, with questionnaires designed specifically for the study. Questionnaire design was based on the literature. A convenience sample was used of all student of nursing on the adult branch at one if four centres in one higher education institution in England.

Data Collection

The self report questionnaire consisted of a combination of dichotomous questions, alternative statements, menus of response, a matrix, and open questions. Biographical data were also collected.

Analysis

One hundred and thirty-nine completed questionnaires were returned. Data were collated and analysed using SPSS. Descriptive statistics were produced and chi square tests used to explore any differences between categories.

Results

Results showed that students' knowledge of whether particular techniques were 'recommended' was fair. They indicated, however, that they were frequently unable to use recommended techniques in practice. The explanations given were the influence of other nurses and unavailability of manual handling equipment.

The complexity of relationships within the nursing team emerged, with students ever aware of the impression they were making with regard to their assessment of practice. This they juggled with their need to protect their backs, and to be accountable for their actions.

This study helps to explain the pressures on students in the clinical environment, and the reasons why students do not always adhere to recommended practice.

Intended learning outcomes

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

- Be aware of findings indicating that students do not always put into practice, what they have been taught
- Have an understanding of the various complex influences on students in the clinical environment
- Be able to suggest training and organisational strategies for narrowing the theory practice gap in this field.

References

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14 Breast care nursing in North Wales: a patient focussed evaluation of the breast care nursing service
Sally-Ann Baker, Research Assistant, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, UK. Co author: Fiona Redworth.

Abstract

The paper will describe the third and final study in a project that was commissioned to evaluate the Breast Care Nursing Service in North Wales. The purpose of the project was to inform nursing strategy and improvements in patient care. Having evaluated the service from the perspective of Breast Care Nurses, their close professional colleagues (Redworth and Baker, 2000), district nurse and practice nurses (Carnwell and Baker, 2001). The final phase was to incorporate the patients' perspective.

The aim of the study was to investigate the patients' experience and their assessment of the strengths and weaknesses of the breast care nursing service. A survey methodology was employed utilising a postal self-completion questionnaire developed specifically for the study. The criteria for inclusion in the survey was all those within North Wales aged 18 and above who had been diagnosed with Breast Cancer between 1st January 2000 to 31st December 2000, women who were assessed as being unfit were excluded from the study. Two hundred and seventy questionnaires were distributed and a response rate of 64% was achieved.

Quantitative and qualitative analyses were performed. The findings revealed that many women had had a positive experience of the service and valued the existence of BCNs. Overall, the service was felt to offer a high level of psychological and emotional support was accessible, individualised with high levels of information provision. Whilst it was evident that respondents found it difficult to criticise some problems were revealed in the level of information provision, specifically that relating to follow up treatments, after care and support for families. Additionally, there was perceived need for follow up services and routine support following treatment cessation.

Intended learning outcomes

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

- Identify the perceived benefits of a breast care nursing service from the patients perspectives

- Be aware of the weaknesses identified by patients
- Be able to consider the findings within the context of patient focussed research.

References

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15 Evaluating workforce development in critical care: the case of health care support workers

Paula Ormandy, Research Fellow, University of Salford, Manchester, England, UK. Co authors: Martin Johnson, Andrew Long.

Abstract

Purpose

In this paper we will report outcomes of a 12-month action research project to examine key issues in the introduction of specially trained health care support workers (HCSW) in critical care environments.

Background

In the last decade the NHS has been beset by recruitment and retention problems. As part of a National Strategy to strengthen Critical Care provision and increase the flexibility of units to meet demand for services the Greater Manchester Workforce Development Confederation has invested in a range of initiatives. One of these is a pilot programme in six NHS Trusts concerned with developing the range of skills and tasks undertaken by health care support workers.

Method

The model was one of partnership with both the commissioning agents and the six NHS Trusts involved. Using an action research approach (Hart and Bond 1995) meant that early 'findings' could be reported directly to clinicians in the units and action taken to resolve local issues. Multi-centre ethical approval was sought and granted since although not explicitly client focused data was collected by nurse researchers in clinical areas. Questionnaire data focusing first on expectations and then experiences of the role were collected at baseline, mid and end-points in the project from qualified nurses (N=124), HCSW's (n=17), and the wider multi-professional team (N=60). These data were supplemented by individual and group interviews alongside structured observation of clinical work undertaken by both HCSW's and qualified nursing staff.

Results

Results were complex and varied by context and will be expanded upon in the paper. The views of qualified nurses were disparate in that there was little consensus over the value that such a development might have to day to day practice or the tasks, which might safely and usefully be undertaken. Views seemed to vary by unit location and by grade, with more senior staff generally being more disposed to the change. HCSW's were generally enthusiastic and saw the new role as a gateway to a career in nursing.

Implications

This pragmatic study has informed local NHS policy and service development and has shown some benefits and some challenges in implementing such changes. Qualified nurses remain concerned that accountability for the work of HCSW's remains with them and in the wider historical context the issues of professionalisation of this developing grade of staff will need to be examined closely by the NHS and regulatory bodies.

Intended learning outcomes

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

- Assess the impact on various grades of staff on developing HCSW's to new levels of practice
- Appreciate some issues in conducting action research in more than one clinical setting
- Discuss the implications of professionalisation of HCSW's for the modern NHS.

References

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16 A pilot study to evaluate provision of net-based support for students in practice settings

Mary Douglas, Professional Development Leader in Education and Research, Salford Royal Hospitals NHS Trust, Salford, England, UK. Co authors: Tim Snashall, Salford Network Project Team.

Abstract

Recent developments in Information and Communication Technology (ICT) has led to an increasing demand for health care students to access net-based support mechanisms whilst away from University Campuses on clinical placements (UKCC Fitness for Practice (1999); (Our Healthier Nation (1999)). In 2000, Salford Royal Hospitals NHS Trust and the Faculty of Health and Social Care, University of Salford successfully bid for funding from the Greater Manchester E & T Consortium for this project. The research team includes nurses, therapists, academic and IT specialists.

Aim

To evaluate the impact of placing University ICT computers in multidisciplinary clinical settings for use by Salford registered students on placement and authorised health care staff in an NHS Trust. A key outcome will be that the good practice and clinical and financial benefits identified through this study will be made available to the wider NHS.

Objectives

To determine students and staff satisfaction with net based support

To ascertain the type and extent of net-based support utilised

To describe the benefits and potential for enhancing clinical-education interaction

To identify implementation principles and produce good practice guidelines.

Methodology

Twenty terminals were provided across the Hospital site, solely dedicated for gaining access to the University of Salford IT Network. Data collection methods include:

Questionnaire to students and staff pre and post implementation phase

Electronic log of usage

'Entry' diary for each terminal

Focus group interviews

'Spot' telephone interviews

Implementation diary by evaluator

Event diary by technical support officer

Both statistical and qualitative data will be generated and analysed to render information in relation to the projects' objectives.

Results

The project will provide valuable evidence to inform future provision and use of ICT for students in clinical settings. Recommendations on future implementation, use and support will be made.

Intended learning outcomes

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

- Describe the benefits for enhancing clinical education interaction through I.T.
- Understand the impact of providing I.T. access within the clinical setting
- Be aware of good practice guidelines related to use of IT in clinical settings.

References

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17 Understanding medical patients' discharge information needs

Ann-Marie Cannaby, Head of Nursing for Research and Development, Leicester General Hospital, University Hospitals of Leicester, Leicester, England, UK. Co author: Lysette Evans.

Abstract

Background

Understanding patients' information needs on discharge and improving the transition from primary to secondary care is a high priority (1). Research has shown patients have not always had the information to enable them to make informed decisions about care across the health care interface (2,3). The aim of this research was to understand the specific discharge information needs of medical patients both pre and post discharge.

Methodology

Two hundred patients were recruited from eight medical wards over a period of six months (January 2001-May 2001). A validated questionnaire containing 50 questions about many areas of discharge information (medication, activities of living, community and follow-up, feelings, treatment and complications, recognition and management of symptoms and skin care) was administered to the patient prior to discharge and then repeated two weeks post discharge. This enabled the researcher to examine how information needs change when patients have returned to their own home and if their medical condition, gender or age affected discharge information requirements.

Results

Results were statistically analysed (SPSS) and demonstrate that discharge requirements significantly increase in every information area post discharge. The age of patients appears to affect their information needs, but no significant difference was found between gender and medical condition.

Conclusion

This research contributes to understanding the discharge information needs of this group of patients. It indicates the importance of patients having access to information post discharge. Demonstrating there may be generic as well as condition specific information requirements to assist patients with self care.

Intended learning outcomes

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

- Understand the discharge information needs of medical patients both pre and post discharge

- Understand the emphasis placed by patients on information and support post discharge

- Understand the possible value of generic discharge information.

References

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18 Does obstructive sleep apnoea predict poor quality of life in obese patients?

Lynn Mawdsley, Research Nurse, Medicine - Diabetes and Endocrinology, University of Liverpool, Liverpool, England, UK.

Abstract

Background

Obesity affects 20% of the population and is associated with reduced health relation quality of life (HRQoL). Obstructive sleep apnoea (OSA) has also been related to reduced HRQoL, however, as these conditions frequently co exist we wished to discover whether reduced quality of life in obesity was related to the presence of undiagnosed OSA. Although nurses may be aware of the reduced quality of life and co-morbidities associated with obesity, the possibility of OSA in this population and its impact on HRQoL may be under recognised.

Method

We studied HRQoL using the shortform 36 (SF-36) in healthy controls (n=30), uncomplicated obese patients (n=20), obese OSA patients (n=33) with lean OSA patients (n=9).

The presence or absence of OSA was confirmed by overnight sleep studies. Patients also completed an Epworth Sleepiness Scale (ESS) which was used together with BMI in a multiple regression analysis to determine the effects of HRQoL.

Results

BMI was positively correlated with the ESS (R=0.27, p=<0.01).

As expected, ESS was significantly higher in patients with OSA than in other groups. (Lean controls 7.6+-0.97); Obese control 9.15 +- 1.14; Lean OSA 13.6 +- 2I.4; Obese OSA 13.9+- 0.96, ANOVA p<0.001).

Multiple linear regression analysis showed that a high ESS and high BMI were predictive of lower scores for three SF-36 domains; Vitality (R=24%, p<0.0001), General health (R2 = 15% p<0.002) and social functioning (R2 = 7% p<0.05). For each of these domains ESS was the only statistically significant predictor in each case (p<0.002).

Conclusion

Much of the reduced quality of life is observed in obesity may be related to the presence of undiagnosed OSA. The presence of OSA should therefore be considered in patients with a high BMI who present with non specific symptoms of day time sleepiness.

Intended learning outcomes

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

- Be aware of the possibility that some obese patients may present with symptoms of obstructive sleep apnoea which has consequences on their quality of life

- Understand that obesity and obstructive sleep apnoea can produce reduced quality of life

- Be aware that there is a simple tool – the Epworth Sleepiness Scale that nurses can utilise to help screen for obstructive sleep apnoea in obese patients.

References

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19 Melatonin and phototherapy treatment – only isolated changes in quality of life

Julie Mugarza, Research Nurse, University of Liverpool, Liverpool, England, UK. Co author: Gareth Williams.

Abstract

Background

Chronic Fatigue Syndrome (CFS) is a common and important cause of ill health, estimated to affect at least 1% of the population. Although it is known to be associated with the disruption of circadian rhythms, its aetiology still remains uncertain and there are neither specific diagnostic tests nor rational therapies available. This study determined whether chronic fatigue symptoms improved with the administration of melatonin or phototherapy, as both have been used to correct disrupted circadian rhythms in other conditions.

Method

Thirty randomly selected patients (17 female, 13 male, mean age 44yrs±11.1, duration of symptoms 3.7 years±3.3), all fulfilled the Oxford Criteria. Patients with concurrent medical conditions associated with fatigue were excluded. Each patient was studied for

sixty weeks. This was broken into 5 twelve-week phases. During two of these five phases they received melatonin (5mg) and Phototherapy (2500Lux). These treatment periods were preceded and followed by placebo and washout periods. Quality of life was assessed using the SF-36 short-form at both baseline, pre-treatment and post-treatment phases and analysed using the paired Wilcoxon test.

Results

No significant changes in any domain with phototherapy were demonstrated. Isolated changes were noted post melatonin in the domains of vitality p=0.016 mental health p=0.046 and bodily pain p=0.044. Level of significance using Bonferroni was set at p<0.01.

Conclusion

The lack of improvement in quality of life with these treatments is disappointing, especially as both therapies have successfully reduced fatigue, poor-quality sleep and depressive symptoms in other conditions with disordered circadian rhythms. This negative conclusion has important implications for health care professionals treating patients with CFS. Growing numbers of practitioners are prescribing melatonin (unlicensed in the UK) and phototherapy to CFS patients, do so with very little scientific foundation to justify its usage.

Intended learning outcomes

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

- Identify that CFS is a complex condition both difficult to diagnose and treat
- Identify the importance of well planned randomised control trials, prior to any forms treatment being commenced
- Understand that to date melatonin and phototherapy have little effect on quality of life.

References

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20 Development of a method to improve pain assessment for nursing home residents with dementia

Jose Closs, Professor of Nursing Research, School of Healthcare Studies, University of Leeds, Leeds, England, UK. Co authors: Bridget Barr, Michelle Briggs.

Abstract

Aim

This project aims to identify clinically feasible methods of assessing pain in nursing home residents with varying degrees of dementia.

Method

A range of pain assessment scales is being tried out with approximately 100 residents in nursing homes. Residents are being recruited in order to obtain equal numbers within each of four categories of cognitive impairment as described by the Mini Mental State Examination (ie none to severe). Mood will be assessed using the Geriatric Depression Scale. Five simple pain rating scales have been selected to cover different types of communication: verbal, numerical and pictorial (faces), as well as colour and mechanical analogue scales. These are presented to residents in random order

and residents' responses are recorded on structured schedules, together with the researcher's level of confidence that the resident has understood how to use the scale. These data will be analysed using SPSS. Their carers (formal or informal) are being interviewed in order to identify any cues they pick up from the patient from which they are able to infer pain. These data will be analysed using NuDist software. Ethics approval has been gained and a thorough procedure for gaining informed consent/assent is in place.

Intended outcomes

The relative usefulness and acceptability of each approach to assessing pain will be identified and related to the level of cognitive impairment. This will be considered alongside the information from carers concerning cues for identifying pain. We hope to develop guidance for assessing pain from this, probably in the form of an algorithm. This will need to be tested in a subsequent study if its validity is to be established and its effectiveness assessed.

N.B. This study has been funded by the Mental Health Foundation

Intended learning outcomes

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

- Have an understanding of the complexities of assessing pain in people with cognitive impairments

21 Spawning research with practitioners, using a special interest group to increase research awareness amongst practitioners

Susan Palmer Hill, Orthopaedic Research Co-Ordinator, Northampton General Hospital NHS Trust, Northampton, England, UK. Co author: Lynne Newton.

Abstract

Focus on Research in Orthopaedics Group (FROG) was formed as a special interest group of the Society of Orthopaedic and Trauma Nursing (SOTN) in September 1995, its intended membership was any Trauma/Orthopaedic nurse, with more then a passing interest in research. The purpose of the group is to support an open flow of information and communication, with a particular focus on research, however, the aims and objectives are reviewed regularly, thus allowing a flexible response to both the changing research climate and the needs of orthopaedic nursing.

FROG primarily functions as a network, with communication supported through a confidential members database. In addition, quarterly meetings are hosted at venues around the country, providing a forum for local research to be presented and an opportunity for discussion and idea development. The minutes of the meetings are published in a regular member's newsletter; with wider dissemination achieved via a website and the society's magazine. The success of this structural format can be clearly seen.

In 1999, FROG responded to orthopaedic nurses' request to identify the evidence base for 'Pinsite care'. FROG organised a consensus conference of experts in the field, who reviewed current literature and practice; from this, guidelines for practice were written and then published in the Journal of Orthopaedic Nursing. This, for the first time, provided orthopaedic nurses with guidance within this difficult area, supported by the SOTN.

The conference highlighted the need for empirical evidence for pinsite management, subsequently FROG is involved in the initial planning of a large-scale collaborative study to explore many of these issues. The purpose of this is two fold: firstly it will provide evidence on which to base practice; secondly undertaking the research will be utilised as a teaching opportunity. Each stage being reported back to FROG, providing an example of the research process in a relevant and tangible way.

Intended learning outcomes

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

- Be aware of the background and development of FROG (Focus on Research in Orthopaedics Group) and be able to identify it's current aims and objectives

- Have an understanding of how the structure of this special research interest group is used as a tool to raise the profile of research amongst orthopaedic nurses

- Be aware of the current work and the future development of FROG.

References

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22 Exploring the nature of the interaction of nurses working in ICU with patients' families

Janet Holden, Research Assistant/Practitioner, Department of Nursing, University of Central Lancashire, Preston, England, UK. Co authors: Lynne Harrison, Martin Johnson.

Abstract

It is essential that intensive care nurses strive to give holistic care and the importance of caring for patients' families is recognised. Previous studies have shown that nurses are often in the best position to meet families' needs, and that the building of good relationships is essential. Nurses need to understand how their actions can help or hinder the families' ability to adequately support their critically ill relative, but few studies have investigated the effectiveness of nursing interventions on family needs.

This poster presentation explores the nature of the interactions between families and nurses of intensive care patients. This is a key research area, as it can ultimately inform nursing practice.

The qualitative study uses a phenomenological approach in order to gain insight into the perceptions of ICU patients' family members and intensive care nurses. Data from semi-structured interviews with ten patient family members and ten intensive care nurses, supported by that of participant and non-participant observations, are analysed to allow deeper insight into the nature of this relationship.

The emerging themes from the data are then demonstrated that describe the lived experiences of these vulnerable families and the relationships they make with nursing staff. Themes emerging such as 'building a rapport', 'involving families', ' the importance of honest and thorough information', 'providing support' and 'maintaining hope' are explored. Future implications for nursing practice are suggested that may help to improve the quality of the holistic care provided in this area.

Intended learning outcomes

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

- Reflect on the understanding that nurses and families of intensive care patients have about their relationships

- Review the benefits of nurse interactions with families of intensive care patients

- Identify strategies that improve the experiences of families of intensive care patients.

References

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23 Priority information needs of primary carers of women with breast cancer

Gary Witham, Macmillan Research Associate, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England, UK. Co author: Kinta Beaver.

Abstract

Primary lay carers of women with breast cancer form an integral part of the women's lives, however, the priority information needs of this particular group have only been superficially explored. Luker et al (1996) indicate that women with breast cancer have few professional sources of information after hospital discharge. If patients have problems then primary carers are also likely to have problems that will impact on the level of support that they can offer. The current study aimed to explore the priority information needs of primary carers of women with breast cancer, the meanings attached to those priority information needs and the sources of information for lay carers.

The study was carried out at two locations including a specialist breast unit and a specialist oncology centre. A survey design was used, incorporating a structured interview approach. The interview schedule included a questionnaire on information needs, the Information Needs Questionnaire (INQ), Degner et al (1997), a sources of information questionnaire and a measure of psychological morbidity (Spielberger State-Trait Anxiety Inventory). In addition open questions were asked to gain non-numerical data on the meanings attached to the priority information needs of lay carers. Thurstone scaling techniques will be used to produce scale values that reflect the priority information needs of lay carers. Data collection is currently in progress and is due for completion in early 2002. The findings will be presented and discussed.

Intended learning outcomes

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

- Identify the priority information needs of primary carer's of women with breast cancer

- Gain an understanding of the meanings attached to those information needs

- Identify the sources of information for primary carer's of women with breast cancer.

References

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24 Practitioner survey on the importance of patients' expectations in cardiac rehabilitation

Margaret Lau-Walker, Tutor, European Institute of Health and Medical Sciences, University of Surrey, Surrey, England, UK.

Abstract

Over the last decade researchers have called for improved effectiveness of the provision of cardiac rehabilitation (CR), as regimented programmes based largely on exercise have not had any significant effect on morbidity or overall mortality rates. Government Guidelines in the 1990s recommend individualised support with an emphasis on psychological support - to include education, risk modification, and stress management. Health care practitioners are identified as needing greater development of both their role and their skills-base in CR to address the psychological needs of patients more effectively. The Guidelines indicate that a greater understanding of the role played by patients' beliefs and expectations is seen as a crucial step for health care practitioners in achieving the required improvement in individualised care.

To analyse current practitioner awareness of the role of patient expectation in the treatment of cardiac illness a study based on a survey of cardiac rehabilitation professionals from ten hospitals in the south east of England attempts to establish a more precise understanding of the practice related to patient expectations to provide a focused way forward in the development of support for practitioners and their trainers. The questionnaire was designed around Bandura's expectancy theory, which differentiates between outcome expectancy and self-efficacy expectancy and the therapeutic use of managing these expectations. The results of the study show that CR practitioners are very

aware of the general importance of patient expectations but have little structured support in the development of techniques to either assess these expectations or to utilise them in a therapeutic context. This leaves them unsure about the extent to which patients do receive individualised care and how best to develop their own practice in this regard.

Intended learning outcomes

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

- Differentiate between the concept of outcome expectation and self-efficacy expectation

- Explain the level of practitioners' awareness of the role of expectation in cardiac rehabilitation

- Identify training needs to enhance the effectiveness of individualise care in cardiac rehabilitation.

References

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25 Life control in families: evaluation based on video-assisted family counselling

Raija Eirola, Department of Nursing Science, University of Kuopio, Kuopio, Finland. Co authors: Anna-Maija Pietila, Katri Vehvilainen-Julkunen.

Abstract:

The purpose of this study titled "Life control in families with children - video-assisted family counselling is to describe life control in families with little children and video-assisted family counselling and to produce a conceptual system of the dimensions of life control in families with children. The study is part of a larger research project under way in the Department of Nursing, University of Kuopio, where the aim is to develop working methods in primary health care.

Life control in families with children and video-assisted family counselling were described based on tapes. The materials and research permits were obtained from the family with children project Mannerheim League for Child Welfare. 100 families were given video-assisted family counselling. Of these 100 families, 15 (with 25 adults and 39 children) were recruited to participate in this study. The material about the families included in the study was recorded in 1997 – 2000. Altogether 60 hours of video recording was available for analysis. The video material

(60 hours, 900 transcribed pages) provides a description of Finnish families with children similar to those basedon longitudinal research. The video material represents the communication between the members of the study families and the video-assisted counselling sessions between the parents and the family counsellor.

The visual image analysis of the video material about life control in families and video-assisted family counselling will be organised in line with the stages of the video-assisted family counselling process:

- description of home situations in the families,

- subsequent counselling sessions (video-taped)

- follow-up visit (also video-taped)

These stages of family counselling will serve as a basis for the process of image – speech analysis of both the communication between family members and the discussions between the families and the video-assisted family counsellor. The material of the video-assisted family counselling process will be analysed with the visual image analysis method. The video materials will be analysed during the year 2001.

26 A grounded theory investigation into aquanatal classes

Lynn Nicholls, Senior Lecturer, IHS, University of Plymouth, Plymouth, England, UK. Co author: Christine Webb.

Abstract

Objective

To develop an understanding of the psychsocial processes that occur when pregnant women undertake aquanatal classes.

Design

A grounded theory study.

Settings

Two aquanatal groups from two towns in a rural county in south-west England.

Participants

10 pregnant women who had undertaken at least one aquanatal class during their current pregnancy.

Methods

Women were interviewed in their own home, transcripts made and analysed using the constant comparative method.

Findings

The core category generated was "benefits" and subsidiary categories were "sporty", "the midwife" and "other people". The benefits perceived by the women were for their own fitness rather than to help labour or the fetus. Women who undertook aquanatal were used to regular exercise before they were pregnant, and this often included an interest in swimming. For some women the fact that the groups were conducted by a midwife was an essential feature, for others it was an

irrelevance. Some women enjoyed the opportunity to meet other pregnant women, while some positively shunned other group members. Significant others in the woman's life were universally supportive and saw aquanatal as part of normal pregnancy care rather than "alternative" or complimentary.

Key conclusions

Aquanatal classes provide physiologically safe exercise for pregnant women and the added benefits of psychosocial interactions with other pregnant women and a midwife. However it should not be assumed that all pregnant women seek these benefits.

Implications for practice

Efforts should be directed towards women who are not sporty prior to becoming pregnant to encourage their attendance. In addition consideration could be given to finding another way of achieving woman/midwife interactionoutside of routine antenatal care (drop in clinics, help lines) for women who want the security of knowing they can see a midwife weekly without having to get wet.

Intended learning outcomes

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

- Understand grounded theory methodology

- Appreciate the individualness of pregnant women

- Identify some of the positive and negitive aspects of aquanatal groups.

References

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27 Evidence or assumption: assessing the impact of graduate level qualifications in community district nursing

Eileen James, Principal Lecturer in Research (PHC), Centre for Nursing Research and Practice Development, Canterbury Christ Church University College, Canterbury, England, UK.

Abstract:

This poster reports the first stage of a qualitative study which aims to establish respondents perceptions of the impact of degree level preparation on district nursing. Respondents were drawn from the 8 English Regional Health Authorities focusing on three groups viz. Clinical Practitioners (80),

Community Nurse Managers (18) and Community Educationalists (9). Data was collected using a series of recorded telephone interviews and analysed using the constant

comparative method. It is anticipated that data from the study will establish perceptions of the validity of graduate studies and its relationship to educational preparation, clinical skills and knowledge and the organisation, management and potential future of graduates in community district nursing. Ultimately, data will be used to prepare a schematic job description and standards of practice to be compared and contrasted with the work of the UKCC and the Quality Assurance Agency (QAA) in establishing educational and professional standards (UKCC/QAA, 2001).

Initial analysis indicates positive responses on the merits of degree level studies, limited views on future career developments but very little appreciation or definition of what constitutes a measurable and observable difference between diploma and degree level care delivery. This paper is particularly apposite to the questions 'we should ask' and questions 'we don't ask'. In both of these areas there is an assumption that degree level studies will almost guarantee improved care delivery. Given the early results of this study, it seems likely that the improvements will be made in organisation and management of lesser qualified and unqualified staff rather than increasing the quality of the care delivered. In reality, care is largely delivered by non-degree level and unqualified staff obviating the apparent aim of graduate studies in nursing i.e. academic credibility and application in practice of professional and clinical expertise.

Intended learning outcomes

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

- Apply findings to their own country's plans for future development of a nursing worforce in the community

- Recognise the legitimacy of improving educational preparation within the context of their own country

- Identify areas of discrimination which may be required in developing pathways for professional nursing.

References

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28 Midwives' perceptions of the use of technology in assisting births

Marlene Sinclair, Lecturer in Nursing, University of Ulster, Londonderry, Ireland. Co author: John Gardner.

Abstract

Aim of Paper

The aim of this paper is to report a survey of midwives' views on the use of technology in assisting births.

Background

The research was designed to provide a deeper understanding of the integration of technology into midwives' practice and to identify and examine aspects of training needs.

Methods

Over 400 midwives responded to a questionnaire seeking information on their experiences and perceived competence with labour ward technology, with a particular focus on the use of Cardiotocograph machines (CTGs) for electronic fetal monitoring. The survey sought views on the extent to which midwives trust the technology, their perceived levels of training and competence, their awareness of policy relating to technological intervention and the issue of women's choice in whether the progress of their delivery is technologically monitored.

Findings

The majority of midwives in this survey trust the use of technology but have concerns about issues of safety, in relation to potential faults, and their perceived lack of training in technology usage. The majority also indicated that they prefer a non-technological birth though many point to the benefits of technological support when difficulties are encountered. The use of technology is seen as multi-professional and there was much support among the respondents for multi-disciplinary training in the use of technologies in future curricula.

Conclusions

If the various findings of this sample survey were to be consolidated for midwives as a whole, they suggest that provisions for continuing professional development may need to address technological awareness and competence in a more focused manner that is discernible at present.

Key Words: Birth technology, survey, midwives', CTGs, electronic fetal monitoring, training.

Intended learning outcomes

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

- Identify the advantages and disadvantages of using technology in the birthing process

- Have a deeper understanding of the need for technology training

- Discuss the need for a multidisciplinary approach to ensure adequate training of health professionals in technology usage.

References

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29 The patient's choice: outpatient hysteroscopy or daycase?

Jean Black, Gynaecology Research Sister, St James's University Hospital, Leeds, England, UK.

Abstract

Introduction

Outpatient Hysteroscopy is procedure to look inside the uterus of women within an outpatient setting, for such conditions as post-menopausal bleeding, irregularities in the menstrual cycle and infertility. In the past, this procedure would have been performed under general anaesthesia.

Recent advances in technology and the development of smaller hysteroscopes are allowing body cavities to be visualised safely, with less discomfort and inconvenience to patients (Kremer, 2000). This procedure is now performed by nurses, therefore, the Hysteroscopy Nurse Practitioner must recognise the importance that patient information, understanding and choice play on the outcome of each patient's experience.

Objective

The objective of this study was to determine which procedure (outpatient or daycase hysteroscopy) patients would choose, if they needed a hysteroscopy, after only written information.

Methods

A questionnaire was given to 250 consecutive patients attending a general gynaecology outpatient clinic in a large teaching hospital. The questionnaire included a brief description of both procedures and asked each patient which procedure they would choose on the basis of the written information. To avoid bias the questionnaire was compiled by proponents of both outpatient and daycase hysteroscopy.

Results

The questionnaire was completed by 190 patients (76% response rate). One hundred and twenty-seven patients (67%) chose outpatient hysteroscopy and sixty-three patients (33%) daycase.

Conclusions

This shows that patient's are open to suggestion of having an invasive procedure performed in an outpatient clinic and has set the scene for further research into what factors may influence such choice.

Intended learning outcomes

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

- Understand the role of the hysteroscopy nurse practitioner
- Understand the importance of written information for patients
- Be aware of outpatient and day case hysteroscopy procedures.

References

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Nagele F, O'Conner H, Davies A, Badawy A, Mohamed H and AL Magos (1996), 2500 outpatient diagnostic hysteroscopies, *Obstetrics and Gynaecology* 88: 87-92

De Jong P, Doel F and A Falconer (1990), Outpatient Diagnostic Hysteroscopy, *British Journal of Obstetrics and Gynaecology* 97: 299-303

30 Outpatient hysteroscopy or daycase - what factors influence patient preference?

Jean Black, Gynaecology Research Sister, St James's University Hospital, Leeds, England, UK.

Abstract

Introduction

Hysteroscopy and endometrial sampling has replaced dilatation and curettage for the investigation of abnormal uterine bleeding. This procedure is increasingly being performed in the outpatient setting by nurses. Hysteroscopy, as an outpatient procedure is safe, sensitive, accurate and acceptable to the patient. Yet the factors that influence patients attitudes and preference are poorly understood.

Objective

To determine which procedure (outpatient or daycase) patients would prefer and what factors may influence this preference.

Methods

A questionnaire was given to 202 consecutive patients attending a general gynaecology outpatient clinic in a large teaching hospital. The questionnaire included a brief description of both procedures and a series of questions aimed at finding out patient's likes and dislikes about each procedure.

Results

The questionnaire was completed by 147 patients (73% response rate). 75 patients (51%) chose outpatient hysteroscopy, 38 patients (26%) daycase, 9 patients (6%) would request more information and 25 patients (17%) would let the doctor decide for them. Initial analysis has identified certain trends towards patients who would chose the outpatient procedure compared to those who would chose daycase.

Conclusion

Further analysis has been undertaken.

Intended learning outcomes

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

- Identify what factors may influence patient preference
- Understand the importance of information given prior to a procedure
- Understand the difference between outpatient and day case hysteroscopy.

References

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31 Taking the evidence into practice: facilitating the development of critical appraisal skills amongst the health care team

Lucy Land, Senior Lecturer, Health and Social Care Research Centre, University of Central England, Birmingham, England, UK. Co authors: Sue Ward, Sheena Taylor.

Abstract

This paper describes a project to help clinicians make the best use of their time when researching practice issues by facilitating the development of critical appraisal skills and by making them aware of the practical benefits of using evidence in practice.

The project was a joint venture between The University Hospital Trust Birmingham and The University of Central England in Birmingham, to roll out a workshop programme developed by the University. It had two aims; to provide a series of modular workshops for all members of the health care team, directly to clinical areas to enable them to locate, appraise and utilise appropriate evidence in their speciality and to equip the hospital's professional development team with the skills and confidence to provide subsequent programmes without academic input. During the developmental phase the professional development staff and senior lecturer mapped out a potential programme, including locations, times and content. These issues were critical because it was necessary to take the programme to the staff, ensuring that
all the professions were brought together to work towards an evidence-based approach.

The activities used in the workshops centred around clinical scenarios that gave the participants a problem to solve using resources provided, which included published literature, computer databases and information on how to calculate statistics such as numbers needed to treat. At the end of each session the participants would discuss how they had arrived at a solution, whether it was feasible to implement and to note any differences in approach between the groups. The university lecturer initially facilitated these workshops, but as the programme continued, the professional development staff took responsibility and eventually led the modules on their own.

The post workshop evaluations were extremely positive and from the facilitators' point of view worked best when the range of professionals attending was widest, demonstrating a greater degree of co-operation and mutual respect than was expected. There were however some limitations, the most significant of which was fluctuating attendance. The main outcome of this project is that the team realised that in order to be more effective in their approach it would be most appropriate to single out clinical specialities and design workshops entirely applicable to their interests.

Intended learning outcomes

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

- Identify the problems and benefits in helping clinicians develop critical appraisal skills
- Be aware of the usefulness of a multiprofessional approach to learning
- Understand the need for flexibility in contentand delivery to meet the needs of target personnel.

References

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32 Developing a nurse led intervention to meet the information needs of women with breast cancer

Kinta Beaver, Research Fellow, School of Nursing, Midwifery and Health Visiting, University of Manchester, England, UK. Co authors: Karen Luker, Sharon Foy, Gary Witham.

Abstract

This study aimed to implement and evaluate a nurse-led intervention designed to meet the information needs of women with breast cancer at different points in the disease trajectory. Traditional out patient follow up clinics for women with breast cancer are not aimed at detecting recurrence of disease and have been criticised for not meeting the individual needs of patients. In this case the format of traditional follow up clinics may need examination and more innovative means of providing follow up care may need to be instigated. This study aims to develop such an approach. The study built on earlier work which used an Information Needs Questionnaire containing nine items of information to identify priority information needs (Luker at al,1996). In this study a telephone follow up intervention was delivered by breast care nurses, using the nine items of information as a structured conversation guide.

A pre and post intervention design was adopted with 68 women recruited to the non-intervention group and 68 women to the intervention group. For those in the intervention group, the intervention telephone calls were made at two time points: two months and 8-12 months from diagnosis. All women in the study were asked to consent to interview at three months and 8-12 months from diagnosis. Semi-structured interviews were used to explore unmet information needs, sources of information and psychological morbidity. Interviews were also carried out with the breast care nurses involved in the study to ascertain their views on the feasibility of the intervention.

The findings from this study will be presented and discussed.

Intended learning outcomes

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

- Gain an understanding of the specific types of information that are important to women with breast cancer
- Identify pertinent issues in developing a nurse led intervention
- Gain an understanding of the challenges presented by using the telephone to meet information needs.

References

Luker KA, Beaver K, Leinster SJ and RG Owens (1996), The information needs of women with breast cancer: a follow up study, *Journal of Advanced Nursing* 23: 487-495

33 "Being with" - development of health care professionals caring behaviours and attitudes

Hilary Walker, Leadership Facilitator, Practice & Professional Development, Birmingham Heartlands & Solihull NHS Trust, Birmingham, England, UK. Co author: Debbie Westwood.

Abstract

A number of local and national patient surveys have identified that sometimes patients experience uncaring and unkind attitudes from health care staff. A literature review revealed few studies which detailed staff attitudes towards their work (Dyson 1996, Tierney et al 1998), and none that elicit nurses' views on why it can be difficult to care for patients in the way they would wish to. To change the way care is perceived, we needed to identify the factors that influence behaviour. Preliminary work was undertaken across 4 pilot sites to audio-tape nurses perceptions of the factors that influence their behaviour and attitudes towards patients. Themes are emerging from the focus group discussions following analysis of the data using cognitive mapping. Once we have fed back the findings from analysing the focus group discussions, we plan to design and facilitate development opportunities using this evidence to ensure they are sensitive to the local issues identified. Preliminary analysis suggests that interventions will need to include:

Developing skills of challenge, support and conflict management to assist in dealing with difficult situations

Multidisciplinary teambuilding

Enabling teams to examine and redesign the way they organise and deliver care

Working as a 'critical companion' alongside clinical teams (Titchen 1998)

Using patient stories to develop listening skills and encourage collaboration between nurses and patients

We anticipate that evaluation will show that nurses value the development opportunity and articulate the benefits to their practice in terms of quality of care. We also expect the organisation to recognise the value and impact the of work on caring behaviours and to support its wider use within the Trust.

Intended learning outcomes

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

- Understand how focus group discussions were valuable in identifying factors that influence nurses attitudes and behaviour towards patients
- Understand how using cognitive mapping to analyse the data led to emerging themes which informed the intervention phase
- Be aware of the interventions planned and how evaluation will take place.

References

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34 What are the core clinical skills required by nurses in medical admissions units?

Lisa Carroll, Advanced Nurse Practitioner, City General Hospital, Stoke on Trent, England, UK.

Abstract

Medical admissions units are becoming increasingly commonplace (Payne 1996). Despite widespread acknowledgement that nurses are enhancing their practice, no study has yet elucidated what core clinical skills nurses working within these units should possess. With the introduction of nurse specialists in this field (Mayled 1998), a range of untapped expertise now exists across the United Kingdom.

Method

Using the Royal College of Nursings' Nurse Practitioner Database, fourteen Masters level educated nurse practitioners working within a medical admissions unit setting in the United Kingdom were identified. Eleven consented to participate in a Delphi Survey. This was complemented by four focus groups with trained medical admissions unit nursing staff.

Results

Nine experts responded to the first round. They identified twenty-seven core skills. The second round resulted in seven responses. Experts were asked to rank skills in order and delete or add to the list. Data analysis revealed eleven skills that nurses should possess (table 1). The level of skill is grade and experience dependent. Focus group results identified clearly skills that nurses stated were pertinent to their role.

Table 1

1. Triage skills / ability to recognise the sick patient

2. Communication skills

3. ECG recording/interpreting, venepuncture/interpreting results, cannulation and catheterisation

4. Basic treatment of life threatening disorders

5. Limited prescribing/IV drug administration

6. BLS provision

7. X-ray requesting/basic interpretation

8. Assessment of patients with mental health problems

posters

9. ALS provision

10. Research/audit skills

11. Arterial blood gas sampling/interpretation of results

Conclusion

There is broad agreement between a body of expert opinion, supported by staff working within a medical admissions unit, which clearly identifies core clinical skills all nurses working within this setting should possess. The information obtained during the course of this research will be utilised to develop a training programme for staff within this centre. Further studies to evaluate the impact on patient care following this training will be required.

Intended learning outcomes

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

- Be aware of body of expert opinion
- Be able to identify the core clinical skills required
- Have an understanding of how a training programme was developed.

References

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35 Professional mentored support groups for parenthood in families with children: videotaped conversations

Anna-Maija Pietila, Department of Nursing Science, University of Kuopio, Kuopio, Finland. Co authors: Katri Vehvilainen-Julkunen, Raija Tarkiainen.

Abstract

The study is a part of a project in The League for Child Welfare in 1996-2000. The project, aimed to develop services for families expecting a baby or with a child under 3 years of age. The professional mentored support groups are one of the methods used to increase the resources of parents in their transition to full parenthood. The purpose of the study was to describe what kind of support groups the families considered desirable and what kind of help or benefits they could get in support groups. The sample was gathered by means of in-group conversations during the last session of the group period. The sample included 13 videotaped conversations conducted by the professional mentor and yielded 9 hours of conversation altogether. The analytic approach was qualitative content analysis.

The experiences parents described in support groups were highly positive. Besides gaining information, participants considered the group activities and interaction in the group to be very significant. Professional guidance was described as cessful, if it started at the group forming stage and was continued as long as the group was running.

The results indicated that families were satisfied with the information packages that professionals had prepared. However they wanted to have the information in connection with their family situation and context. Parents were pleased to have some break from house keeping and baby care or to have

Quality time for themselves. Parents with equal life situations were able to develop significant human relationships and many of them were encouraged to seek such relationships independently outside the support group. Parents with equal experiences accepted and strengthened each other, and also expressed different thoughts and solutions, so they expanded their own ability to think and act. In the groups parents analysed change and the need for changes in their family situations and family roles, which the new member of their family had awakened. The knowledge generated in the study can be used for constructive, implementative and educational purposes in family empowerment.

36 The knowledge of stroke and its risk factors amongst the general population of the city of Leicester

Anna Lynham, Research Team Leader, Leicester General Hospital, University Hospitals of Leicester, Leicester, England, UK. Co author: Cheryl Utecht.

Abstract

Every year 100,000 people suffer a first stroke, for which there is no effective treatment. Stroke is the major cause of disability in the United Kingdom (Stroke Association 1994). By the year 2010, it is anticipated that the death rate from stroke in the under 75's will be reduced by two fifth's (DoH 1999).

Anecdotal evidence from the authors day to day contact with the general public highlighted a limited knowledge of stroke. In view of this, a stroke prevention programme was established by the authors. To be effective, however, the author's recognised that the general public's knowledge of stroke and its' risk factors needed to be identified. This was achieved in a pilot study, using a questionnaire. Questions included risk factors such as 'family history', 'smoking', hypertension' and 'obesity'. The responses of 187 subjects, from three population groups within the City were evaluated .

The questionnaires were distributed at various events, to which the authors had been invited to promote their stroke prevention programme. The questionnaires were distributed and collected prior to any intervention by the authors, in order that a true reflection of knowledge could be obtained. The data was entered onto an SPSS database. Ethnicity proved to be the most statistically significant factor in the populations knowledge.

The pilot study concluded that whilst the White and African-Caribbean levels of knowledge were similar, the level of knowledge amongst the Indian population was lower in all areas.

Intended learning outcomes

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

- Be aware that ethnicity is a major factor in lack of awareness about stroke and it's risk factors
- Read and undedrstand English does not appear to increase knowledge of stroke.

References

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37 Measuring critical thinking: a pilot study using the California Critical Thinking Disposition Inventory and California Critical Thinking Skills Tests in the United Kingdom

David Clarke, Lecturer, School of Healthcare Studies, University of Leeds, Leeds, England, UK. Co author: Janet Holt.

Abstract

The goals of providing high quality healthcare which is patient focused and based on the best available evidence, require that nurses have the ability to interpret, analyse, explain and evaluate a range of information derived from differing sources. This cluster of abilities, or habits of mind, is closely associated with what has been termed critical thinking, an essential attribute for nurses engaging in complex decision making as part of their daily work. Whilst there appears to be a growing recognition of the importance of critical thinking for nurses, there does not appear to have been any published evaluation of the critical thinking dispositions and skills of nurses in the United Kingdom. This paper will describe a pilot study of the use of two established tools designed to measure critical thinking, the California Critical Thinking Disposition Inventory (CCTDI) and the California Critical Thinking Skills Test (CCTST). These tools were developed in the United States and are widely used there in pre and post qualifying nursing programmes.

The presentation will briefly examine the nature and definition of critical thinking and will then report in detail on the preliminary results of the use of the CCTDI and CCTST with a sample of 28 experienced registered nurses in the United Kingdom. The discussion will focus on the seven subscale

scores (CCTDI) of the nurses in the sample, and also the overall critical thinking skills test scores. The scores from both tests will be compared with the results from similar groups of nurses reported on on an aggregate data analysis in the United States (Facione & Facione 1997). The findings of this pilot study will provide an indication of the critical thinking abilities of some experienced registered nurses in the United Kingdom.

Intended learning outcomes

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

- Define critical thinking
- Appreciate the nature of critical thinking measurement tools
- Discuss the importance for nursing practice of developing critical thinking.

References

Facione NC and PA Facione (1997), Critical Thinking and Nurse Education Programmes: an aggregate data analysis, Millbrae, CA: The California Academic Press

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38 OVES(tm) cervical cap - clinical trial of a new contraceptive device

Judith Longworth, Assistant Professor, Department of Family Nursing Care, The University of Texas Health Science Centre at San Antonio, San Antonio, Texas, USA.

Abstract

Aim

To evaluate the effectiveness and tolerability of the OVES™ cervical cap.

Background

There has been renewed interest in the use of barrier contraceptive methods over the past few years, prompted by the desire for suitable non-hormonal and non-invasive methods of contraception. Advances in the material and design of cervical caps, have resulted in these devices being viewed as a suitable non-hormonal contraceptive alternative.

Method

Quasi-experimental clinical trial of pre-menopausal, sexually-active, women of child-bearing potential (<40 years). Subjects were recruited from the clinic population of an urban university-affiliated nursing centre. A convenience sample of women seeking contraception who selected use of Oves™ was enrolled in the study. Self-report questionnaires were used to evaluate understanding of the use of the cap after 2 weeks, and patient satisfaction with the cap after each month. Efficacy, tolerability and patient and partner satisfaction with the cap were evaluated after each 12 months of use. A Papanicolaou smear test was performed after 3 months and repeated after each 12 months of use. Life table analysis was used to analyse the data.

Results

Seventeen women (of 24 screened) with a median duration of follow-up of 11 months (range, 0 to 63 months) for a total of 336 active women months were included in the analysis. Contraceptive effectiveness rate was 100%. The cap was generally acceptable to patients. Adverse effects were minimal and included yeast infection (n=5), dislodgement of the cap (n=5), bleeding episodes (n=2), temporary change in Pap report (n=2) and discomfort (n=1). There was no evidence of cervical erosion or abrasion associated with the use of the cap.

Conclusion

Results indicate that the OVES™ cervical cap has a contraceptive efficacy within the published range for cervical caps as a class and is acceptable to women and their partners.

Keywords: barrier contraception; cervical cap; family planning.

Intended learning outcomes

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

- Describe the advance in contraceptive technology made by Oves(tm) cervical cap
- Understand the clinical trial data that supports the safety and effectiveness of the Oves(tm) cervical cap
- Describe instructions for the use of Oves(tm) cervical cap.

References

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Trussell J, Sturgen K, Strickler J and R Dominik (1994), Comparative contraceptive efficacy of the female condom and other barrier methods, *Family Planning Perspectives*, 26(2): 66-72

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39 Work stress in nurses: A comparison of two models using questionnaire and computerised measurement

Martyn Jones, Senior Lecturer in Nursing, University of Dundee, Dundee, Scotland, UK. Co authors: Derek Johnston, Alexis Beedie, Vicky Trott, Christine Young.

Abstract

Work stress in nurses: A comparison of two models using questionnaire and computerised measurement

Purpose

To compare, using traditional questionnaire methods and ambulatory behavioural diaries, two models of work stress; Karasek's Demand-Control (DC) model (Karasek, 1979) and Siegrist's Effort-Reward Imbalance model (ERI) (Siegrist, 1996) in trained nurses.

Method

Forty-three nurses completed retrospective questionnaires evaluating ERI, strain (from DC model) and distress (GHQ-30 (Goldberg, 1978)) (15% return rate). Thirty-six also completed individual computerised behavioural diaries measuring effort/demand, reward and control frequently for a minimum of 3 shifts.

Results

Strain (Karasek, 1985) and ERI (Siegrist, 1996) derived by the two methods were comparable. The questionnaire measure of ERI correlated with GHQ-30 (Goldberg, 1978), strain did not. The ambulatory measures of both strain and ERI correlated with stress ratings taken at the same time.

Conclusion

An imbalance between effort and reward, assessed either once by questionnaire or repeatedly by ambulatory diary is associated with increased stress and distress in trained nurses. Strain is less consistently associated with distress. Ambulatory diaries are a powerful and flexible way of assessing work related stress in real life.

Intended learning outcomes

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

- Explain differences between retrospective and ambulatory measurement of work stress in trained nurses
- Compare and contrast the utility of two different conceptual models of work stress in an adult trained nurse sample
- Be aware of recent developments in the field of ambulatory measurement of cognition and affect.

References

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40 Implementation of clinical supervision for lecturers in nursing and midwifery through action research

Rhian Barnes, Lecturer in Nursing, University of Wales College of Medicine, Cardiff, Wales, UK.

Abstract

This presentation shows how action research was used as part of educational/practice devlpoment. It reports a study of the establishment of clinical supervision within a School of Nursing and Midwifery. As the first stage, a questionnaire was distributed to all lecturers (N = 79). The respondents demonstrated a need for clinical supervision. In a series of workshops,the concept of clinical supervision was explored. Subsequently twelve lecturers expressed a wish to take part in the process of clinical supervision. Feedback from the group indicated the need for them to have ownership of the process, to choose methods of supervision and to be free from managerial influence. These principles were employed in a programme of clinical supervision. After six months, semi-structured interviews were conducted with the supervisees. Analysis of the findings appeared to advocate clinical supervision as a mechanism that has the potential to support and develop lecturers in nursing and midwifery. The role of the supervisor was seen as fundemental to the success of clinical supervision. The supervisor required skills and experience to undertake the role. The methodology of action research enhanced and supported the implementation process of clinical supervision and contributed to its success. The recommendation from the voluntary group was that every lecturer should have the right to be offered clinical supervision.

Intended learning outcomes

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

- Identify why lecturers in nursing and midwifery require support and development within their work place
- Appreciate the implications of introducing clinical supervision in the education arena
- Judge whether action research was the most appropriate method to implement clinical supervision.

References

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41 Evaluating a nutrition education programme for pregnant teenagers

Andrew Symon, Clinical Research Fellow in Midwifery, University of Dundee, Dundee, Scotland, UK. Co author: Wendy Wrieden.

Abstract

Background

Improved nutrition during pregnancy can benefit maternal and infant health, and may affect long-term eating patterns for the whole family and future generations, although little is known about the effectiveness of such interventions (van Teijlingen et al 1998). A particularly vulnerable group are pregnant teenagers, who are more likely to have low levels of disposable income, be unemployed, and have limited access to reasonably priced foods. These factors lead to increasing health inequalities (Forsyth et al 1994). This study evaluates the development and delivery of a midwife-led nutrition education programme for pregnant teenagers in Tayside.

Methods

Ten pregnant teenagers attended a series of midwife-led food preparation sessions, and a further seven attended a one-day course. Standard questionnaires were used to evaluate changes in dietary behaviour. Focus group interviews explored how these interventions were received. Power calculations using frequency data from the study estimated the sample size required to see a statistically significant increase in daily fruit and vegetable intake.

Results

Those attending found the sessions helpful; take home menu cards were popular. Midwives found the package easy to use. The cost of seven sessions with six teenagers attending would be £126 each. With lower recruitment the costs were much higher. Some had difficulties completing the food frequency questionnaires; 24-hour dietary recall records indicated problems with assessing a 'typical' day's food intake. 14/17 teenagers claimed to eat fruit and vegetables at least once a day, but it would take 200 subjects to complete a controlled trial to see a statistically significant increase in daily fruit and vegetable intake.

Professional relevance

Quantitative evaluations are problematic given difficulties with recruiting from a group wary of official approaches. The targeting, recruitment and evaluation of nutritional education in a high risk group need to be addressed.

Intended learning outcomes

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

- Understand the importance of nutrition in this high risk group
- Be aware of the difficulties of using quantitative methods to assess dietary intake
- Appreciate the difficulties of recruitment for intervention studies with this group.

References

van Teijlingen E, Wilson B, Barry N, Ralph A, McNeil G and D Campbell (1998), Effectiveness of interventions to promote healthy eating in pregnant women and women of childbearing age: a review, London: Health Education Authority

Forsyth A, MacIntyre S and A Anderson (1994), Diets for Disease? Intraurban variation in reported food consumption in Glasgow, *Appetite* 22: 259-274

42 Delays in diagnosis of retinal detachment

Wendy Gratton, Senior Nurse, Vitreoretinal Research, St Paul's Eye Unit, Royal Liverpool University Hospital, Liverpool, England, UK. Co author: David Wong.

Abstract

Retinal detachment (RD) is the 4th commonest cause of preventable blindness in this country. In the last 10 years technological advances such as lasers and instrumentation have made treatment possible for a wider range of cases including complicated detachments. These advances have, however, made little impact on the visual outcome of patients suffering from this condition. Good visual results depend on patients presenting early and delay in diagnosis is an issue that cannot be addressed by medical technology alone.

The aim of this project is to use a structured questionnaire to interview a series of 200 patients to determine the causes of the delay in diagnosis and to see whether these delays are preventable. The causes may include a lack of awareness, on the part of the public, of the symptoms of RD. When patients do seek help, they tend to approach optometrists and general practitioners, who may lack the necessary training and technical skills to establish diagnoses. There may also be delays in offering treatment, since the re-organisation of the health service centralising treatments to specialised centres.

Data from the study will be used as justification to initiate campaigns to raise public awareness and to use Information Technologies to target Optometrists, GPs and Ophthalmologists, via the mechanism of CPDs. Data analysis will focus on all aspects of potential delay in obtaining access to specialist care for RD. The data will also inform the Royal College of Ophthalmologists' new Guidelines for RD, into which my medical colleagues and I will have input.

The project runs from 1st October 2001 to 31st April 2002. This presentation will involve

background, methodology, study design including project milestones and most importantly, results of the questionnaire, proposed dissemination of results and the value of the research to patient care and public health.

Intended learning outcomes

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

- Understand the potential value of the research to public health and patient care
- Be aware of potential problems associated with tertiary referral for retinal detachment
- Understand some of the aspects of potential delay in the diagnosis of retinal detachment.

References

Wong D and J McGalliard (1997), Are we getting better at retinal detachment? Technology, referral pattern or primary care? (editorial) *Eye* 11: 763-772

Department of Health (1989), Working for patients, London: DOH White Paper

Ah-fat FG, Sharma MC , Majid MA, McGalliard JN and D Wong (1999), Trends in vitreoretinal surgery at a tertiary referral centre: 1987 to 1996, *British Journal of Ophthalmology*, 83: 396-398

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43 Changing clnical practice – an evidence based practice course with demonstrable clinical outcomes

Barbara Jack, Senior Lecturer, School of Health Studies, Edge Hill College of Higher Education, Liverpool, England, UK. Co authors: Richard Wilson, Kathryn Roberts.

Abstract

There is currently a strong emphasis upon clinical effectiveness and the clinical governance policy has reinforced the need to that demonstrate care is based upon the most up to date evidence available [Scally and Donaldson, 1998; Campbell et al, 2001]. For this policy to succeed, staff have to be equipped with the necessary skills and abilities.

A joint initiative between a college of nursing and an acute hospital was formed to develop an Evidence Based Practice course. The course aimed to achieve a clear and identifiable outcome that could be used to enhance patient care. Before starting the course, in conjunction with their managers and the course team, the students identified a clinically related question to explore and for which they should find the most up to date evidence. The course itself introduced the concept of evidence-based practice, placing an emphasis upon the practical skills of information searching and retrieval using on–line data bases and the internet as well as critical appraisal skills. In addition dissemination techniques (report writing and
presentation skills) were also addressed.

The course culminated in a formal presentation, attended by clinical and education staff and management including non-executive directors. Discussion followed each presentation, debating how the change could be implemented, including the resources needed. A meeting with each student and the Director of Nursing was held six months later to discuss the progress made. Ten courses have been successfully completed to date. This paper will discuss the course development and its benefits for the students and the Trust. Examples will be given to illustrate the success of the initiative and discussion will take place around the importance of the close partnership between the hospital and college, resulting in the effectiveness of the course.

Intended learning outcomes

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

- Have an awareness of the partnership between education and practice to facilitate the success of the course
- Have an insight into the different elements of the evidence-based practice course
- Have an insight into the needs of clinical staff with regard to evidence based practice courses.

References

Campbell S, Roland M and D Wilkin (2001), Improving the quality of care through clinical governance. *British Medical Journal* 322: 1580-1582

Scally G and L Donaldson (1998), Clinical governance and the drive for quality improvements in the new NHS in England, *British Medical Journal* 317: 61-65

Concurrent abstracts

Monday 8 April

11.00 - 12.30
Concurrent session 1

Room: Sheffield

1.1.1 Enlightenment through reflection and action: preparing practitioners for the development of practice
Brendan McCormack, Director of the Department of Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co authors: Anna Illman, John Culling, Suzanne O'Neill.

Abstract

Changing the context of practice in which many older people receive care is complex. Indeed McCormack et al (in press) suggest that understanding practice context is a key factor in getting research into practice. Changing context requires practitioners to be empowered to change the prevailing systems of domination in practice settings that prevent effectiveness (Fay, 1987). To do this requires the ability to reconstruct and re-orientate deeply engrained personal relationships and social systems in teams and the ability to challenge repression and subversion of constructive change. This is enabled through the movement from passivity (powerlessness) towards assertiveness (confidence and action-orientated).

This paper presents the results of a six-month project specifically focused on enabling clinical leaders (n = 4) of a service for older people to become empowered to change their practice context. The project adopted an action research approach, set within a critical social science framework developed from the work of Fay (1987). The methods employed included reflection on practice, observation of practice, 360-degree feedback and the use of a variety of creative arts. The paper will utilise the narrative structure developed by Frank (1995) as an analytical framework to trace the growth of the group in challenging practice norms and the 'self-growth' that ensued through the course of the project. The outcomes from the project including; consciousness raising; developing a shared vision; recognition of leadership potential and the creation of an agenda for change will be presented.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the challenges involved in helping practitioners develop a shared vision for practice
- Understand how narrative structures provide a gateway to understanding the power structures in organisations
- Develop an understanding of a systematic approach to the enlightenment phase of an action research project

References

McCormack B, Kitson A, Harvey G, Rycroft-Malone J, Titchen A and K Seers (in press), A concept analysis of practice context, *Journal of Advanced Nursing*

Fay B. (1987), *Critical Social Science: Liberation and its Limits*, Polity Press: Oxford

Frank A. (1995), *The Wounded Storyteller: Body, Illness and Ethics*, The University of Chicago Press: Chicago, London.

Room: Sheffield

1.1.2 Developing self-evaluation research skills: an example from research in community rehabilitation services
Gill Hek, Director of Research, Faculty of Health & Social Care, University of the West of England, Bristol, England, UK.

Abstract

The Bristol Community Rehabilitation Service aims to prevent inappropriate hospital, residential or nursing home admission by providing a time limited rehabilitation service from physiotherapists, nurses, occupational therapists and support workers. It also seeks to facilitate early discharge from hospital and promote independence for elderly people. NHSE R&D South and West funded a collaborative research project between Bristol Social Services, Avon Health Authority and the University of the West of England, Bristol, which sought to develop an evaluation framework that could be used by the service providers. Driven by realistic evaluation approaches, particularly teacher-learner processes (Pawson and Tilley, 1997); and the principles of action research, particularly practitioner-research (Morton-Cooper, 2000), the researchers sought to empower the providers of the service to look at ways of evaluating whether 'community rehabilitation' works.

The paper will focus on how the research team worked with the health and social care practitioners to enable them to answer questions such as: are we doing what we said we would do; what sort of referrals are we getting; how do we know what our clients think about the service; what does it cost? Techniques for developing the self-evaluation research skills of the rehabilitation team included workshops, development of a database of service user information, an 'evaluation' manual, regular support meetings and coaching. Skills such as interviewing, data analysis, sample selection and dealing with ethical issues were practised and rehearsed. The challenges of working collaboratively across agencies and services were also addressed. The paper will conclude by suggesting that health and social care practitioners are keen to develop their research skills, and that they are able to use research techniques systematically and rigorously to answer questions about the service they provide to clients. Furthermore, by being empowered throughout the research process, dissemination and utilisation of the findings may be enhanced.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the challenges of collaborative research
- Understand how research skills can develop
- Recognise the contribution of interagency services

References

Morton-Cooper A (2000), *Action Research in Health Care*, Blackwell Science: Oxford

Pawson R and Tilley N (1997), *Realistic Evaluation*, Sage Publications: London

Room: Sheffield

1.1.3. Challenging formal guidelines: the use of professional judgement in health visiting practice
Jane Appleton, Principal Lecturer in Research and Education, Oxford Brookes University, Oxford, England, UK.

Abstract

Health visitors have traditionally adopted several methods and approaches to identify children and families requiring extra health visiting. This paper will report on a study conducted to examine health visitors' use of professional judgements and formal guidelines for identifying families requiring extra health visiting support.

A case study strategy guided by a constructive methodology was used to facilitate the integration of multiple sources of data. Participants included a volunteer sample of fifteen health visitors working in three Trust sites. Data was collected during 56 observed visits to families receiving extra health visiting support. Following these visits separate in-depth interviews were conducted with clients and health visitors. Data analysis has been informed by constructivism (Lincoln and Guba, 1985) utilising QSR.NUDIST software.

This paper will contribute to the knowledge base of health visiting by explicating the notion of professional judgement and its relationship to assessment. Health visitors described professional judgement as both a process activity and an outcome or product. The process of professional judgement reflects the way in which health visitors form

and reach their professional opinions and incorporates a complex process of needs assessment, influenced by knowledge, clinical and life experiences and for some, instinct. Health visitors are rarely asked to reflect on the judgement process. Instead in practice it is the outcome, the judgement, that is the central focus.

Judgement outcome incorporated a view about the urgency with which a need must be dealt with thus encompassing an element of prioritisation. Furthermore, judgement formation is rarely an isolated event, instead health visitors appear to make several judgements about client and family situations, which varied in their degree of importance. A key feature of the analysis was the fact that even when guidelines exist, in reality most health visitors use their own professional judgement in making family assessments.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the complexity of health visitor professional judgement
- Recognise the existence of process and outcome elements in health visitor professional judgement
- Be aware of the central importance of health visitor professional judgement rather than formal guidelines in identifying families requiring extra health visiting support

References

Lincoln Y S and E G Guba (1985), *Naturalistic Inquiry*, Sage Publications: London

1.2.1   Abstract withdrawn

Room: Swansea

1.2.2   Enquiry into the process of referral due to a family history of breast cancer: combining methods within a single paradigm.
Caroline Benjamin, Macmillan Genetic Associate Research Fellow, University of Liverpool, Liverpool, England, UK. Co author: Katie Booth.

Abstract

Public concern about cancer has resulted in an increased demand for hereditary cancer risk information. This presentation describes PhD work in progress which uses a combination of: a grounded theory approach (1), a life course analysis (2) and biography (3), all from within a constructivist paradigm. Although each method has historically held positions within different disciplines and enquiry paradigms, they are used here to develop rich descriptions of the referral process and to build theory grounded in the data.

This study is unique as it seeks to determine health behaviour when faced with inherited risk using the life course perspective. The life charts created from biographical interviews show that events can be viewed dynamically as the consequence of past experiences and future expectation. These charts demonstrate that women have widely varying time-scales between being aware of the family history, perception of health threat and the referral event. The theme 'realisation of risk' describes the moment that either the woman or health professional is aware of a health threat. Nurses were often involved in discussing inherited risk and in the initiation of the referral process. Using biography participants elected to discuss the salient issues concerning having a family history of cancer and often related linking historical events with present day expectations; a theme termed 'generational transference'. Examples include having a similar personal resemblance, beginning to approach the age of onset of cancer and having children the same age as family members who have had cancer.

The research shows that this combination of methods provided a unique opportunity to investigate this complex area.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand there is a choice of enquiry paradigms available
- Understand that the same method can be used within different paradigms of enquiry approach
- Be aware of the need for nursing education and service development in the new field of cancer genetics

References

Annells M (1996), *Qualitative Health Research*, 6:379-393

Giele J Z and Elder G H (1998), *Methods of life course research qualitative and quantitative approaches*, Sage: London

Miller R (2000), *Researching life stories and family histories*, Sage: London

Room: Swansea

1.2.3   A randomised controlled trial to assess the effect of education on the knowledge, quality of life, satisfaction and coping of men with prostate cancer on hormonal manipulation therapy.
Hazel Templeton, Lecturer in Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Vivien Coates.

Abstract

In recent years prostate cancer has become an important public health problem with considerable social and economic

consequences. The treatment that many urologists choose for men with locally advanced prostate cancer is Hormonal Manipulation Therapy (HMT). Although effective at 'downstaging the tumour', it is a form of medical castration and the resulting side effects are numerous.

In the first stage of this study a needs assessment of men with prostate cancer on HMT led to the development of an evidence-based educational package. It was the aim of this study to investigate the effects of this package on the knowledge, quality of life, coping and satisfaction of men with prostate cancer on HMT. All men diagnosed with prostate cancer, commenced on HMT in the year 2000 and attending two large general hospitals in Northern Ireland were included in the study (n=55). A randomised-controlled trial was undertaken to assess the effect of education on the aforementioned variables. The men were allocated to control (CG) or experimental groups (EG) using simple random sampling. The educational intervention was carried out with the EG. Post-tests were completed one month later. The EG exhibited improved knowledge levels regarding their disease and treatment following the educational intervention. An improvement was also noted in the subscales of quality of life of the EG, namely physical (p=0.002), social and family (p = 0.001), emotional (p = 0.000) and functional well-being (p = 0.000). The EG showed a significant improvement in prostate cancer specific concerns (p = 0.023), whereas the CG showed a deterioration in this subscale at post-test. Although there was no significant difference in coping patterns, the EG were more satisfied with their care.

This study is an initial step in assessing the potential benefits of an evidence-based educational intervention. By adopting such practice, urological nurses will not only provide holistic, individualised care to this patient group but this practice would lead to improved quality and standards of care. Evidence-based practice in the clinical domain would also be promoted.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the effect that an evidence-based educational package has on the knowledge, quality of life, satisfaction and coping of men with prostate cancer
- Understand the key concepts of an evidence-based intervention for educating men with prostate cancer on hormonal manipulation therapy

References

Coates V E (1999), Education for Patients and Clients, Routledge: London

Visser A and G van Andel (2000), Education and counselling in cancer: the neglected case of the prostate cancer patients, Patient Education and Counseling 40:197-9

Da Silva F C, Reis E, Costa T, Denis L and

members of the Quality of Life Committee of the EORTC Genitourinary Group (1993), Quality of Life in patients with prostate cancer - A feasibility study, *Cancer* (Supplement) 71 (3):1138-11

Room: Edinburgh

1.3.1 Workforce development: accreditation of work-based learning

Lesley Moore, Senior Lecturer in Nursing, University of the West of England, Bristol, England, UK. Co author: Kath Ross.

Abstract

A political paper contributing to the modernisation agenda for the National Health Service (NHS), signals many changes in search of quality and challenges traditional roles (DoH 2001).

Whilst addressing the modernisation agenda the NHS is providing valuable work-based learning opportunities for employees. For some time various researchers such as Argyris and Schön (1978) and Seagraves et al (1996) have promoted the value of work-based learning (WBL). The evidence of learning could be comparable in level to academic programmes, therefore worthy of accreditation.

The focus of the presentation will be the findings of the first stage of a major action research project between a local NHS Workforce Development Confederation, a Trust and the Faculty. A scoping exercise was undertaken to appraise the breadth of educational need and support, learning opportunities available and any contextual changes that may impact on learning.

Methods of enquiry included examination of policy papers and proposed structures and semi-structured interviews of 29 staff with varying responsibilities for education and training within the Trust and across the disciplines of nursing and professions allied to medicine. A senior manager of the Trust purposely chose the sample.

The content analysis of the qualitative data revealed a positive change in the learning ethos and an evolving framework to support professional development. Many opportunities such as learning sets, patient care development programmes and audit could be the catalyst for further thinking, learning and sharing regarding professional development. At least 4 models of accreditation of work-based learning, and capabilities to support WBL were identified. The findings of the scoping exercise have informed the building of a prototype to support WBL. The university has validated a suite of generic WBL modules to support the academic accreditation model. An extended partnership approach between practice and faculty is proposed to support the next stage of the project, the testing of the prototype.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the triangulation methods of the scoping exercise
- Be aware of the findings of the first stage of an action research project
- Recognise the significance of each stage of the proposed work-based learning prototype

References

Argyris C and D A Schön (1978), *Organisational Learning*, Addison-Wesley: London

Department of Health (2001), *Developing the NHS Workforce*, Department of Health: London

Seagraves L, Osbourne N, Neal P, Dockrell R, Hartshorn C and A Boyd (1996), *Learning in Smaller Companies (LISC) Final Report*, Educational Policy and Development: University of Stirling

Room: Edinburgh

1.3.2 An illuminative evaluation of the ENB 870 course (Understanding and Application of Research) examining the relationship between educational provision and clinical effectiveness.

Hazel Rangeley, Senior Lecturer, University of Huddersfield, Huddersfield, England, UK.

Abstract

Purpose

The aim of the study was to evaluate the ENB 870 course (Understanding and Application of Research) from the students' perspective, examining the long-term relationship (if any) between educational provision and research utilisation in practice. Research focusing on educational effectiveness in Nursing is identified as being both scarce (Pearcey 1995) and the results inconclusive (Rodgers 2000). The results of this study therefore have the potential to make a worthwhile contribution to the understanding of the subject. The study is also particularly timely in relation to the efforts to promote research-based care inherent in the NHS agendas of clinical governance and lifelong

learning (DoH 1998) and making a difference (DoH 1999).

Method

Both quantitative and qualitative strategies were used to examine the complex nature of the subject. Four objectives explored research use, issues affecting research use, usefulness of the course and student support. Data were collected by postal questionnaires (all respondents) and two focus group interviews involving eight practitioners. The sample consisted of the students from three cohorts

1995-98 (n=315). The responding sample of nurses, midwives and health visitors all with a minimum of one years practice since the course totalled 145(RR=48%). A note of caution is therefore advised in that the sample cannot be regarded as representative.

Results

There was extensive evidence that the practitioners were using research at a variety of levels and that they were indeed "making a difference". A generally supportive research culture existed in the workplace but serious deficits of time and staff were preventing optimum research utilisation. Practitioners highlighted that the skills developed in the course transferred well to real life practice and five categories of "usefulness" emerged. A much more positive approach to research-based care was reported and many respondents stated that they had become more autonomous, accountable, confident and better practitioners.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify how practioners were able to apply research theory to practice
- Identify teaching approaches that were particularly effective in promoting research-based practice
- Be aware of the contribution that educationalists can make to clinical effectiveness

References

Rodgers S E (2000), A study of the utilization of research in practice and the influence of education, *Nurse Education Today* 20:279-287

Department of Health (1999), *Making a difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare*, Department of Health: London

Department of Health (1998), *A first class service: quality in the new NHS*, Department of Health: London

Room: Edinburgh

1.3.3 Illuminative case study design: a new approach to the evaluation of continuing professional education

Lorraine Ellis, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK.

Abstract

Over the past two decades, continuing professional development (CPD) for nurses has received increasing attention, fuelled as it has been by the notion of lifelong learning (DoH 1999). This emphasis is based on the premise that nurse education impacts on practice. Whilst the literature is unequivocal that nurse education improves standards of care, studies tend to report the outcomes of education only and offer limited explanations

for these outcomes. Put differently, those factors likely to contribute to the outcomes of nurse education have thus far received limited attention.

Explanations for this emphasis may be found in the forms of methodology used to study continuing education, with positivism a feature of much research in this field. This paper presents a new and alternative approach to the study of nurse education developed as part of a PhD and provides a more complete and explanatory account.

This illuminative case study emerged in response to the perceived limitations of the Randomised Control Trial whilst working on an English National Board (ENB) funded project investigating continuing education. Several of the methodological constraints and limitations of traditional experimental evaluation raised by this funded research feature in the literature (Ellis et al 2000), particularly the challenges of isolating the effects of the independent variables on the dependent variable (Wilson-Barnett 1991). This is especially difficult when the study involves human subjects (Seaman & Verhonick 1982), in an educational context where the researcher is dealing with the complexities of learning and attempting to measure its effects in an equally complex clinical environment (Ellis 1996).

This session will outline the findings of this illuminative case study. Attention will centre on the overall research design together with a consideration of the strengths and limitations of this approach to the study of post-qualifying education.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain knowledge of a new and innovatory approach to the study of CPE
- Identify those factors contributing to the development of a new approach to the study of programmes of education
- Appreciate the strengths and limitations of illuminative case study design

References

L B Ellis (2001), PhD Continuing Professional Education for Nurses: An Illuminative Case Study, undertaken in the School of Nursing and Midwifery, awarded by the Faculty of Medicine at the University of Sheffield.

L B Ellis (1996), Evaluating the effects of continuing professional nurse education: Researching for Impact, *Nursing Times Research* 1(4):296-306

Parlett M and D Hamilton (1976), Evaluation as Illumination: a new approach to the study of innovatory programmes in Glass (ed) *Evaluation Studies: Review Annual* 1:140-157

Room: Belfast

1.4.1 Communities of nursing practice: the evolution of apprenticeship in nursing?

Morag Prowse, Head of the Department of Clinical Nursing, University of Plymouth, Plymouth, England, UK.

Abstract

The presentation explores the idea of 'communities of nursing practice' (Lave & Wenger 1991) by drawing on empirical research findings to describe one such community of critical care nursing.

There is an extensive literature, derived from the social sciences, about informal learning in social groups but these ideas have not been explored in nursing with the exception of Jordan's (1989) study of rural midwives. The literature about communities of practice is outlined and applied to findings derived from a larger, completed study about developing knowledge and becoming experienced in nursing. A qualitative approach was used to examine the day-to-day working lives of thirty-two experienced critical care nurses. A picture of a community of nursing practice emerged from an in-depth hermeneutic analysis of interview texts.

One key finding was that the community worked as a collective in decision-making with the common aim of achieving clinically effective care. A second key finding was the way the culture of critical care nursing was reproduced through everyday activities and shared practices. Experienced staff or 'old timers' passed on their knowledge in the form of narratives outlining the principles of care delivery. 'Newcomers' to the community learned about critical care nursing from these narratives and by means of 'legitimate peripheral participation', a process particularly relevant to current thinking about practice based learning and teaching.

The presentation advances nursing knowledge by drawing on empirical data to describe the characteristics of a community of nursing practice and showing how the community influences patient care. The insight gained from these findings can be applied to the organization of nursing work, professional development initiatives and nurse education at both pre and post basic levels. In the light of recent policy initiatives emphasizing the centrality of practice-based learning, the study findings merit scrutiny and dissemination.

Intended learning outcomes

At the end of the session, participants will be able to:

- Consider the relevance of 'communities of practice' to nursing contexts and locate relevant literature on this topic
- Understand the term 'legitimate peripheral participation' in the context of a community of nursing practice
- Evaluate the robustness of the presented study findings and judge whether they can be applied to a range of nursing contexts

References

B Jordan (1989), Cosmopolitan obstetrics: some insights from the training of traditional midwives, *Social Sciences and Medicine* 28(9):925-944

Lave J and E Wenger (1991), *Situated Learning: Legitimate Peripheral Participation*, Cambridge University Press: Cambridge

Lave J and E Wenger (1999), Legitimate peripheral participation in communities of practice in McCormick R and C Peacher (eds.) *Learning and Knowledge*, Sage: London (pp.21-35)

1.4.2 Abstract withdrawn

Room: Belfast

1.4.3 Developing a competency framework for nurse educators in clinical practice

John Keast, Senior Nurse, Royal Devon & Exeter Healthcare NHS Trust, Exeter, England, UK.

Abstract

Aim

The aim of this research project was to develop a competency framework for nurses engaged in education in the clinical setting. This study adopted a qualitative approach. A case study approach was undertaken and there focus groups were interviewed. Data analysis was undertaken using inductive content analysis.

Introduction

The debate over the most effective way to support the learning needs of professionals in practice seems to be a perpetual one. There is however general agreement that professionals have continuing learning needs to maintain safe practice, best practice and to meet increasing public expectations.

At the Royal Devon & Exeter Healthcare NHS Trust, a number of clinical areas have nurses who have as their remit, a specific educational role working with post registration nurses. This qualitative study is focusing on the skills required by such practitioners with the key objective being the development of a competency framework for the role.

Key Objectives

- Identification of the role of teacher/facilitator within the practice setting
- Development of competency framework for the role of clinical nurse educator

The first part of the study was to identify the competencies of a 'good' clinical nurse educator. Competencies were identified by analysing data from three focus groups: (i) the academic staff linked to educational institutions; (ii) the clinical nurse educators; (iii) the learners (qualified nurses).

Themes have been identified using

interpretative content analysis. In addition to the themes identifying the attributes necessary for a competent nurse educator in a clinical practice setting, other themes have emerged. These themes are considered similar to antecedents described in concept analysis. Identifying antecedents is helpful in clarifying critical attributes and underlying assumptions.

This study identifies the competencies which facilitate the 'journey' of an educator in clinical practice.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the challenges of educational research.
- Be aware of how to promote learning in practice.
- Identify the competencies to support learning in practice.

References

Eraut M (1997), *Developing Professional Knowledge and Competence*, Falmer Press: London

Fish D (1989), *Learning Through Practice in Initial Teacher Training*, Kogan Page: London

Jarvis P (1999), The Way Forward for Practice Education, *Nurse Education Today* 19:269-270

Room: Keele

1.5.1 Implementing local pay systems in nursing and midwifery: a study of ten NHS Trusts

Elizabeth Meerabeau, Head of School of Health, University of Greenwich, London, England, UK. Co author: Sue Corby.

Abstract

This paper examines nursing and midwifery issues arising from the local pay systems introduced in the NHS in the 1990s in order to resolve the problems associated with national pay determination (the Whitley system). The main problems with Whitley identified by stakeholders were the complexity of the bargaining structures and the numerous agreements, the lack of local flexibility, the failure to provide equal pay for work of equal value, and the employer's inability to reward high performance (Seifert, 1992).

The paper is based on Department of Health commissioned research covering ten NHS Trusts in England which had adopted a range of approaches to the terms and conditions of nurses, midwives and other non-medical staff such as theatre staff. The Trusts had been identified as having made innovations in pay, and the case studies, whilst complete in themselves, are also the precursor to the evaluation of the national implementation of a new pay agreement in the NHS, Agenda for

Change. Fieldwork took place in 2000 and included interviews with managers, union representatives and other staff, and the analysis of internal documents. There will be a particular focus in the paper on one large acute Trust, in which the new pay system was being gradually rolled out in nursing. Findings discussed include the time and detailed work need to undertake such schemes, and the challenges of assessing their effects (particularly in relation to patient care). Although the latter are difficult to assess, staff involved in the scheme reported benefits from the closer focus on competencies which resulted from the scheme.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the context of Agenda for Change
- Discuss some of the benefits of local pay
- Discuss issues involved in its implementation

References

Seifert R (1992), *Industrial Relations in the NHS* , Chapman and Hall: London

Room: Keele

1.5.2 A profile of lead nursing R&D roles in two English health regions

Ruth Harris, Research Fellow, King's College London, London, England, UK. Co author: Daniel Kelly.

Abstract

For over a decade, the need to develop a robust evidence base for nursing, midwifery and health visiting has been included as part of UK government R&D strategy. Progress in achieving this has been slow and very little is known about how these strategies are operationalised. This study aimed to investigate the nature of posts with named responsibility to lead and develop nursing and midwifery research activity within acute NHS hospital trusts. Data were obtained primarily through a postal survey. Fifty-two individuals within all acute NHS trusts in two health regions were identified and invited to complete a postal questionnaire and thirty four responded (65%). The majority of trusts were able to name an individual responsible for leading nursing R&D, although the organisation, remit and scope of their role varied considerably. These variations will be explored in depth in the presentation focusing on:

- The post e.g. job title, sources of funding, accountability, links with academic institutions

- The role e.g. main activities performed, budgetary responsibility, assessment of role output/outcome

- The individual e.g. sources of support, qualifications, barriers to performance, future career plans

Changes to the NHS R&D Programme over recent years were intended to provide clear funding mechanisms and support for R&D staff and activities in NHS organisations. However, this study indicates that for nursing research, the reforms have failed to produce successful and sustainable systems, and have not worked to advance nursing research to any extent.

Understanding the organisational context within which nursing R&D development is taking place is important to contribute to future national nursing R&D strategy and maximise the nursing contribution to a research-led NHS. This study has added to this understanding.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be more aware of the variation in the nature of posts with responsibility to lead the development of nursing R&D within acute NHS trusts

- Understand the effect this variation may have on the development of nursing R&D within acute NHS trusts

- Consider the potential contribution of lead nursing R&D posts to national R&D development

References

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Rafferty A M and Traynor M (1997), Quality and quantity in research policy for nursing, *NT research* 2(1):16-27

McKenna H and Mason C (1998), Nursing and the wider R&D agenda: Influence and contribution, *NT research* 3(2):108-115

Room: Keele

1.5.3 Strengthening shared governance decision-making through action research

Tracey Williamson, Research Fellow, University of Salford, Salford, England, UK.

Abstract

Increasingly UK healthcare organisations view shared governance as a vehicle for achieving their quality and clinical governance agendas. Shared governance centres on the principles of responsibility, authority and accountability. No one model is advocated as organisations are encouraged to devise their own model to meet their needs. Emphasis is on empowerment of clinical staff to contribute to corporate decision-making so influencing policy and practice. The purpose of this paper is to share findings following completion of a three-year doctoral

level evaluation of shared governance in Rochdale Healthcare NHS Trust. To undertake this work, the presenter has been fully seconded from a Clinical Nurse Practitioner post as part of a Regional NHS Research Training Fellowship. The Trust model consisted of 4 councils comprising 12-14 members representing nursing, midwifery and professions allied to medicine. The study identified means of strengthening council members' decision making so promoting the effectiveness of the model. Use of an action research approach encompassed participant observation and interview methods to elicit data around structure, process and outcomes of council member's actions/non-actions. Over a hundred council meetings were attended with thirty-one individual and three focus group interviews performed. Issues of importance emerging from the fieldwork were raised and discussed with council members. Following this reflection part of the action research spiral, participants were empowered to determine ways to change and continually improve their practice, as they saw fit including leads for all items, Council chairs' meetings and engaging informants.

The Trust councillor model of shared governance and the design of the evaluation are outlined briefly. The focus of this presentation is on dissemination of the key findings that will be of particular use to staff from organisations interested in developing a shared governance approach. These findings in part rectify the current lack of UK research evidence pertaining to shared governance.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the key principles of shared governance
- Appreciate the key elements of the action research process
- Identify key factors enabling effective shared governance decision-making

References

Hart E and Bond M (1995), *Action research for health and social care: a guide to practice*, Open University Press: Philadelphia

Porter-O'Grady T, Hawkins M A and Parker M L (eds.) (1997), *Whole-Systems Shared Governance: Architecture for Integration*, Aspen Publishers Inc: Maryland

Waterman H, Tillen D, Dickson R, K de Koning (2001), Action research: a systematic review and guidance for assessment, *Health Technology Assessment 2001* 5(23)

1.6.1 A cross-sectional survey of perceived importance and perceived usefulness of information sources for asthma patients

Ann-Louise Caress, Lecturer in Nursing, University of Manchester, Manchester, England, UK. Co authors: Kinta Beaver, Ashley Woodcock.

Abstract

Possession of adequate and appropriate information is crucial to effective patient self-management of asthma (Osman 1996, Partridge 1995). There is evidence of unmet information needs in asthma patients (Partridge 1995). Exploration of the sources of information used by asthma patients and the perceived usefulness of these was deemed worthwhile, particularly as recent UK healthcare policy has promoted wider use of "novel" information sources, such as the Internet (NHSE 1998).

A cross-sectional survey was conducted with 230 adult asthma patients, recruited via stratified random sampling from one secondary care site and ten primary care sites in North-West England (97 males, 113 females; mean age 52 years, distribution 19-94 years; mean duration of condition 22 years, distribution 6 months to 77 years; range of socio-economic backgrounds and disease severity). Data were collected by means of face-to-face structured interviews (content derived from literature review and previous qualitative work by the authors).

Written information was most commonly preferred (37.0%, N=85), followed by verbal (27.0%, N=62). Professional sources of information were typically rated as being important (median score general practitioner, consultant/hospital doctor and specialist asthma nurse all = 1, where 1=very important and 5 = very unimportant), whilst mass media were typically regarded as unimportant (median score magazines, newspapers, television/radio and Internet all = 3). Information from specialists (both medical and nursing) was more highly rated than information from generalists (eg non-asthma trained practice nurses, ward/clinic nurses, general practitioners and NHS Direct). Most of the information sources received a lower 'usefulness' than 'importance' rating.

The findings highlight the continued centrality of health professionals as providers of health-related information. The paper will discuss questions raised by the findings regarding patients' views of "credible" information sources and will highlight their implications for nurses in a variety of healthcare settings.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify a variety of different information sources available to asthma patients
- Be aware of the potential discrepancy between perceived importance and perceived usefulness of information sources
- Discuss the implications for nurses of asthma patients' views of 'credible' information sources

References

National Health Service Executive (1998), *Information for health: an information strategy for the modern NHS 1998-2005*, National Health Service Executive: London

Osman L (1996), Guided self-management and patient education in asthma, *British Journal Of Nursing* 5(13):785-789

Partridge M R(1995), Asthma: lessons from patient education, *Patient Education And Counseling* 26: 81-86

1.6.2 Patterns of anxiety and contributing factors in surgical patients: a pilot study

Katrina Brockbank, Senior Nurse/Lecturer Practitioner, Salisbury District Hospital/Bournemouth University, Bournemouth, England, UK. Co author: Eloise Carr

Abstract

Background

This paper reports on a pilot study which explored patterns of anxiety pre- and post-operatively, and factors affecting these experiences. Admission to hospital for surgery promotes anxiety for patients resulting in a behavioural and cognitive sequelae which can have far reaching effects on recovery (Johnston et al 1978, Wilson-Barnett and Batehup 1988, Kiecolt-Glaser, Weins 1998). There is little research that considers the patterns of anxiety and factors influencing this trajectory.

Research questions

- To identify the prevalence and patterns of anxiety before and after surgery
- To identify what events/situations may contribute to an elevation or decrease in anxiety levels in the immediate pre- and post-operative period

Method

Twenty gynaecological patients participated in the pilot study. A non-experimental mixed method framework was utilised. The Spielberger Strait-Trait questionnaire was used to collect data at regular intervals pre-operatively until anaethetisation. Pain and anxiety scores were collected on day one and two post-operatively. To identify factors which elevated or ameliorated their anxiety, telephone interviews took place a week after discharge from hospital. Interviews were coded and transcribed for themes and categories.

Findings and discussion

Patients whose state of anxiety was high at the start of the study had correspondingly high trait scores throughout. Waiting in theatre created anxiety for all patients. A surprising number of patients were more anxious on day 2 than they were on day 1. From the telephone interviews, three categories emerged: causes of anxiety, reducing anxiety and helpful strategies.

Government documents, e.g. First Class Service and NHS Plan are encouraging the patients' experience of healthcare to be heard and inform health care professionals in the redesign of services. This study identifies patients' concerns that have previously not been described. Funding for the main study has been acquired and preliminary findings will inform this paper.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the negative impact of anxiety on recovery
- Identify factors that exacerbate or ameliorate anxiety in the surgical patient
- Identify changes in clinical practice which might reduce anxiety in surgical patients

References

Carr E C J (2000), Exploring the effect of postoperative pain on patient outcomes following surgery, *Acute Pain* 3(4):183-193

Kiecolt-Glaser J K, Page G G, Marucha P T, MacCallum R D and R Glaser (1998), *American Psychologist* 53:1209-1218

Macario A, Weiner M, Trunong P and Lee M (1999), Which clinical anaesthesia outcomes are both common and important to avoid? The perspective of a panel of expert anesthesiologist, *Anaesthesia Analgesia* 88:1085-91

Room: Newcastle

1.6.3 Patients' expectations of treatments for varicose veins

Kim Drewery-Carter, Staff Nurse, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, England, UK. Co authors: Simon Palfreyman, JA Michaels.

Abstract

Varicose veins are very common and around 50 000 patients are admitted for treatment annually in the UK (Hobbs 1991). Mild to moderate varicose veins are often viewed as purely a cosmetic problem (Robbins et al. 1994). The main interventional treatments for varicose veins are surgery or sclerotherapy but there are doubts regarding treatment, suitability and effectiveness. This is due to the risks associated with treatment and possible recurrence of the varicose veins.

Nurses are involved in the psychological and educational pre-operative preparation of patients undergoing treatment for varicose veins. To be fully effective in this role nurse need to have a good understanding of patients' symptoms, expectations and impact of their varicose veins.

The aim of this project is to explore the effects of varicose veins on people's lives, their reasons for seeking treatment and their expectations of treatment.

Design

Qualitative research methodology using semi-structured interviews.

Participants

Sixteen patients attending vascular outpatients.

Methodology

The interviews were transcribed and entered into NVIVO. The text was analysed using framework analysis (Ritchie et al. 1993) to identify key themes and issues.

Results

The themes identified were around physical symptoms rather than cosmetic appearance. The participants reported symptoms that included aching, itching and discomfort. Their main reasons for seeking treatment were to alleviate these symptoms. Improving the cosmetic appearance of their legs was seen as a secondary benefit. Their main expectation of any treatment was to be rid of the varicose veins. Although there was some identification of possible risks of treatment, these were either ignored or their importance reduced.

Conclusion

The relief of physical symptoms, rather than improving the cosmetic appearance of varicose veins, was seen as the main goal of treatment. Patients may have unrealistic expectations as physical symptoms are not always relieved by treatment.

We propose to present the detailed results of the study and suggest ways nurses can incorporate this into their peri-operative care.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the symptoms and impact varicose veins have on patients' daily lives
- Be aware of the main reasons patients seek treatment for their varicose veins
- Understand the use of framework analysis to analyse qualitative data

References

Hobbs J T (1991), Abc of vascular diseases: varicose veins, *British Medical Journal* 303 (6807):707-710

Ritchie J and Spencer L (1993), Qualitative data analysis for applied policy research, in Bryman A and R Burgess (eds), *Analysing qualitative data*. Sage: London

Robbins M A, Frankel S J, Nanchal K, Coast J and Williams M H (1994), Varicose Vein Treatments in Stevens A and Raftery J (eds.), *Health care needs assessment: the epidemiology based needs assessment* (vol. II), Radcliffe Medical Press: Oxford

Monday 8 April

1.45 - 3.15
Concurrent session 2

Room: Newcastle

2.1.1 "A blob of this and a blob of that!": a phenomenological enquiry into the nutritional experiences of older people on a rehabilitation ward

Samantha Pollitt
Lecturer in Nursing, University of Central Lancashire, Preston, England, UK. Co authors: Martin Johnson, Alison Cochrane.

Abstract

Background

Understanding how older patients feel eating on a rehabilitation ward is vital if nurses are to be able to deliver good nutritional care at a time when it is most needed. Stroke sufferers are not only at more nutritional risk, but inadequate nutritional care prohibits successful rehabilitation with dreadful long-term consequences. Sufficient intakes of energy and protein form the basis of treatment aimed at rehabilitating patients. However, much of the literature discoursing nutrition and health suggest dietary care in hospital is less than adequate, leading to incidences of malnutrition, morbidity and even mortality (ACHCEW 1997, Bond 1997, Holmes 1999). Traditionally approaches to researching nutritional care have looked at nursing interventions, screening tools and catering services. Few have examined nutrition from patients' own perspectives with the aim of increasing nurses' insight into individuals' experiences. Therefore, the purpose of this study was to analyse and describe the experiences of older people eating on a stroke rehabilitation ward.

Method and findings

Researchers worked collaboratively with staff of a stroke rehabilitation ward for 18 months, undertaking participant observation and informal/focused interviews with patients. Data was collected from individual patient interviews and analysed according to the principles of Husserlian phenomenology. From this patients' experience of eating was conceptualised as an 'evolving process' that began even before patients received their food. Four key themes characterized this process: making choices, anticipation, eating behaviour, and appreciation. Findings are based on informant's descriptions of the specific themes and their general feeling of each theme being experienced positively or negatively.

This paper will report the key aspects of patients' experiences of hospital nutrition, and discuss ways in which listening to the voices of older people and working with them

to improve nutritional services can have important implications for future care.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand older peoples' experiences of nutritional care within hospital settings

- Examine their own practice in relation to dietary care, adopting a new approach that encompasses basic nutritional needs

- Identify and describe a basic phenomenlogical approach to undertaking nursing research

References

ACHCEW (1997), *Hungry in hospital*, Association of Community Health

Bond S (ed.) (1997), *Eating matters: a resource pack for improving*

Holmes S (1999), The weak link in the food chain, *Nursing Times* 95(11):55

Room: Newcastle

2.1.2 An action research study to explore patient participation on a ward for older people

Liz Tutton, Research Fellow, Royal College of Nursing Institute, Oxford, England, UK.

Abstract

This paper will explore the complexities of undertaking an action research project of patient participation on a ward for older people. An outline of the research process and analysis of data from patients and staff will be presented.

Participation as a term is not clearly defined (Cahill 1998) and there is limited evidence in relation to how patients can participate in day to day aspects of their care. Patients are however seen as powerful change agents (NHS Executive 1998) and nurses are expected to develop the ways in which they work in partnership with patients (DoH 1999). The aim of this study is to explore patients' and staffs' experience of moving towards patient participation in care. The study has four stages: 1) identification of the problem, qualitative interviews with nine patients and focus groups with eleven staff, 2) action planning; an interactive approach is used to develop a focus for change, 3) implementation; the process of change is monitored through interviews with ten patients and ten staff. The data has been transcribed verbatim and analysed using QRS Nudist to help with organisation of the data. Themes emerging from the data so far suggest there are issues in relation to the nature of participation, time, interpersonal issues, teamwork and the environment.

This study raises issues regarding the realities of undertaking action research in complex health environments. It contributes to our understanding of the complexity of patient participation with older people and provides

a framework that could be used to direct future nursing practice.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the realities of using action research in practice

- Have an insight into the complex nature of the issues raised by participation

- Be aware of how staff can move forward in their practice to increase patient participation

References

Cahill J (1998), Patient participation: a review of the literature, *Journal of Clinical Nursing*, 7(2):119-128

NHS Executive (1998), *Achieving Effective Practice*, Department of Health: Leeds

Department of Health (1999) *Making a difference: strengthening the nursing, midwifery and health visiting contribution to healthcare*, Department of Health: London

Room: Newcastle

2.1.3 Researching experiences of nursing home entry: the perils of constructivism

Sue Davies, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK.

Abstract

Constructivism as an approach to research has been promoted within the field of gerontology as a way of capturing 'everyday life' in older age in a way that reflects the perspectives of older people using their own terms and frames of understanding (Gubrium and Sanker 1994). There are also suggestions that the assumptions underpinning constructivist inquiry are particularly appropriate to research within the caring professions (Rodwell 1998). Nurse researchers are attracted by the action-orientated criteria for assessing the rigour of constructivist research, which suggest that research should be judged on the extent to which it identifies the need for change and enables such change to take place (Guba and Lincoln 1989).

In this paper, the author will describe some of the challenges encountered in attempting to use a constructivist approach to explore multiple perspectives of nursing home entry. Data were collected from semi-structured interviews with 37 people who had assisted a close relative to move into a nursing home. These data were complemented by observational case studies in three nursing homes which explored relationships between relatives, staff and residents and how relatives are supported in maintaining their caring role in this new context.

Methodological strategies employed during both phases of the the research aimed at

satisfying the authenticity criteria of fairness, ontological authenticity, educative authenticity, catalytic and tactical authenticity will be described, together with reflections on the extent to which these strategies were successful. In particular, the ethical issues confronted in attempting to negotiate accounts will be explored. While constructivist research approaches have the potential to ensure that the principles underpinning nursing research are the same as those underpinning nursing practice, the notion of authenticity criteria is still under development. Researchers should experiment with different strategies to ensure and demonstrate authenticity and to make the empowerment dimension of research rigour real and realisable (Rodwell 1998).

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the the assumptions underpinning constructivist inquiry

- Describe a range of strategies for ensuring rigour within constructivist research

- Identify the ethical challenges inherent to attempting to create joint accounts within a constructivist study

References

Gubrium J F and Sanker A (1994), *Qualitative methods in ageing research*, Sage: Thousand Oaks

M Rodwell (1998), *Social Work Constructivist Research*, Garland: New York

Guba E G and Lincoln Y S(1989), *Fourth Generation Evaluation*, Sage: Newbury Park

Room: Sheffield

2.2.1 Accident and emergency nurses' lived experience of violence in the work place - a phenomenological study

Ethel Hislop, Staff Nurse, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

Abstract

Aim

The aim of the study is to investigate accident and emergency nurses' lived experience of violence in the workplace.

Introduction

The literature examined provided extensive detail on the type and frequency of violent incidents but also highlighted a paucity of evidence on the emotional impact of these incidents. There is however evidence that violence induces feelings of bewilderment and turmoil (Chambers, 1998). It was therefore felt that it would prove useful to examine this impact in more detail and allowing for articulation of these feeling thus providing a rationale for the study.

Methods

The qualitative domain was chosen as the prime interest was a detailed description of the impact of violence. Phenomenology using the Husserlien school of thought was utilised as it encouraged detailed examination of violence through description and reflection (Streubert and Carpenter, 1995). A volunteer sample of six nurses was utilised. Open-ended interviews were conducted using one opening question and a standardised four possible cues which could be used to encourage deeper reflection. The interviews were taped, transcribed and analysed using the approach developed by Giorgi (1985).

Results

The themes, which emerged, were isolation, a sense of belonging due to colleague support, frustration and the notion of why as nurses should they be faced with this violence or the 'why-me' principle. Each of the themes will be discussed with quotations being utilised to substantiate meaning.

Recommendations/implications for practice

Implicit in these findings is the need for further research to evaluate the transferability of these findings to other populations. The impact of informal support from colleagues could be further analysed with the possibility of developing this support to improve services offered to staff in the aftermath of such events.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the frequency/type of incidents encountered in A&E

- Be aware of the emotional impact of violence as experienced in A&E

- Be aware of the implications tp practice of this research

References

Chambers N (1998), We have to put up with it - don't we?, *Journal of Advanced Nursing* 27(2):429-436

Giorgi A (1985), *Sketch of a psychological phenomenological method; phenomenological and psychological research*, Duquense University Press: Pittsburgh

Streubert H J and Carpenter D R (1995), *Qualitative research in nursing:advancing the humanistic imperative*, J B Lippincott and Co: Philadelphia

2.2.2 Abstract witdrawn

Room: Sheffield

2.2.3 Developing integrated nursing teams: an evaluation study

Ann Adams, Senior Research Fellow, University of Warwick, Coventry, England, UK. Co authors: Sandra Whitlock, Heather Sutton, Vivienne Bennett.

Abstract

Integrated working is considered central to delivering the government's agenda of meeting local needs and reducing inequality in primary health care provision (DOH 1997; 2000). It is also viewed as central to the efficient functioning of developing primary health care trusts (PCTs) (DOH, 2001). Yet history and change management literature suggest that the achievement of integrated working is not a simple matter. It requires a profound cultural shift, involving breaking down traditional barriers both within and between health care professions and achieving partnership based on mutual respect, understanding of one another's roles and willingness to share skills and expertise across professional and geographical boundaries.

This paper presents findings from a study evaluating the introduction of integrated nursing teams (INTs) in South Warwickshire, funded by the South Warwickshire Combined Care NHS Trust. Staff opinions and experiences of INTs were sought through a postal survey of 240 nurses and general practitioners (GPs), half of whom constituted the total medical and nursing staff population in 3 INT pilot sites. A matching sample was drawn from non-pilot sites, using random selection from local staff lists and stratifying by geographical location and professional discipline. Sampled nurses include practice nurses, district nurses, health visitors and community nurses for older people (CNOPs). Survey information was supplemented with semi-structured interviews with key stakeholders (n=10) and 3 focus groups involving staff from across South Warwickshire, who were not involved in the survey. Skill mix profiles and workforce data were also collated before and after the project, to assess equity in terms of staffing resources and service access for patients.

Barriers to integrated working are explored, particularly in relation to the change management process used, along with recommendations for positive future developments in team working in the primary health care setting. Reflections on the evaluation process itself are also presented.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware about policy issues related to integrated working

- Be aware about barriers to integrated team working

- Be aware about issues associated with evaluation research

References

Department of Health (1997), *The New NHS: Modern, Dependable*, The Stationery Office: London

Department of Health (2000), *The NHS Plan: A plan for investment, a plan for reform*, DoH: London

Department of Health (2001), *Shifting the Balance of Power within the NHS: Securing Delivery*, DoH: London

2.3.1   Abstract withdrawn

Room: Edinburgh

2.3.2   Changing service plans into evaluation frameworks using theories of change
Jane Wilcockson, Senior Research Assistant, University of Northumbria at Newcastle, Newcastle-upon-Tyne, England, UK. Co author: Susan Procter.

Abstract

This paper will present the proposed plan for the evaluation of the 'Caring for Cancer at Home' project, which is a new service set up to enable more patients who choose to die at home, to do so and to support their carers in this decision. Changes made in policy and practice are expected to demonstrate evidence of their effectiveness. Increasingly, a theoretical approach to evaluation is advocated as it offers guidance for a clear purposeful project design and implementation while illuminating the impact and process of change (Judge and Bauld, 2001). A common difficulty in new project design is the absence of a link between problem identification and the desired outcome. It is at this juncture that theory-based evaluation can be particularly effective in making clear the specific means required for achieving both short and long term goals in a given time scale. This paper will describe how the 'theories of change' evaluation theory, developed in the USA (Connell et al. 1995), informed the proposed plan for evaluation for the above service. It uses a logical framework to link context to outcome, through the careful consideration of five aspects of the project. These aspects are: the context for the project, the rationale, the interventions to be made, the expected consequences of the interventions and the outcomes expected to be achieved in a given time scale. Some of the issues surrounding the development of this evaluation plan will be discussed.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the different steps in the logical framework used
- Be aware of some of the issues concerned in developing a theory driven evaluation plan

- Understand better how change is brought about

References

Jugde K and Bauld L (2001), Strong theory, flexible methods:evaluating complex community-based initiatives, *Critical Public Health* 11(1):19-38

Connell J P, Kubisch A C, Schorr L B and Weiss C H(eds.) (1995), *New Approaches to Evaluating Community Initiatives: Concepts, Methods and Contexts*, Aspen Institute: Washington D.C.

Room: Edinburgh

2.3.3   Skill Mix: A Cultural and Social Exploration.
Lesley Young-Murphy, Health Visitor, University of Newcastle, Newcastle, England, UK.

Abstract

This ethnographic study of health visiting teams, consisting in this instance of health visitors and nursery nurses, is set against a backdrop of profound change and new challenges within the NHS.

In response to policy objectives, internal and external pressures, the emphasis of health care provision has moved from a reactive predominantly disease-orientated secondary service, to a proactive primary care led Health Service (DoH 2000). Central to this service is a workforce that has the capacity, flexibility and diversity to provide a client-centred, responsive, evidence-based, quality service that optimises resource utilisation. If the vision for the future is to be realised, new patterns of working and role development will need to evolve along side the review and reorganisation of service delivery (DoH 1999). Richards, Carley et al (2000) suggest that key issues within primary health care teams will be skill mix and workload distribution.

This qualitative exploratory study sits within an interpretative paradigm, utilising an ethnographic approach using a combination of interviewing and participant observation. It seeks to discover and interpret the complex social and cultural world of health visitor skill mix teams.

A purposeful sampling method was utilised with a resultant sample size of health visitors n=57 and nursery nurses n=26.

Thematic analysis of the data has so far identified the following themes: feeling undervalued, lack of control, personality, trust, uncertainty, playing the game, roles and responsibilities, solid foundations, theory-reality gap.

The challenge lies in understanding the nature and culture of successful skill mix teams, striving to achieve positive outcomes for both clients and staff if current rhetoric is to become a reality.

This presentation is based on the first part of the study which aims to establish what is

happening in the working lives of the health visitor and nursery nurse.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify key challenges associated with skill mix
- Gain insight into the working world of the health visitor and nursery nurse
- Be aware of the complex nature of skill mix teams

References

Department of Health (2000), *The NHS Plan*, HMSO: London

Richards A, J Carley J et al (2000), Skill mix between nurses and doctors working in primary care- delegation or allocation: a review of the literature. *International Journal of Nursing Studies* 37:185-197

Department of Health (1999), *Making a difference - strengthening the nursing, midwifery and health visitor contribution to health and healthcare*, HMSO: London

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Room: Belfast

2.4.1   Using the systems approach in understanding intensive care unit (ICU) consultants' perceptions of protocolised-weaning from mechanical ventilation (MV)
Bronagh Blackwood, Lecturer in Nursing, Queen's University, Belfast, Northern Ireland, UK. Co authors: Jennifer Wilson-Barnett, Gavin Lavery.

Abstract

Introduction

Nurse-led weaning protocols are safe and effective in reducing time spent on MV and ICU stay (Saura et al. 1996, Kollef et al. 1997). Weaning protocols are not, however, widely used in the UK. ICU consultants control the weaning process. The aim of this study, therefore, was to identify their perceptions of protocolised-weaning from MV. This information will be useful in identifying factors that will affect implementation of nurse-led weaning protocols in the UK.

Methods

Eleven consultant anaesthetists from two ICUs in Northern Ireland were interviewed using a semi-structured interview schedule. Access and ethical approval were obtained. Interviews were content analysed using the framework outlined by Morse and Field (1996).

Findings

Four primary categories were identified (knowledge of the art and science of weaning, professional boundaries, protocol issues and timing of the process) and a major thread running through them was harmony. This

was evident in the expression of weaning as being an art and a science requiring both empirical and abstract knowledge. Whilst the literature highlights the scientific effectiveness of protocols, it fails to address the intuitive aspect of weaning. Thus, there was a reluctance to trust protocols that seemingly ignore professional experience. Protocol development needs to balance the harmony of best evidence with professional judgement.

Conclusion

Weaning protocols constitute only one part of the weaning process. Successful development and implementation requires an understanding of other aspects. This can be seen by using a systems approach. The system is the weaning process, and the parts are the four categories outlined by ICU consultants. The systems approach takes an overall view by concentrating on the interactions between the different parts. This approach to protocolised-weaning is useful because it reflects harmony in how the parts influence the whole process.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of ICU consultants' perceptions of protocolised-weaning
- Identify factors that affect implementation of nurse-led weaning protocols
- Understand the application of the systems approach to the weaning process

References

Kollef M H, Shapiro S D, Silver P, St John R E, Sauer S, Ahrens T S, Shannon W and D Baker-Clinkscale (1997), A randomized controlled trial of protocol-directed versus physician-directed weaning from mechanical ventilation, *Critical Care Medicine* 25(4):567-574

Morse J M and Field P A (1996), *Nursing Research: The Application of Qualitative Approaches*, Chapman Hall: London

Saura P, Blanch L, Mestre J, Valles J, Artigas A and Fernandez R (1996), Clinical consequences of the implementation of a weaning protocol, *Intensive Care Medicine* 22:1052-1056

Room: Belfast

2.4.2 Continual monitoring: the panopticon in an intensive therapy unit

Susan Philpin, Lecturer, University of Wales, Swansea, Wales, UK.

Abstract

Aim

To explore the ways in which Foucault's (1977) concept of panoptic surveillance may be used to explore relationships between nurses working in an intensive therapy unit (ITU).

Method

This paper reports on early findings from doctoral research into nursing culture in a 14-bedded ITU, which took the form of participant observation in the unit on a weekly basis over a 12 month period, followed by in-depth interviews with 20 members of the staff. The apparent influence of the spatial features of this environment and their striking similarity to the notion of the panopticon emerged as an intriguing aspect in the early stages of analysis.

Discussion

Certain elements of the spatial setting in an ITU locale, ostensibly designed to promote optimum patient care, appear to fit with Foucault's notion of the panopticon, in that nurses working at the bedside are highly visible to senior staff situated at the central desk, whilst screened from their fellow workers by partitions. Indeed, advanced monitoring technology takes panopticon surveillance to even greater heights. Drawing on Foucauldian concepts of the power relations inherent in panoptic surveillance this paper explores the ways in which nursing work is monitored by more senior nurses, with the potential for serious penalties for observed mistakes. However, specific incidents from the fieldwork are used to illustrate the ways in which nurses resist this surveillance, attempting to minimise existing hierarchical power inequalities, and support each other in their work.

Conclusion

This paper demonstrates the influence of the spatial setting of an ITU locale on hierarchical power relations and the strategies nurses use to protect themselves in this environment.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand Foucault's concept of panoptic surveillance
- Identify how certain spatial features of the ITU locale epitomise this concept
- Be aware of the influence of spatial settings on nurse relationships

References

Foucault M (1977), *Discipline and Punish: the Birth of the Prison*, Allen Lane: London

Room: Belfast

2.4.3 A phenomenological exploration of the lived experience of transfer from the intensive care unit to the general ward.

Aidin McKinney, Staff Nurse, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

Abstract

Introduction

Despite an increasing awareness that discharge from intensive care (ICU) can be a problematic experience, there is a notable dearth of studies that specifically examine the individuals' perspective relating to this area. This study aimed to explore patients' thoughts and feelings about their experiences of transfer from ICU. A qualitative approach was selected as this study was exploratory in nature. Phenomenology, based on the interpretive Heideggerian approach was used to guide the study (Annells, 1996; Walters, 1995).

Method

A purposive sample of six articulate participants was selected. Open interviews were used to collect data. Participants were interviewed on two occasions: once in ICU, prior to transfer, and once in the ward, on day two following transfer. Interviews were taped, transcribed verbatim and analysed using a framework adapted from Vydelingum (2000) to reveal commonalities in experiences.

Results

The findings revealed that, pre-transfer, participants were mainly accepting of their impending transfer. Participants discussed a desire for normality and identified that leaving the ICU staff was the most negative component of transfer. In the post-transfer period, findings revealed mixed feelings regarding the actual transfer. Participants described how they were still suffering from physical complaints, which led to feelings of despondency. Differences between ICU and the ward were also highlighted. Finally, the enormity of the ICU experience appeared to have an impact in the post-transfer period.

Implications for nursing care

The results of this study indicate that transfer from ICU can be problematic for some individuals. Recommendations include the need for improved preparation and planning prior to transfer and greater continuity of care for those recovering from critical illness. Further research is also required to help establish the incidence of the problems revealed in this study and to evaluate the need for developing specialist services.

Intended learning outcomes

At the end of the session, participants will be able to:

- Discuss the need to further investigate patients' feelings on transfer from ICU
- Describe problems patients encounter

upon leaving ICU

- Identify nursing activity that may make transfer from ICU a more positive experience

References

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Room: Keele

2.5.1 Why are registered nurses leaving an acute hospital trust? An exploratory study

Margaret O'Hagan, Quality Improvement Co-ordinator, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

Abstract

Introduction

It is widely acknowledged that the supply of skilled and experienced nurses is failing to meet the current demand for health care (Stationary Office, 2000; RCN, 2000). Increasingly the focus of supply and demand, with regards to nursing, is on the area of turnover particularly at organisational level.

Aim

The aim of this study was to establish the specific reasons why registered nurses are leaving their positions in an acute hospital trust with the view to recommending ways to address this issue within the organisation.

Methodology

In order to established the extent of the problem under investigation and identify and explore specific reasons why registered nurses resigned from their position, this study was undertaken in two stages. The first stage was a data review of all nurses who left the Trust over a two year period from April 1999 to March 2001 (n=254). The second stage, a structured interview undertaken with the registered nurses who left the trust during a four month period from December 2000 to March 2001 (n=39).

Results

From stage one, it was established that the turnover of registered nurses was 10% in 1999/2000 and 11% in 2000/2001. In both years grade D nurses represented, on average, 70% of the total nurses leaving the Trust many of whom had less than three years experience. The findings from the interview stage identified that the reasons for registered nurses' leaving the work place were; change in direction of career, further professional development and poor relationships with

managers. The nurses' indicated improved line management (n=26), more flexible working conditions (n=24), increased professional development (n=24) were factors that would have encouraged them to remain in the Trust.

Implications

This study highlights a method for individual organisations to identify local difficulties regarding retention of their nurses and establish solutions to meet their specific needs for a retention strategy.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify reasons why nurses are leaving a Trust
- Understand the specific reasons that contributed to a nurses decision to resign from the Trust
- Appreciate the use of an exit interview in informing future retention strategies

References

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Wai Chi Tai T, Bame S I and Robinson C D (1998) Review of nurse turnover research 1977-1996, *Social Science and Medicine*, 48(12):1905-1923

Room: Keele

2.5.2 Nursing shifts: is what's best for nurses best for the organisation?

Janet Wilson, Acting Manager, Practice Development Support Team, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, England, UK.

Abstract

In most acute areas nurses provide 24-hour cover, 365 days per year using systems that involve a variety of shift length, rotational styles and staff acceptability. A literature review was carried out which showed that shift work can have a detrimental effect on health causing depression and sleep disturbances, result in high staff turnover and affect recruitment and retention (Humm 1996, Fossey 1990 and Skipper et al 1990).

Following the literature review, a study to identify which combinations of shift working cause the least disruption for nurses and meet the needs of the organisation in delivering patient care was conducted in a large acute teaching hospital in central England.

Aims

To discover how different shift patterns impact on staff in terms of:

- Physiological and psychological effects
- Social acceptability
- Needs of the service
- Method and sample

A structured questionnaire was distributed to a representative sample of qualified nurses (n=124), who worked a range of contractual working patterns. They were asked how shifts impact on job performance, motivation and patient care.

Findings

Certain shift patterns caused physical and psychological effects which were detrimental to staff health and ability to perform to a consistently high standard.

Recommendations for practice

The use of forward rotation of shifts, a maximum of three consecutive nights worked and a minimum of two consecutive days off are least detrimental

Certain start times and shorter night shifts reduce stress and risk of accidents

An element of choice, flexibility and predictable work patterns help staff cope with shifts

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the way shift combinations cause physical, psychological and social disruption to nursing staff
- Understand how nurses feel that shifts impact professionally on job performance, motivation and patient care
- Identify pointers for shift systems within nursing that meet organisational needs and cause the least disruption to nursing staff

References

Clancy J and McVicar A (1994), Circadian Rhythms 2: shift work and health, *British Nursing Journal* 3(14):712-717

Coffey L, Skipper J and Jung F (1988), Nurses and shift work: effects on job performance and job related stress, *Journal of Advanced Nursing* 13:245-254

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Room: Keele

2.5.3 The conflict perception and management styles of staff nurses and ward managers in specialist units

Sean Graffin, Lecturer in Nursing, University of Ulster, Newtownabbey, Northern Ireland, UK.

Abstract

Background

Research on conflict and nursing has been sparse with limited application to the clinical setting. This study builds on the work of Cavanagh (1991) by extending the sample to include specialist areas.

Objectives

To evaluate the level of conflict perceived by staff nurses and ward managers in specialist clinical units

To determine the conflict management styles of staff nurses and ward managers in those specialist units

Method

A convenience sample of 117 staff nurses and ward managers working in specialist areas across 3 hospitals responded out of a potential of 175 - (67%). Instruments included a demographic questionnaire, the Perceived Conflict Scale (Gardner, 1991) and the Thomas - Kilmann MODE (Thomas and Kilmann, 1974) tools. Data was analysed using SPSS, Chi Square and ANOVA.

Results

Comparisons of the perceived conflict levels and conflict management styles of both groups (staff nurses and ward managers) were made. With regard to perceived conflict levels, there was a statistically significant relationship between job status and perception (p = .0308). Findings of the MODE instrument showed that the ward managers' preferred conflict management style was, in descending order, avoiding, collaborating, compromising, accommodating and competing. In contrast, the predominant conflict trait displayed by the staff nurses was compromising, followed by avoiding, collaborating, accommodating and competing. The findings will be discussed in relation to clinical practice.

Implications

The issues raised in this paper have implications for clinical practice. For nursing care to be effective conflict in the workplace must be acknowledged and addressed appropriately. This presentation draws attention to much needed research in this area and demonstrates how the concept of conflict can have a negative effect in the clinical arena.

Intended learning outcomes

At the end of the session, participants will be able to:

- Show an awareness of the importance of conflict within the organisational life in nursing

- Recognise the implications arising from the study for the nursing profession as a whole

- Discuss the reliability of these findings and assess the implications for their own clinical practice.

References

Cavanagh S J (1991), The conflict management style of staff nurses and nurse managers, *Journal of Advanced Nursing*, 16 April 1991:1254 - 1260

Thomas K W and Kilmann R H (1974), *Thomas - Kilmann Conflict Mode Instrument*, Tuxedo Inc: New York

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Room: Swansea

2.6.1 Evaluating an assessment scale which measures the irrational beliefs of people with mental health problems

Douglas MacInnes, Senior Lecturer in Research, Canterbury Christ Church University College, Canterbury, England, UK.

Abstract

Cognitive Behaviour Therapy (CBT) is becoming more widespread when assessing and intervening with mental health problems (Dryden, 2001). One of the main assumptions of CBT is that the distress of the mental health problems, and the coping responses adopted, are not a direct consequence of symptoms but of the individual's beliefs about their symptoms (Chadwick et al, 1996). A valid and reliable measure of irrational thinking would therefore be beneficial in assessing the influence of beliefs on mental health clients' well being and the efficacy of cognitive interventions in addressing problems. On such measure is the Shortened General Attitude and Belief Scale (SGABS) which is a tool developed to measure irrational thinking developed by Lindner et al (1999) following on from earlier work by Bernard (1990). The study examines the effectiveness of the SGABS when assessing the rational and irrational beliefs of mental health clients. The specific aims are:

- To assess the scores of the SGABS in comparison with a number of other health measurement tools (General Health Questionnaire; Beck's depression Inventory; Hospital Anxiety and Depression Scale)

- To examine the SGABS scores of mental health clients when compared with SGABS scores of a comparative group of the general population

- The sample consists of 24 clients within an in-patient unit with a diagnosis of severe mental illness and a comparative group of 30 students on health courses. Both the client group and comparative group have completed the SGABS and the other measures detailed above. Statistical analysis has examined the relationships between SGABS and other measures, and between mental health clients and members of the general population.

The paper will:

- Outline the development and the multidimensional characteristics of the SGABS

- Detail the main results of the study

- Discuss the potential usage of the SGABS when evaluating CBT interventions with mental health clients

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the main principles of the Shortened General Attitude and Belief Scale

- Be aware of the relationship between irrational beliefs and mental health problems

- Identify the uses of the scale in assisting to evaluate the effectiveness of cognitively based interventions

References

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Lakeman R (2001), Making Sense of the Voices, *International Journal of Nursing Studies* 38(5):523-531

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Room: Swansea

2.6.2 Patterns of utilization at a nursing center for the homeless: health care problems and interventions

Joan Wilk, Associate Professor, School of Nursing, University of Wisconsin-Milwaukee, Milwaukee, USA.

Abstract

The purpose of this study was to describe utilization patterns of uninsured and marginally housed men, women and children who sought health care services over a five year period of time at a Community Nursing Center in a homeless shelter in a small midwestern city in the United States.

The effects of homelessness on health and the limited access to health care have resulted in large groups of people who are at risk for health alterations and chronic disease

(Macnee, Hemphill, & Letran, 1996). As more is learned about the patterns of health care utilization of the underserved, health care providers will be able to focus on prevention and effective interventions that promote health.

The Omaha System (Martin & Sheet, 1992) was the classification and intervention scheme used by nurses and nursing students to collect data on demographics, health problems, interventions and outcomes for 4000 first time encounters with a homeless population over a five year period of time. Analysis of the records indicated clients presented with physiological problems with the greatest frequency. These were classified as circulatory problems (37%), pain (16%), and respiratory problems (15%). The majority of nursing interventions occurred in the areas of health teaching and guidance (41%), followed by case management (37%).

Declining health care resources due to escalating costs increases the need for prevention, health promotion and health education (Whelan, 1995). Nurses working in the community will be better prepared to deal with the health care needs of people who are homeless and/or inadequately housed with an improved understanding of the range of problems encountered by this population.

Intended learning outcomes

At the end of the session, participants will be able to:

- Describe a classification and intervention appropriate for data collection in the community scheme
- Describe health care problems identified by a homeless population
- Identify nursing interventions appropriate for homeless clients

References

Macnee C L, Hemphill J C and Letran J (1996), Screening Clinics for the homeless: Evaluating outcomes, *Journal of Community Health Nursing*, 13(3):167-177

Martin K and Sheet N (1992), *The Omaha System: Applications for Community Health Nursing*, W.B. Saunders Company: Philadelphia

Whelan E (1995), The health corner: A community-based nursing model to maximize access to primary care, *Public Health Reports* 110(2):184-188

Room: Swansea

2.6.3 Using a game theory framework to analyse complex caring networks

Davina Allen, Senior Lecturer, School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, UK. Co authors: Lesley Griffiths, Patricia Lyne.

Abstract

Ensuring collaboration between the providers of health and social care is a well-established concern. In the UK since the 1970s, successive governments have underlined the need for joint working in the delivery of health and social services. Despite considerable investment in research and development and service restructuring, 'seamless' services have remained a stubbornly elusive goal.

In this paper we explore the value of a game theory framework for understanding complex caring networks. We draw on 8 ethnographic case studies of the caring trajectories of adults undergoing stroke rehabilitation which were carried out in 2 Health Authorities in Wales (Allen et al 2000). Each case's continuing care was followed for 6 months. Snowball sampling was employed to trace the networks through which care was delivered, enabling the identification of the key players and processes involved. Data was generated through tape-recorded interviews with the client, their carer and service providers, observations of key events in the client's caring trajectory and documentary analysis. Detailed analytic maps were constructed allowing the identification of critical junctures in the caring trajectory.

Drawing on a sociological game theory framework (Elias, 1978; Lyman and Scott 1970) we analyse the case studies in order to explore the successes and failures of interagency/interprofessional working.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand game theory
- Understand the complexity of caring networks
- Understand how game theory can augment understanding of complex caring networks

References

Allen D, Griffiths L, Lyne P, Monaghan L and Murphy D (2000), Delivering Health and Social Care: Changing Roles, Responsibilities and Relationships, final report submitted to the Welsh Office of Research and Development for Health and Social Care

Elias N (1978), *What is Sociology?* Hutchinson: London

Lyman S M and Scott M B (1970), *A sociology of the absurd*, Goodyear Publishing Company, Inc: California

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Monday 8 April

3.45 - 5.15
Concurrent session 3

Room: Sheffield

3.1.1 Informal carers: valued but overlooked

Meinir Krishnasamy, Centre for Cancer and Palliative Care Studies, Institute of Cancer Research, London, UK.

Abstract

Introduction

This paper explores patterns of informal carer needs as identified from three studies undertaken with patients, lay and professional carers. Recommendations for future practice development initiatives are offered in conclusion.

Data sources

1) Interviews with 71 patients with primary lung cancer and a relative or friend of their choice;

2) Interviews from a case study of 15 patients with cancer, their lay and professional carers;

3) Questionnaire data from a survey of 466 patients with lung cancer and their informal carers.

Key findings

Informal carers appear reluctant to pursue support for themselves, choosing instead to focus all available care toward the patient. Evidence presented will indicate the consequences of this for lay carers, including emotional strain and physical exhaustion, which largely remain hidden from professional carers and patients. Lack of emotional and informational support were described as being especially difficult to cope with, leaving lay carers feeling unable to help when new problems manifested themselves, or to discuss fears with loved ones. Despite assumptions amongst professionals that family members turn to each other for support evidence suggest that they are relunctant to do so. As such they experience powerful feelings of isolation and inadequacy particularly as the patient's disease progresses.

Conclusions

Despite an increasing awareness of the importance of providing family-centred cancer care, data will show that the needs of informal carers remain hidden. Evidence provided will indicate that meaningful improvements to informal carer experiences can be made within existing structures of care, and that for little effort, considerable benefits might be achieved.

Room: Sheffield

3.1.2 Influences on caregiver's psychological stress

Sabine Bartholomeyczik, Professor of Nursing Science, University Witten/Herdecke, Witten, Germany. Co authors: Dipl Pflegewirt, Dirk Hunstein.

Abstract

Objective

In an investigation about the duration of home care the family caregivers were interviewed. The secondary analysis to be presented focusses on the influences of the care dependant's characteristics, the help from others and the own background on the caregiver's stress and feeling of being left alone with the burden of caring.

Sample

A convenience sample of 230 family caregivers whose care dependants receive reimbursement by the German Long Term Care Insurance.

Methods

Standardised questionnaire, descriptive analysis using SPSS. Data reduction was done by factor analysis for a stress index and by cluster analysis to describe different groups of care dependants. For the descriptive analysis comparison of means and correlations were used.

Findings

The highest stress is experienced by daughters who in general constitute the largest group of family care givers. First results suggest relationships to the caregiver's occupational status, subjective health, perceived obligation to the caring role and to the care dependant's situation. Whether more helpers support the caregiver or not does not influence perceived stress. Even some highly stressed caregivers refuse help from outside. The most stressful experience for the caregiver seems to be the care for a relative with depressive symptoms; this seems to be a heavier load than cognitive impairments or Alzheimer's Disease alone.

Conclusions

Too often caregiver's stress is reduced to the care of Alzheimer patients, especially in the ongoing German discussion. However, next to cognitive impairments, depressive symptoms are one of the most often diagnosed psychiatric phenomena among the elderly, especially in women. Interaction between professional nursing services and family caregivers has to be improved, counselling must be an important part of help.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be more sensitive in identifying several aspects of the caregiver's situation and needs

- Understand the necessity for further research: the effectiveness of the kind of help for caregivers should be investigated, expecially with its consequences for the well-being of the care dependant

- Understand the demands for political solutions: ways of organising and financing low threshold and approaching services must be found

References

Bartholomeyczik S, Hunstein D, Koch V and Zegelin A -Abt (2001), *Zeitrichtlinien zur Begutachtung des Pflegebedarfs*, Mabuse: Frankfurt am Main

Given B A and Given C W (1991), Family Caregiving for the Elderly, in Fitzpatrick J J, Taunton R L and A K Jacox (eds.), *Annual Review of Nursing Research* 9: 77-101, Springer: New York

Greassel E (1997), *Belastung und gesundheitliche Situation der Pflegenden.* Haensel-Hohenhausen: Egelsbach u.a.

Room: Sheffield

3.1.3 Taking a discourse analysis approach to explore why there is no discussion of the district nursing contribution in residential care homes

Rosemary Woolley, Research Assistant, Post-Registration Nursing, University of Hertfordshire, Hatfield, England, UK. Co author: Dr Claire Goodman.

Abstract

A study on district nursing involvement in residential care for older people revealed an absence of discussion of the district nurse contribution, despite evidence that it is a significant area of their work (Audit Commission, 1999). Taking a discourse analysis approach, the aim of this paper is to explore and question why there has been no debate about what constitutes appropriate community nursing provision for older people in residential care homes. The first part of the paper will discuss what is meant by a discourse analysis approach (e.g. Burr 1995, Cheek 2000).

We will then present our analysis of a piece of text to reveal the discourses operating within it and to begin to theorise why there has been no debate. The text is taken from a Kings Fund Briefing report (Stevenson 2000, p6) which interprets current guidance on the responsibility of the NHS for meeting continuing health care needs for people who live in nursing or residential care homes:

"The situation is relatively clear in respect of the provision of both specialist and district nursing services to people who live in residential care homes. There is no expectation that their nursing needs can be met by the social care staff in these homes, and therefore no debate about whether it is appropriate for NHS community nurses to provide care to them according to their assessed needs."

Using literature, survey and focus group data from the study that aimed to explore the involvement of district nurses in residential homes for older people, we will critically explore the assumption made in this text. The discussion will focus on how the use of discourse analysis helped to develop an understanding of why district nurses' role in residential care is not discussed.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain an understanding of the contribution of discourse analysis as an approach within a larger study

- Be aware of discourse(s) of NHS community nursing provision for older people in residential care homes

References

Audit Commission (1999), *First Assessment: A Review of District Nursing Services in England and Wales (National Report)*, Audit Commission Publications: Abingdon

Burr V (1995), *An Introduction to Social Constructionism*, Routledge: London

Cheek J (2000), *Postmodern and Poststructural Approaches to Nursing Research*, Sage: USA

Stevenson J (2000), NHS Responsibilities for Meeting Continuing Health Care Needs for People who live in Nursing Homes or in Residential Care Homes (Briefing Paper 5), King's Fund: London

Room: Keele

3.2.1 Education is not filling a pail but lighting a fire (William Butler Yeates): findings from the AGEIN Project examining how pre-registration nurses learn to care for older people suggesting a new model for gerontological education

Jayne Brown, Lecturer in Nursing, University of Sheffield, Sheffield, UK.

Abstract

This work will present the findings of phase 2 of the AGEIN Project (Advancing Gerontological Education in Nursing) a 3 1/2 year project funded by the English National Board looking at how nurses learn to care for older people. Phase 2 is concerned with pre registration nurses, examining the experiences of students as they develop their knowledge, beliefs, attitudes and caring behaviours with older people, so as to better understand the important influences on them, and the most effective way of preparing practitioners to work in this field. The study used a variety of data collection methods; guided verbal reflection (Owens 1997, n=45), focus groups (n=56), visits to clinical placement areas(n=34) where non-participant observation, indvidual interviews and focus groups took place. An inductive

approach was used with the data and findings were consistant with the emerging framework developed by Nolan et al (2001). Further analysis has led to the devlopment of a model of practice education which is presented here, and suggested as the basis of future gerontological education for pre-registration nursing students.

Intended learning outcomes

At the end of the session, participants will be able to:

- Articulate the model of gerontolgical education proposed
- Identify the research methods used in this study
- Discuss the model in relation to nurse education

References

Owens R, Nolan M R, Venables A and Curran M (1997), *An Evaluation of the ENB Framework and Higher Award*

Nolan MR, Davies S and Grant G (eds.) (2001), *Working with Older People and their Carers: Key Issues in Policy and Practice*, Open University Press

Room: Keele

3.2.2 Interprofessional education as a foundation for multidisciplinary teamwork

Susan Morison, Research Fellow, School of Nursing & Midwifery, Queen's University, Belfast, Northern Ireland, UK. Co author: Marianne Moutray.

Abstract

Two of the major issues engaging those involved in the interprofessional education (IPE) debate are firstly, establishing an evidence-base to support the claim that IPE can equip students with the skills they need to be able to work collaboratively and hence improve patient care.

Secondly, establishing which educational strategies are most appropriate for the successful implementation of IPE. Of particular relevance to both issues is the contribution that undergraduate (pre-registration) programmes might make.

The IPE programme developed and piloted in the Faculty of Medicine and Health Sciences, QUB, involved 136 undergraduate students in the specialist areas of Children's Nursing and Paediatrics.

Three groups, with a maximum of 44 students per group undertook the project during 2000/1.

Students were at the same level of study (3) although medical students were in their fourth year.

Experts from both professions, University and Health Service, delivered the programme and assessed student learning.

Qualitative and quantitative evaluation techniques were employed to help determine what the barriers were that prevented success. Classroom-based shared learning (lectures, PBL, small-group teaching) was compared with shared learning during clinical placement (tutorials, ward rounds, teamworking). Both teachers and learners evaluated the programme.

Key results, helping to determine future development of shared learning in this specialist area, will be presented and discussed. Initial results indicate that both students and staff identified PBL as the most successful classroom-based strategy but that clinical placement learning was prefered overall.

Involving students in a shared case-study, leading to an assessed presentation was an effective focus for placement shared learning as were shared ward rounds. However, results also indicate that if clinical placement is to become a focus for future IPE development there are significant implications for both university and health service staff whose committment is perceived as essential.

Intended learning outcomes

At the end of the session, participants will be able to:

- Recognise successful teaching and learning strategies for pre-registration clasroom-based IPE
- Be aware of recommended teaching and learning strategies for pre-registration placement IPE
- Appreciate the implications for Health Service staff of introducing placement IPE

References

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Parsell G and J Bligh (1998), Educational principles underpinning successful shared learning, *Medical Researcher* 20(5):409-416

Finch J (2000), Interprofessional education and teamworking: a view from the education providers, British Medical Journal 321:1138-1140

Room: Keele

3.2.3 Patient referrals: views of health care providers from secondary and primary care settings in Hong Kong

Christine Chan, Lecturer, The Hong Kong Institute of Education, Hong Kong, China.

Abstract

The Community Nursing Service (CNS) in Hong Kong has been seen as an integral part of the health care delivery services, aiming to provide continuing nursing care to patients in their home environments after discharge from hospital (Hong Kong Health Authority, 1993).

Aims of the study

This paper reports on service providers' perceptions of patient referrals to Community Nursing Services (CNS). Subjects included hospital providers as the CNS case-referees and community nurses and community doctors as the direct care providers.

Design/methods

A quantitative methodology with data triangulation was employed involving the use of multiple data sources with similar focus. Using a semi-structured questionnaire and structured questionnaire to collect data from different groups: doctors (n=473), senior nurses (n=1194) and allied health workers (n=472) from secondary care setting of 11 public hospital, and community nurses (n=219) and outpatients doctors (n=182) from primary health care setting of 17 Community Nursing Stations throughout the city. Data was analysed using SPSS (Statistical Package for the Social Sciences) computer software.

Findings

The results indicated that health care providers of secondary care setting held different beliefs and practices about patient referrals from health workers of primary health care settings. The direct care providers, community nurses and community doctors had little opportunity involving in decision making on patients referrals which they hope to have more autonomy and appropriate involvement. Hospital doctors and senior nurses were highly involved in making the decision for patients but not the allied health workers. The implication is that a dominant medical orientation of home-based patients care is existed. It remains in the procedures and monitoring of patient referrals, between the interface of secondary and primary health care settings.

Conclusion

A multidisciplinary team approach is suggested to the future development of the Community Nursing Service in Hong Kong.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the Community Nursing Service in Hong Kong as an example of health care delivery development in a British colonial society
- Be aware of the difficulties of multi-disciplinary team approach to health care delievry as patient referrals in the Community Nursing Service

References

Hong Kong Health Authority (2000), Lifelong investment in health - consultation document on health care reform, Health and Welfare Bureau, Government of the Hong Kong Special Adminitrative Region: The People's Republic of China

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Triangulation: operational definitions, *Nursing Research* 40:364-366

Lehtimen U and Lehtinen J R (1991), Two approaches and service quality dimensions, *The Service Industries Journal* 11(3):287-303

Room: Edinburgh

3.5.1 Beyond patient satisfaction: new approaches to measuring patient experiences of nursing care

Sophie Staniszewska, Senior Research Fellow, RCN Institute, Oxford, England, UK.

Abstract

The measurement of patient satisfaction has been a common way of evaluating the quality of nursing care. Traditionally this assessment has taken the form of a satisfaction survey. However, concerns have been expressed about the validity of the concept of satisfaction, the poor theoretical underpinning of the area and the limited understanding we have of the way patients evaluate their care. This paper will report the results of a study that attempted to address these issues by exploring the process of evaluation, in order to develop a better understanding of the way individuals make judgements about their care. The study was carried out with 41 outpatients in Oxfordshire. The sampling strategy was purposeful, as it was anticipated that patients varying in age and sex could vary in the way they evaluated their care. In total 85 interviews were carried out, 41 before the patient's appointment, 37 after their appointment and 7 at a third point. Data analysis was informed by McCracken's (1988) approach. The study had a number of key findings. Patient evaluation is made up of a number of cognitive and affective processes that seem far more complex than has so far been acknowledged by nursing literature. Patients use a range of varied and specific criteria to evaluate their care, including technical, personal and emotional aspects. Evaluation is set within a context of social processes that can affect whether individuals evaluate care positively or negatively, which can be independent of the quality of care received. Patient evaluation also occurs within a broader 'culture of health care,' for example perceptions of hierarchies and power, which impact on evaluation. The presentation will consider each of these sets of findings and discuss the implications for nursing research and how care is evaluated from the patient's perspective in the future.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understanding the difficulties of measuring patient satisfaction.
- Identify current developments in measuring the quality of care
- Be aware of potential future developments in patient evaluation of nursing care

References

Williams B (1994), Patient satisfaction: A valid concept?, *Social Science& Medicine* 38(4):509-516

Staniszewska S and L Ahmed (2000), Patient involvement in the evaluation of care - identifying key issues and considering the way forward, *Coronary Health Care* 4:39-47

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3.5.2 Abstract withdrawn

Room: Edinburgh

3.5.3 Assessment and prediction of post traumatic stress disorder following intensive care

Joan Maclean, Lecturer, School of Healthcare Studies, University of Leeds, Leeds, England, UK.

Abstract

Objective

To examine the long term psychological consequences of admission to the Intensive Care Unit (ICU), for survivors of critical illness.

Design

A prospective design using survey methods. Data were collected from surviving patients at six weeks, six months and one year following discharge from the ICU. Measures included the General Health questionnaire, Rosenberg self-esteem scale, and the Impact of Event Scale.

Setting

Patients were recruited from the ICU at St.James's University Hospital, Leeds.

Subjects

Seventy-two patients were recruited to the study.

Results

Initial analysis produced evidence of significantly different levels of dysfunction and post traumatic stress disorder (PTSD) among subgroups, in particular age, length of stay, illness type and pre-exsistence of cancer.

Regression anaylsis identified factors predictive of psychological dysfunction and post traumatic stress.

What is already known on the subject?

Psychological problems in ICU survivors have been reported in a number of studies. More recently this population has been examined specifically for PTSD, since it is apparent that intensive care - despite its largely good intent - can be a source of considerable trauma.

What does this study add?

This study demonstrated medium or high levels of PTSD symptoms in over 50% of the surviving patients. The results have been examined in the light of current PTSD literature. Both cognitive and psychobiological theories can furnish explanation.

The study has led to increased awareness of the impact of intensive care and has yielded new insight into the problems experienced by this expanding patient group.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand potential for PTSD after I.C.U.
- See application of quantitative methodology in this population
- Be aware of possible predicting factors for PTSD after intensive care

References

Schelling et al (1998), Health related QOL and PTSD in survivors of Adult Respiratory Distress, *Critical Care Medicine* 26(4):651-9

Waldmann et al (1998), Intensive aftercare after Intensive Care. *Current Anaesthesia and Critical Care*, 9:134-139

Room: Newcastle

3.6.1 Birth technology: observations of high technology usage in the labour ward

Marlene Sinclair, Lecturer in Nursing, University of Ulster, Londonderry, Northern Ireland, UK.

Abstract

This paper presents the findings from a clinical observation study of 17 induced births, which were technologically supported. The study was designed to collect data that would allow the use of technology to be analysed and categorized using several focal points: the CTG machine, the mother (and partner) and the midwife. The study identifies several different roles of the midwife within a technological birth and these may be categorised as: 'midwife as facilitator', 'midwife as distant observer' and 'midwife as controller'. In addition, partners in the birthing processes acted as 'interpreters' and 'enablers'. The birthing women also adopted several role types: 'technology-sensitive' or 'technology-vulnerable' depending on their own knowledge and ease with the technology and the induction process. Overall, the women giving birth and their partners perceived the CTG machine to be instrumental in providing them with necessary information about the birthing process. This machine was likened to an 'electronic window' as it provided evidence of the wellbeing of the baby. The findings from this study confirm the usage of technology in the birthing process is complex. The birthing environment itself is a dangerous one when a full technological delivery is in operation and

a fully automated system is activated. It can contain an average of five pieces of electro-medical apparatus attached by a midwife who is responsible for her actions in terms of accepting personal accountability. The paper concludes by proposing that technology may be a 'neutral object' or a 'tool for use', but the midwife has the power to influence its usage and the participants' usage of it.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the common technologies used by midwives in induced labour
- Understand the problems associated with the use of high technology in labour
- Discuss the role of the midwife in birth with technology

References

Crozier K and Sinclair M K (1999), Birth Technology: Electronic Fetal Monitoring, *Royal College of Midwives Journal* 2(5):160-163

Cowie J L and Floyd S R (1998), The art of midwifery: lost to technology?, *Australian College of Midwives Incorporated Journal* 11(3):20-24

Neilson J P (1995), Fetal blood sampling as an adjunct to heart rate monitoring in Enkin M W, Keirse M J N C, Renfrew M J and J P Neilson (eds.), *Pregnancy and Childbirth Module of The Cochrane Database of Systematic Reviews*, The Cochrane Collaboration: Oxford

Room: Newcastle

3.6.2   Postpartum health and service utilization: the experiences of low income women
Wendy Sword, Assistant Professor, School of Nursing, McMaster University, Hamilton, Ontario, Canada. Co authors: Paul Krueger, Susan Watt.

Abstract

Women who are economically disadvantaged have generally poorer health than individuals with higher incomes. They also are likely to experience substantial morbidity following childbirth (McCormick et al., 1992). Access to health care can be problematic due to personal and situational attributes as well as service delivery characteristics (Sword, 1999). The data used in this presentation were collected as part of a larger study in Ontario, Canada of postpartum service utilization in which a convenience sample of 250 women from each of five hospital sites completed a self-report questionnaire in hospital (n=1250). Seventy percent of the participants (n=875) completed a structured follow-up telephone interview at four weeks after discharge from hospital. Women were eligible to participate if they had a singleton vaginal delivery of a healthy infant. Of the women who completed the telephone interview, 17.6% reported family incomes of $20,000 or less. Analysis of the data for this sub-group of women focused on outcome variables such as maternal self-rating of health, mental health, perceived need for care, service use, and access barriers. Preliminary findings suggest that economically disadvantaged women have poorer health and different service utilization patterns in the early postpartum period compared with women of higher income. They also had specific care needs that were not always met. The study results will add to the limited body of knowledge about health status following childbirth among low-income women. They also will add to our understanding of met and unmet care needs as well as barriers to accessing care in a system in which medical insurance is universal. This information will be useful in informing service planning and developing strategies to address unmet health care needs and to overcome access barriers for this population.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain an apprecation of the early postpartum health status of low income women
- Understand postpartum service utilization patterns of low income women
- Identify barriers to postpartum care for low income women

References

McCormick M C, Brooks-Gunn J, Holmes J H, Wallace C Y and Heagarty M C (1992), Maternal health status in the year after delivery among low-income women, *Journel of Women's Health* 1(3):225-230

Sword W (1999), A socio-ecological approach to understanding barriers to prenatal care for women of low income, *Journal of Advanced Nursing* 29(5):1170-1177

Room: Newcastle

3.6.3   Meeting the information needs of women after treatment for gynaecological cancer: implications for nursing intervention
Joanne O'Neill, Research Associate, School of Nursing, Midwifery and Health Visiting, University of Manchester, England, UK. Co authors: Katie Booth, Kinta Beaver, Carole Farrell.

Abstract

Background

Cancer care policy emphasises the importance of sensitive, appropriate patient information and ensuring patients are involved in key decisions. To perform this function effectively the nurse may need an understanding of patients' underlying worries and feelings together with the sort of information important to patients and the extent of desired involvement in decision making.

Aim

To explore patients' information needs during the first six months of their experience of gynaecological cancer.

Methods

Seventy patients from two specialist oncology units were interviewed at the time of diagnosis/initial treatment and again at six months. The semi-structured schedule included recognised instruments to assess; information needs and sources of information, decision-making preferences, concerns and psychological impact.

Findings

Throughout the study there was evidence of a considerable burden of worry. Over half the women had 4 or more significant concerns related to their illness experience, moreover 30% had evidence of high anxiety, which reduced to 22% at the second interview. At both time points, priority information needs related to possibility of cure and stage of disease, whilst sexual attractiveness remained least important. There is also evidence that patients may need to utilise information in order to be informed partners in their care. 55% of the sample indicated that they would like an active or shared role in decision making at the time of initial treatment. Less than half 45% preferred a more passive role. Nurses could be well placed to help women in this situation as they are seen as an important information resource.

To help patients, nurses need to be:

Skilled and willing to assess individual concerns and psychological morbidity

Active in helping women identify what information is important to them and supporting them to engage in preferred levels of involvement in decisions

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the concerns and be aware of the psychological impact for women receiving treatment for gynaecological cancer
- Identify priority areas of information for women with gynaecological cancer
- Describe how the nurse may support patients to engage in preferred levels of involvement in decisions

References

NHS Executive (1997), *Improving Outcomes in Gynaecological Cancer Department of Health*, London

Degner L F, Kristjanson L J, Bowman D, Sloan J A, Carriere K C, O'Neil J, Bilodeau B, Watson P and Mueller B (1997), Information needs and decisional preferences in women with breast cancer, *Journal of the American Medical Association* 277(18):1485-1492

Harrison J, Maquire P, Ibbotson T, Macleod R and P Hopwood (1994), Concerns, Confiding and Psychiatric Disorder in Newly Diagnosed Cancer Patients: A Descriptive Study, *Psycho-Oncology* 3: 173-179

Tuesday 9 April

11.00 - 12.30
Concurrent session 4

Room: Newcastle

4.1.1   The impact of the clinical nurse specialist within a palliative care team in an acute hospital setting, on cancer patients symptoms and insight
Barbara Jack, School of Health Studies, Edge Hill College of Higher Education, Liverpool, UK. Co authors: Jackie Oldham; Anne Williams.

Abstract

Background

Palliative care has one of the largest numbers of Clinical Nurse Specialists

[CNS] of any specialty. With the publication of the NHS Cancer Plan, Department of Health [2000] this is set to escalate, particularly in the hospital setting. Despite this there is limited evidence of the effectiveness of the CNS. With the current policy emphasis on demonstrable clinical effectiveness, there is an urgent need to establish the value of CNS in the area of Palliative Care [Robbins 1998].

Method

This paper presents the quantitative findings of an evaluation study on the impact of the CNS within a palliative care team in a large hospital in the northwest of England. A quasi-experimental design, using a quota sample, investigated 50 patients receiving CNS input and compared outcomes with 50 patients receiving traditional care. Data was collected using the PACA symptom assessment tool [Ellershaw et al, 1995]. Patient and relatives insight into the disease was examined, along with key factors for patients with cancer such as pain, anorexia, nausea, constipation and insomnia.

Results and Discussion

The group receiving the input from a CNS could be shown to have a greater improvement in their insight in to their disease and a greater reduction in the severity of all the symptoms measured. All these results were shown to be statistically significant, with the single exception of insomnia. In particular pain was found to greatly improve [$p<0.001$] with CNS showing an improvement of 40.6% more than the patients who received traditional care. The CNS had a positive impact on patients and relatives, with the outcome of greater improvement in both insight and symptoms. This paper will discuss the results and explore potential reasons for this improvement.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the need to evaluate the impact of the clinical nurse specialist
- Appreciate the potential benefits that the CNS within a palliative care team can have for patients and relatives
- Have an awareness of the methodological problems that an inherent in researching palliative care patients.

References

Department of Health [2000] The NHS Cancer Plan. London: Department of Health,

Ellershaw, J., Peat, S. and Boys, L. [1995] Assessing the effectiveness of a hospital palliative care team. Palliative Medicine, 9, 145-152.

Robbins, M. [1998] Evaluating palliative care - establishing the evidence base. Oxford University Press, Oxford

Room: Newcastle

4.1.2   When cancer comes back: what are the information needs of patients and their partners?
Sharon Foy, Macmillan Research Associate/Nurse Researcher, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England, UK. Co authors: Kinta Beaver, Katie Wilson, Wendy Makin.

Abstract

Current oncology literature promotes the importance of giving appropriate and relevant information that is specific to the individual patient with cancer and their families (Luker et al 1995, 1996). There is very little evidence to guide health professionals on how best to give information to individual patients and family members at the time of cancer recurrence (Gray et al 1998).

The aim of this exploratory study was to describe the information needs and experiences of receiving information from the perspectives of patients and their partners when cancer comes back. Nine patients diagnosed with a first metastatic recurrence of breast cancer, and nine patients with a first metastatic recurrence of colo-rectal cancer, who previously had a remission of at least six months from their primary cancer were interviewed. Permission was sought from each patient to interview separately their partner or person most significant to them, of which eight of those relating to patients with breast cancer, and eight of those relating to colo-rectal cancer consented (total thirty-four interviews).

Participants were asked to describe their experience of the metastatic diagnosis, and the information they received during this time was explored. Within each interview, eight of the nine items of information previously studied with patients with primary breast cancer (Luker et al 1995, 1996) were introduced and explored with each

participant in the cancer recurrence setting. All interviews were tape-recorded, transcribed and analysed drawing on qualitative techniques. This paper will present the findings from this study by emphasising the importance of individual assessment of both the patients' and the partners' need for information.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the types of information that may be important at cancer recurrence
- Gain insight into the perspectives of patients and their partners receiving information at cancer recurrence
- Understand the relevance of assessing the information needs of both patients and their carers

References

Luker K A et al (1996), The information needs of women with breast cancer: a follow up study, *Journal of Advanced Nursing* 23:487-495

Luker K A et al (1995), The information needs of women newly diagnosed with breast cancer, Journal of Advanced Nursing 22(1):134-141

Gray R E, Greenberg M S, Fitch R N, Sawka C, Hampson M A, Labreque M and B Moore (1998), Information needs of women with metastatic breast cancer, *Cancer Prevention & Control* 2(2):57-62

Room: Newcastle

4.1.3 An exploration of the nurses' experience of supporting a cancer patient in their search for meaning

Barry Quinn, Clinical Nurse Specialist, Research and Development, University College Hospital, England, UK.

Abstract

Background

This presentation will address a study that arose from my own experience of working in the field of cancer care for many years, first as a Pastoral Chaplain and then as a Registered Nurse on both a medical oncology unit and a bone marrow transplant unit. In both roles I was involved in situations where people were searching for some meaning to their experience of cancer, the treatments involved, the side effects and the overall effect on their lifes. Talking to my colleagues I found that their experience was similar and not unusual, as manty clients turned to these nurses for support while searching for meaning amidst their illness. According to Frankl (1959) our main concern in life is not to avoid pain or gain pleasure but to discover a meaning in life.

Aims

The study aimed at exploring nurses' experiences of supporting clients in their search for meaning while living with cancer. The aim was not to suggest a definitive approach to this aspect of nursing care, nor to present a formal theory, but to allow themes to emerge that could be added to the knowledge and awareness of this issue.

Methods

The approach taken involved the use of interpretative phenomenology based on the philosophy of Heidegger (1962), to interview eleven nurses from a bone marrow transplant unit and a medical oncology unit in a London teaching hospital. Each nurse was invited to to share their expereince of supporting a cancer patient in their search for meaning during an interview which was audiotaped, transcribed and interpreted (Benner 1994). Each interview took place in a quiet room on one of the units or in the interviewee's home.

Findings

Having listend to, transcribed and reflected on many hours of often profoundly moving experiences, the following major themes were identified.

- The value of experience
- Understanding the search for meaning and how it may be expressed in different ways
- The value of time spent with patients and the demands of a busy Unit
- The multiple relationships involved
- The skills used, and the central role of caring
- The difficulties experienced, including nurses blaming themselves
- The support nurses need, and how this is met

Conclusion

Prior to this research, no study was found that had looked directly at this issue using this research approach. I believe the findings give great insight into nurses' experiences. I believe this research reiterates the value of nursing in today's world and the importance of the role of nursing in supporting a cancer patient in their search for meaning.

Intended learning outcomes

At the end of the session, participants will be able to:

- Show increased insight into nurses' experience of supporting cancer patients and reflect on their own practice
- Understand the value of phenomenology in nursing research
- Reflect again on the value of nursing

References

Benner P (1994), The Tradition and Skill of Interpretive Phenomenology in Studying Health, Illness and Caring Practices in P Benner, *Interpretive Phenomenology: Embodiment, Caring and Ethics in Health and Illness*, Sage Publications: London, pp. 99-128

Frankl V E (1959), *Man's Search for Meaning*, Hodder & Stoughton: London

Heidegger M (1962), *Being and time*, Harper & Rowe: New York

Room: Sheffield

4.2.1 Evidence based practice: "why bother? No-one Listens"

Jane Doyle, Sister, Northern General Hospital, Sheffield Teaching Hospitals NHS Trust, Sheffield, England, UK. Co authors: Simon Palfreyman, Angela Tod.

Abstract

Evidence based practice is both a professional and political imperative (Colyer et al 1999). Previous studies (Nolan et al 1998, Funk et al 1991) examining barriers and attitudes in this area have been based on questionnaires and so do not examine in depth what clinical practitioners feel are important. This study aimed to explore the perceptions of clinically based nurses and physiotherapists regarding evidence based practice.

Design

Qualitative research methodology using semi-structured interviews.

Participants

Nine nurses and six physiotherapists from an acute care trust where an evidence based council has recently been established.

Results

Interviews were analysed using framework analysis in order to generate key themes and issues. The results indicated a spectrum of awareness and understanding related to EBP. Barriers identified to implementing EBP included time, communication, education and training, accessibility and resources. These endorse results of previous questionnaire based surveys.

This study revealed that attendance at training, rather than practice based issues, was the catalyst to adopting EBP. The physiotherapist participants demonstrated greater clarity in their understanding of the process and implications of EBP. A multi-disciplinary evidence based council was viewed by both professions as a positive contribution to realising EBP.

Conclusion

Education emerges as key trigger to facilitating EBP. There is an indication that nurses are particularly disadvantaged in terms of knowledge and skills compared to physiotherapists. An evidence based council may help to address these needs.

We propose to present the detailed results of the study, highlight the commonalties and differences between nurses and physiotherapists, and suggest ways of taking the evidence based practice agenda forward.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the barriers to evidence based practice that are perceived to be of most importance to clinically based practitioners
- Identify the differences in attitudes to evidence based practice for nurses and physiotherapists
- Be aware of how barriers can be identified and challenged in their own clinical practice

References

Colyer H and P Kamath (1999), Evidence-based practice. A philosophical and political analysis: some matters for consideration by professional practitioners, *Journal of Advanced Nursing* 29:188-93

Funk S G, Champagne M T and Weise R A (1991), Barriers: the barriers to research utilisation scale, *Applied Nursing Research* 4:39-45

Nolan M, Morgan L, Curran M et al (1998), Evidence based care: can we overcome the barriers?, *British Journal of Nursing* 7:1273-78

Room: Sheffield

4.2.2 Responding to local need: is research part of the missing link?

Julie Taylor, Director of Postgraduate Studies, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, UK. Co author: Stuart Cable.

Abstract

The vilified 'theory-practice gap' is now standard phraseology in nursing and midwifery education. One positive response to bridging this divide is to focus research activity in response to local need. This has numerous benefits, including that:

- It demonstrates to local health and social care providers that nurse education is interested in local concerns

- It can address local needs, giving impetus or direction to new initiatives

- It brings the somewhat mystical research culture into the everyday lives of practitioners

- It evokes new partnerships and closer collaboration between universities and service providers.

- It provides academics with exposure to a wide range of research questions and methods

- It provides an opportunity for novice researchers (teaching staff or practitioners) to get involved in discrete studies

- It provides academics with project management experience

There is no doubt that the research activity generated by such partnerships is of mutual benefit to both academia and service providers. Drawing on a portfolio of six recent projects, this paper outlines the benefits that such an approach can have, but

balances this with a number of caveats: there are a number of inherent dangers in responding to local need. For example, the Research Assessment Exercise (RAE) can become a somewhat 'holy grail' in academia and small pots of locally provided monies do not have the same value as big monies from the funding councils. Not all projects present an opportunity to publish. Timescales are usually extremely tight, even unrealistic, and researchers can be distracted from developing a core category of expertise.

Responding to local need whilst developing an academic portfolio requires careful balancing and negotiation. Whilst the benefits are clear, these must be countered by the exigencies of academic return.

Intended learning outcomes

At the end of the session, participants will be able to:

- List the benefits of being involved in local research and evaluation studies
- Debate the drawbacks of local funding versus research council funding
- Engage in a discourse regarding what should count in the RAE

References

Johnson M., Long T and White A (2001), Arguments for 'British Pluralism' in qualitative health research, *Journal of Advanced Nursing* 33(2):243-249

Elkan R, Robinson J, Williams D and Blair M (2001), Universal vs. selective services: the case of British health visiting, *Journal of Advanced Nursing* 33(1):113-119

Angen M J (2000), Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue, *Qualitative Health Research* 10(3):378-395

Room: Sheffield

4.2.3 A model for the development of culturally competent researchers

Irena Papadopoulos, Head of Research Centre for Transcultural Studies in Health, Middlesex University, London, England, UK. Co author: Shelley Lees.

Abstract

The presentation will deal with the need for the development of culturally competent health researchers in all areas of health related research irrespective of the research methodology. The authors will argue that whilst we live in multi-cultural societies most health researchers still approach research from the cultural perspective of the majority ethnic group at the expense of the perspectives of minority

ethnic groups. The authors will present evidence from a snapshot review of research textbooks which are used in nursing education. The review highlighted the lack of

information on how culturally competent research can be conducted, something which may be reflected in the nursing curricula. Current health policy in the UK is focusing on inequalities of health and managing diversity, both of which include ethnicity. The authors will argue that this new focus requires researchers to include variables such as culture, ethnicity and religion in their research, particularly because thus far epidemiological data are frequently generalised to all groups.

The authors will present their model for developing culturally competent researchers. The model consists of four concepts: cultural awareness, cultural knowledge, cultural sensitivity and cultural competence. The authors will argue that it is essential that health researchers develop skills in all these areas. The model also shows how the development of cultural competence is an on-going process. The authors will conclude that the development of culturally competent researchers will lead to culturally competent practice by nurses.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the need for culturally competent research
- Familiarise themselves with the authors' model for developing culturally competent researchers
- Discuss how the research processes and tools can become more culturally competent

References

Papadopoulos I, Tilki M and G Taylor (1998), Transcultural Care: A guide for Health Care Professionals, Quay Books: Wiltshire

Geiger H J (2001), Racial stereotyping and medicine: the need for cultural competence, *Canadian Medical Association Journal* 64(12):1699-1700

Leininger M M (1995), *Transcultural Nursing: Concepts, Theories, Research and Practices. Second Edition*, McGraw-Hill: New York

Room: Belfast

4.3.1 Who is the most appropriate person to undertake the role of providing a medical/healthcare input to children in a special school?

David Marshall, Consultant Nurse in Learning Disabilities, Down & Lisburn Trust, Downpatrik, Northern Ireland, UK.

Abstract

Aim

The aim of this study was to explore whom the most appropriate person is, to undertake the delivery of medical/healthcare to children in special schools.

Methodology

A one-year pilot study was set up. A comprehensive needs assessment was undertaken to identify the medical/healthcare needs of the children in the school. A paediatric staff nurse was employed to undertake the delivery of these needs for the duration of the study.

Four in-depth focus group interviews were completed with 8-10 interviewees in each group which comprised of teachers, classroom assistants, healthcare personnel and parents thus providing more in-depth data on the perceptions of this significant group of people.

Results

Analysis of the data highlighted three essential components in undertaking the delivery of a healthcare input to the children in the school. These were:

1. Meeting practical needs of the children

2. Acting as liaison

3. Acting as an advisor to professional staff and significant others.

Further analysis identified that only a narrow range of skills was needed to provide number 1, in that they surround ten repetitive daily tasks of a physical nature and associated advise and liaison was directly to do with these needs identified. There were many positive changes highlighted within the study by the introduction of a 'singular person' dedicated to meeting the medical/healthcare needs of the children

The qualified nurse was the 'role of choice' by all of the interviewees in the focus groups. However, recommendations are made to the contrary due to the fact that there is undoubtedly the potential for a qualified nurse to become deskilled on a long term basis by undertaking such a narrow range of tasks, whilst there is a potential enhancement of her role acting as a mentor to an NVQ Healthcare candidate, therefore it is the NVQ Healthcare Worker (Level 3-In Care) whose role is most appropriate for undertaking the post. There appeared to be a lack of knowledge in relation to the potential the NVQ Healthcare Worker has, in meeting the assessed need of the children within the school appropriately.

Recommendations are made as to how this may be overcome:

Intended learning outcomes

At the end of the session, participants will be able to:

- Assist in identifying a suitable assessment tool for medical/healthcare input to children with special needs
- Highlight specific competencies required by the identified person to deliver such a service
- Appreciate the changing role of the Learning Disability nurse

References

Bradley M, Gaston C, Griffith M, Hilman J,

Kelly M, McConkey R, O'Hagan J, O'Loane M, Piggot M, Rankin R and M Waddell (1999), *Review of the Provision of Nursing Services to Children in Special Schools*

Department of Education and Employment (1996), *Supporting pupils with medical needs*, HMSO: London

Glaser B and Strauss A (1967), *The discovery of the grounded theory: Strategies for qualitative research*, Aldine: Chicago

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Room: Belfast

4.3.2 Measurement of self-efficacy and concordance in the management of childhood atopic eczema

Steven Ersser, Head of Nursing Development, University of Southampton, Southampton, England, UK. Co author: Susan Latter.

Abstract

This abstract has as its focus a presentation on the measurement of self-efficacy and concordance in the management of childhood atopic eczema. Atopic eczema is the commonest inflammatory skin disease of childhood, affecting around 15% of school children in the UK. Prevalence has increased two to three-fold over the last 30 years. Evidence suggests that atopic eczema has a more profound effect on quality of life than other skin diseases, such as acne and psoriasis (Lewis-Jones 1995). Children may experience sleep disturbance due to the itch-scratch-itch cycle, and lack of confidence due to low self esteem.

As an enduring health problem, illness management is mainly undertaken by parents, for whom care and emotional demands are significant (Elliott & Luker 1997). Within this context, the self-efficacy or empowerment of the parent-child to support effective management, and achieving concordance between health professional and the parent-child with the management regimen, are highly desirable clinical objectives. The intervention required to achieve these objectives will be operationalised through a specialist nurse-led intervention programme, based on a theoretical foundation of empowerment, drawing on the key construct of self-efficacy, and related concepts, self-esteem and concordance. The measurement of these outcomes in the planned evaluative research study (randomised controlled trial) required a new tool to be developed and tested with application to the child with atopic eczema and the parent-child dyad (Parental Self-Efficacy with Eczema Care Index).

This paper will expand on the clinical and methodological context given above and outline the issues related to the construction and development of the new tool, based on an analysis of existing studies of self-efficacy enhancement for people with enduring health

problems. Discussion points will then ensue on methodological considerations including, conceptual issues (such as the relationship between self-efficacy and concordance), rigour (validity and reliability) and the tool's application.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the demands of parental management of childhood atopic eczema
- Understand the significance of parental self-efficacy and concordance in relation to managing childhood atopic eczema
- Appreciate the methodological issues involved in the use of self-efficacy and concordance as outcome measures in an evaluative study of a nurse-led parental management programme for childhood atopic eczema

References

Elliott B E and Luker K (1997), The experiences of mothers caring for a child with severe atopic eczema, *Journal of Clinical Nursing* 6:241-247

Lewis-Jones S, Finlay A Y and Dykes P J (1995), The Infants' Dermatiitis Quality of Life Index, *British Journal of Dermatology* 144:104-110

Latter S, Yerrell P, Rycroft-Malone J and Shaw D (2000), Nursing and medication Education: concept analysis for research & practice development, *Research Report Series. Researching Professional Education Series*, ENB: London

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Room: Belfast

4.3.3 Exploring the inter-professional working of the NHS and 'Brainwave': A family perspective

Alison Dumbrell, Researcher, Bournemouth University, Bournemouth, England, UK. Co author: Farnaz Heidari.

Abstract

A study for 'Brainwave' brought out some important interprofessional aspects regarding the provision of health care in Great Britain. Brainwave is a charity-run centre for rehabilitation and development of brain-injured children. It designs individual home based programmes of rehabilitation for the children, involving a service of physical and cognitive exercises, family support, education and respite care. The study uses an ethnographic approach and was designed to explore the experience of parents, friends and families involved with children who have received Brainwave therapy; to examine their perceptions of their experience with Brainwave and the NHS; and to use the findings to suggest how the Interprofessional working of health care professionals and Brainwave therapists could be improved.

Purposive sampling was used and 20 families interviewed. The main findings from the research revealed an unequal provision of treatment for brain injured children; the lack of consistency in the attitudes of health care professionals; the inflexibility of the NHS; and the negative attitudes of many health care professionals regarding the use Brainwave, creating unnecessary barriers.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the insight gained through using an ethnographic approach
- Comprehend the process involved in carrying out an ethnographic study
- Understand the ethical issues around accessing a group of people

Room: Swansea

4.4.1 The awareness of the health needs of prisoners – a pilot study within three Welsh prisons

Maggie Bolger, Senior Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK. Co author:. Gavin Fairbairn

Abstract

In the last few years a number of reports have drawn attention to the need to address the health care of prisoners, who have greater medical needs than the wider population and are generally less healthy. Many arrive in prison having had little if any contact with health services over a considerable period. Prisons thus have an opportunity to make a significant contribution to health status of prisoners while they are in custody.

The Future Organisation of Prison Health Care (1999) recommended that a health needs analysis should be conducted by each prison in the UK, in order to identify the health needs of their population, and to inform their planning and delivery for health care. However, it is clear that no matter how aware prisons are at an institutional level, the day to day delivery of care must also depend upon the extent to which individual staff are aware of the health needs of inmates.

We investigated awareness,among purposive samples of prison staff, of the health needs of prisoners using interviews, narrative workshops and questionnaires. A number of important issues relating to the organisation and delivery of health care in prisons, were reported by our respondents. We were struck by the commitment staff, including discipline officers, seemed to display to meeting the health needs of inmates, including their concern to find ways of supporting 'poor copers'. Our findings can inform the development of nursing and health care in secure environments, by suggesting ways in which the delivery of health care can be further developed, for example by improving

links with the NHS.

In this paper we will present our findings and discuss our hopes for future research in this important area.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be more aware of the particular health needs of today's prison population
- Develop a greater understanding of prison health systems and the NHS interface
- Identify some of the key issues concerning nursing in today's secure environments, including the potential that prison nurses have in raising the health status prisoners in this challenging area of care

References

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UK Central Council For Nursing, Midwifery and Health Visiting (1999), Nursing in Secure Environments UKCC: London

Room: Swansea

4.4.2 Establishing clinical leadership in prison health care through clinical supervision

Dawn Freshwater, Course Director, School of Nursing,, University of Nottingham, Nottingham, England, UK. Co author: Liz Walsh.

Abstract

This project aimed to establish and evaluate a strategy for the effective implementation of clinical leadership through clinical supervision within a group of prisons and to subsequently make recommendations for good practice, identifying real and perceived barriers. Five prisons (n=5) and thirty five (n=35) health care staff were involved in a training programme that prepared staff to facilitate critical reflection on practice through clinical supervision. Evaluative data was collected at various points throughout the implementation process using a survey questionnaire, semi-stuctured interviews, telephone interviews and the Manchester Clinical Supervision Scale (MCSS). Detailed analysis was conducted of both the quantitaive (using SPSS) and qualitative data (thematic analysis).

Findings indicate that in order to effect a successful strategy for the implementation of clinical supervision in the prison health care service, the mode of educational provision; the methods of establishing standardised practice and ways of overcoming percieved

and real barriers related to clinical leadership need to be considered carefully.

Recommendations for a national framework for clinical supervision in prison health care settings and future areas for research and development are identified, with the emphasis being placed on developing effective clinical leadership in the management of change.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the complex and demanding role of registered nurses working within prison healthcare settings
- Identify approaches to researching, evaluating and monitoring practice developments within a prison nursing
- Be aware of the key issues in the development of effective clinical leadership in nursing

References

Freshwater D, Storey L and Walsh L (2001), Establishing Clinical Leadership within Prison Healthcare Settings, report for the Prison Health Policy Unit, DoH, UKCC and FONS, University of Nottingham

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Room: Swansea

4.4.3 Stories prison staff tell about health

Gavin Fairbairn, Professor of Professional Development, University of Glamorgan, Pontypridd, Wales, UK. Co author: Maggie Bolger.

Abstract

The Future Organisation of Prison Health Care (1999) recommended that a health needs analysis should be conducted by each prison in the UK, in order to identify the health needs of their population, and to inform their planning and delivery for health care. However, it is clear that no matter how aware prisons are at an institutional level, the day to day delivery of care must also depend upon the extent to which individual staff are aware of the health needs of inmates.

As part of a study of the awareness among prison staff of the health needs of prisoners, we conducted narrative workshops with nurses and prison officers. This was one of three methods of data collection utilised, the others being questionnaire and interviews. The stories we gathered formed a very rich and important source of evidence about the provision of health care in prisons. In this paper we will report on some of this evidence, relating it to evidence we gathered in

interviews and questionnaires. In doing so we will raise some issues about the status of narrative as a research methodology asking, for example, about:

The range of ways in which narrative data may be harvested

The most appropriate ways of analysing and reporting on this type of data, for example, whether it is always helpful to cut narratives up into little labelled specimens/ themes and sub-themes

The charge that quantitative researchers sometimes make about the impossibility of checking the truthfulness of narrative reporting

We will argue that the experiences and stories that we gathered from staff working within the prison environment are a valuable source of data in developing nursing practice in prisons.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify a range of ways in which narrative methods may be used to harvest data
- Be aware of issues about different ways of analysing and reporting data gathered through narrative
- Understand the nature of the claim that storytelling is a less reliable method of gathering data than other methods, such as questionnaire surveys

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Room: Hull

4.5.1 Patient support: fact or fantasy? Children's and parents' perceptions of the support they receive when the child has a life-limiting or life-threatening condition

Irene McTaggart, Nursing Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, UK.

Abstract

Providing care for children with a life-limiting/threatening condition and their families is a great challenge for health care professionals today. Much work has been done to examine the needs of such patients in recent years, (Beresford, 1995, et al). However, it is imperative to undertake research to identify how these requirements are being met, (Goldman, 1996, Joint Working Party, 1997). This qualitative study attempts to establish and evaluate the nature of support offered to these children and their families; the relationships involved and make recommendations regarding future care delivery.

Semi-structured interviews were conducted in the family home; they were tape-recorded and later transcribed by the author. The sample size was seventeen families, five of whom had suffered the loss of a child.

An inductive data analysis identified common themes of resistance, compliance and collaboration, these were related to existing theoretical frameworks of death and dying to gain insight into the complexities of the children's and families' situations, the demands made upon them and their varied responses. The theories put forward provide a more sophisticated understanding of these situations whilst the author seeks to stimulate discussion and open doors to further study of an extremely complex area of health care, which could be informed by such future debate. Respondents' recommendations address areas of communication, emotional support, provision of care and service provision.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the potential coping strategies of children and parents when faced with the potential or actual death of a child
- Discuss children's and parents' perceptions of the support available to them and its efficacy
- Be aware of the consequences of the child's condition for both the child and their family

References

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Goldman A (1996), Home care of the dying child, *Journal of Palliative Care* 12(3):16-19

Room: Hull

4.5.2 Parents' experiences of the management of childhood constipation: a qualitative enquiry

Michael Farrell, Lecturer/Practitioner, Alder Hey Royal Liverpool Childrens NHS Trust, Liverpool, England, UK. Co authors: Gillian Holmes, Pat Coldicott.

Abstract

Background

Constipation in childhood is common and places a burden upon child health services (Loening-Baucke 1994). Whilst constipation can have a variety of causes for most children it is usually non-organic, is self-limiting, requiring limited intervention. It has been suggested that health professionals can resent consultations for such a common problem, believing them to be inappropriate (Devroede in Sleisengher 1993). However it is feared that health professionals can in fact underestimate the impact of this condition, and in doing so generate adverse clinical effects, as well as creating a source of parental dissatisfaction (Clayden and Agnarrson 1991, Devroede in Sleisengher 1993). There is however little research which has explored this dimension, and thus we wished to explore, from a parental perception, their experiences in consulting health professional in the management of this common childhood problem.

Research Question

What are the experiences of parents of the management of their child's constipation?

Sample

Parents of fourteen children receiving health intervention.

Research Design and Method

A phenomenological approach, using semi-structured interviews as the data collection method.

Findings

Several themes emerged from analysis including enduring and extreme where parents reflected the substantial and sustained impact caused by their child's constipation; dismissed and passed on which captured the experience of parents feeling that their concerns were dismissed by health professionals as being unimportant; blame and guilt whereby parents expressed a sense of blame, perceiving that their child's problems of constipation was a result of some parental failing; validation and acknowledgement which reflects the parents feelings of acknowledgement that their concerns for their child have been taken seriously and acted upon by health professionals.

Whilst parental experiences captured several negative aspects they also reveal examples of valuable ways in which health professionals, and particularly nurses, contributed in the management of a child's constipation.

Implications

The findings offer a valuable insight into parental experiences and indicate the need for a more sensitive approach during health consultations for this common childhood problem.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the experiences of parents in consulting health professionals for the management of their child's constipation
- Appreciate the need for more sensitive consultations with parents for this common childhood problem
- Recognise the potential for further development of nurse led services in the management of this problem

References

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Loening-Baucke V (1994), Constipation in Children, *Current Opinions in Paediatrics* 6(5):556-61

Room: Hull

4.5.3 Up days and down days: children's and their parents' management of food and eating in Cystic Fibrosis

Eileen Savage, PhD Student, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England, UK. Co author: Peter Callery.

Abstract

Optimal nutrition based on a high fat and high calorie diet is viewed as central to the management of children with cystic fibrosis because nutritional status is associated with pulmonary function and long-term survival (Ramsey et al. 1992). Previous research has adopted a behavioural approach to dietary management of children (e.g. Stark et al. 1997, Crist et al 1994). There has been little investigation of school aged children's and parents' perspectives of the practicalities of implementing dietary advice in CF.

Thirty-two children aged 6 to 14 years, and their parents participated in this study. Methods of data collection were tape-recorded interviews, participant observation at outpatient clinics, and a review of case notes. Data were collected and analyzed concurrently using a method of constant comparison, and theoretical sampling was used to further explore and develop emergent themes.

A primary objective for parents in managing their children's eating was to 'guard against illness' with an emphasis on 'keeping the weight up', which was reinforced by clinic consultations in which the child's weight was a focus of professional concern. Parents attempted to control the types and amount of food eaten, and enzymes taken by their children. However, dietary advice conflicted with parents' notions of "healthy eating" and with children's food 'likes'. For children, weight was not a primary concern and they had little understanding of its relevance to their well-being. What was important to children was the idea of 'energy' through their experiences of 'up days and down days' and whether or not they could pursue activities with their friends. However, few children made links between energy and food, which suggests that dietary advice was not tailored to concerns of relevance to children.

It is argued that managing a child's diet requires his or her co-operation since eating is an active rather than a passive process, and so professionals would be advised to take children's views and experiences into account. This study provides information about differences between professional, parental and children's perceptions of the assessment of health and healthy foods in CF. The clinical implications for professionals are considered, with particular reference to nursing roles in childhood CF.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the importance of diet in the management of children with cystic fibrosis
- Identify how children's concerns regarding their health and well-being may differ from those of parents and professionals
- Consider the implications for developing practice that is inclusive of children's views and experiences

References

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Ramsey B, Farrell P, Pencharz P & the Consensus Committee (1992), Nutritional assessment and the management of cystic fibrosis: a consensus report, *American Journal of Clinical Nutrition* 55:108-116

Stark L, Mulvahill M, Jelalianet E al (1997), Descriptive analysis of eating behavior in school-age children with cystic fibrosis and healthy control children, *Pediatrics* 99(5):665-671

Room: Edinburgh

4.6.1 Working together or apart? An analysis of differences in opinion between health and social care professionals as to possible early indicators of child abuse and neglect

Catherine Powell, Lecturer/Child Protection Nurse Specialist, School of Nursing and Midwifery, University of Southampton, Southampton, England, UK.

Abstract

Child protection agencies in the UK are currently under the spotlight as the public inquiry into the death of eight-year-old Victoria Climbie promises "a turning point for securing proper protection of children" (Laming, 2001). The threshold at which harm, or risk of harm, justifies compulsory intervention in family life is likely to be central to the recommendations of this inquiry. The child protection work of nurses and other health professionals centres on the prevention of maltreatment and the recognition and referral of children who are suffering, or likely to suffer, significant harm. Communication between agencies has previously been identified as a major source of failure in child protection systems.

This paper presents the findings of a secondary analysis of data drawn from a multi-professional Delphi survey into early indicators of child abuse and neglect. Here the opinions of health and social services professionals were subject to discrete statistical analysis (Mann-Whitney U-Test) for comparative purposes. While the overall findings of the Delphi survey had suggested high levels of consensus on a majority of the items, this 'closer inspection' of the ratings exposed some significant differences in the strength and extent of inter-agency agreement.

Although it is well recognised that inter-agency working is a crucial component of child protection practice, the discovery of these differences in opinions challenges the notion that it is lack of communication per se that is the key failing in child protection tragedies (e.g. Reder et al., 1993). Arguably communication can be exemplary, but if opinions differ, working together in the best interests of the child and their family will be problematic. The implications of the findings will be presented in light of the contemporary policy that heralds the dawn of new partnerships between health and social care agencies (Department of Health, 2001).

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of contemporary issues for child protection policy and practice
- Understand how different cultures of practice impact on the provision of care for children and their families
- Identify the strengths and opportunities for future joint working in health and social care

References

Laming (2001), cited on www.victoria-climbie-inquiry.org.uk

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Room: Edinburgh

4.6.2 The use of epidemiological data evidence on which to base the development of palliative care nursing services for children with life limiting conditions

Ruth Davies, Lecturer, School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, Wales, UK.

Abstract

This paper analyses mortality data for South Glamorgan children and young people aged 0-19 between 1990-1995. The aim was to establish the number of deaths by a life limiting (LL) condition, which met the criteria for palliative care. Prior to this study there were no existing statistical data available on which to develop children's nursing services for this group of children.

Findings established 361 deaths from all causes, of these, 98 (27%) were LL. Data relating to place of death was noted to give indication of demand for terminal care at home. For this outcome LL home deaths numbered 32 representing less that 9% of all deaths and just under a third of LL deaths. For age cohorts 5-9 years and 15-19 years all home deaths were LL. During this period the only community nursing care children with a LL condition had access to, was the paediatric oncology outreach team and two neonatal outreach teams. There was neither a community children's nursing service or children's hospice for families to access.

This paper will explore the research process, summarise the results and discuss the relationship between nursing research and service development. The findings justify the need to develop paediatric palliative care services locally. Home deaths may increase in the future if new services such as a community children's nursing team or Diana Team (Davies 1999) are developed. This study highlights the value of epidemiology within nursing research to inform both the planning and provision of future NHS services

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the value of local epidemiological enquiry to justify the development of new nursing services
- Identify the range of life limiting conditions that fulfil the criteria for paediatric palliative care as well as the services that children and their families' need
- Explore how palliative care services for children may be developed locally, nationally and internationally

Room: Edinburgh

4.6.3 Diana, Princess of Wales Children's Community Nursing Team - an evaluation of service delivery, consumer involvement and partnership working

Lesley Danvers, Research Associate, School of Nursing, University of Nottingham, Nottingham, England, UK. Co author: Dawn Freshwater.

Abstract

Across the UK, agencies involved in the delivery of care to children with life-limiting illness are endeavouring to provide co-ordinated services. Sick children are spending less time in hospital (Whiting, 1997). Home care schemes have the advantage of avoiding the deleterious effects of hospitalisation upon children. Home care is of value however, only if the resources and support put in the home allows the child and his/her family to lead some resemblance of 'normal' daily life (Lindsay, 1999). In recognition of these issues the Diana Children's Community Nursing Teams have been established to provide 'seamless care in the community as an alternative to hospital' (NHS Executive 1998). Leicestershire Health Authority was one such agency that successfully applied for funding. The monies have been used to create a new enhanced and integrated service.

The overall aim of this evaluation has been to assess the extent to which the objectives of the enhanced service provided are addressing the needs of children and their families. It is important that any evaluation of a new or enhanced service, such as the Diana Children's Community Team, includes measures of process (e.g. professionals' perceptions of new roles) and outcome (e.g. service-user involvement, consumerism and inter-agency collaboration).

Evaluative research, alongside reflection on action has provided information in order to develop the service further. A central feature has been methods of data collection that have involved the active participation of the users' and providers. Methods of data collection have therefore included postal questionnaires (approx. 100 families and 60 professionals), focus groups (carer and professional) and face-to-face semi-structured interviews with the parents (approx. 30 interviews). Field notes, non-participant observations, reflections and minutes of meetings have also been used to identify the effectiveness of communication and dissemination of knowledge.

This abstract is intended to present details of the final evaluative report submitted to the Department of Health in March 2002.

Intended learning outcomes

At the end of the session, participants will be able to:

- Demonstrate and educate the listener on the use of evaluative methodology in action research
- Inform the listener on how different services and support networks can be bought together to meet the physical, emotional, educational and social needs of sick childrenwho are nursed at home with their families.
- Present the final qualitative (e.g. themes from one-to-one interviews, focus groups and questionnaires) and quantitative (e.g. demographic data) results of the evaluation, which were submitted to the Department of Health in March 2002

References

Lindsay E K (1999), Challenges in Paediatric Home Care, *The Canadian Nurse* (March):61

NHS Executive (1998), Diana's Children's Community Nursing Teams, *Health Circular (HSC)* 201

Whiting M (1997), Community Children's Nursing: A bright future?, *Paediatric Nursing* 9(4):6-8

Room: Keele

4.7.1 The 'ordeal of fieldwork': exploring the process of developing competence as a fieldworker

Fiona Murphy, Lecturer, School of Health Science, University of Wales, Swansea, Wales, UK.

Abstract

This paper draws on experiences of field work in an ethnographic study within a gynaecological unit. Analysis of early entries in the field journal, revealed a preoccupation and concern that the researcher tended to work in the field as a nurse, rather than fully engaging in the role of the fieldworker.

The aim of this paper is to explore why there was this apparent need to revert to a nursing role through examining the process of becoming a 'competent' fieldworker. In order to debate this, the paper draws on two sets of ideas. First, the notion of ethnography as work (Wellin and Fine 2001), will be discussed. Here, ethnographers are felt to learn their craft through a period of fieldwork, seen as a rite of passage in order to gain competence and occupational membership. This is a problematic, uncertain process characterised by lack of performance evaluation and temporal markers of progress (p.237). Thus, the perceived reversion to a nursing role apparent in the field journal could be seen as a coping strategy in the long process of developing competence as a field worker.

Second, the work of Benner (1984) will be considered. Benner, in looking at nursing practice, proposed that there is a progression from novice to expert. It will be argued that there could be a similar process in the progression from the researcher as novice to the status of competent fieldworker.

From these ideas, and drawing on experiences form the field, the challenges and issues for nurse researchers posed by the 'ordeal of fieldwork' (Wellin and Fine 2001) will be debated.

Intended learning outcomes

At the end of the session, participants will be able to:

- Discuss the socialisation process of ethnographers as described by Wellin and Fine (2001)
- Utilise the ideas of Benner (1984) to consider the progression of the fieldworker from 'novice to expert'
- Debate the implications of this process for nurses as fieldworkers in practice settings

References

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Benner P (1984), From novice to expert: excellence and power in clinical nursing practice, Addison-Wesley: Menlo Park

Wellin C and Fine G A (2001), Ethnography as work: career socialization, settings and problems in Atkinson P, Coffey A, Delamont S, Lofland J and Lofland L (eds.). *Handbook of Ethnography*, Sage: London

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Room: Keele

4.7.2 Informed consent in clinical research - are we doing it properly?

Jacqueline Pirmohamed, Senior Nurse, Liverpool Clinical Trials Centre, Royal Liverpool University Hospital, Liverpool, England, UK. Co author: Wendy Gratton.

Abstract

Background

Obtaining informed consent in the conduct of clinical research is both a legal and ethical principle and part of good clinical practice (DOH,2001 a). The topic of consent is of mutual interest and concern to all nurses and health care professionals involved in the clinical research process (GMC,1998). Patient consent for research has also become an area of national concern in particular following the Alder Hey Hospital inquiry (DOH, 2001 b). The rationale for this study was to assess current practice in the taking of consent for research in an acute NHS Trust.

Methods

All principal investigators and research active clinical staff were notified by letter of the study. Random samples of active ethically approved clinical research studies, from 5 research active specialities were drawn from the Trusts research database. The study was conducted from December 2000 to February 2001. Medical records for 200 patients were reviewed and a random sample of commercial (n=86) and non-commercial

(n=114) research studies were selected for inclusion in the study. A quantitative questionnaire was completed for each consent form reviewed. A total of 22 questions covering issues such as effective documentation, compliance with regulations and Caldicott issues were asked. All consents had been taken in the previous 3 years.

Results

Whilst some evidence did exist of good practice in the taking of informed consent many of the findings would suggest that the target of ensuring uniformly high standards of good practice were not being met. This presentation will cover the background to consent, legal and ethical principles of taking consent and the findings from this study. The process of consent for research and the findings from this study will have relevance for all nurses involved in the research process.

Intended learning outcomes

At the end of the session, participants will be able to:

- Demonstrate an understanding of the ethical, legal and professional issues surrounding the taking of informed consent for research
- Understand the need for effective communication and efficient documentation in consenting for clinical research studies
- Demonstrate an awareness and understanding of the new regulations and guidelines regarding consent in research programmes

References

Department Of Health (2001 a), Reference Guide to Consent for examination or treatment

General Medical Council (1998), Seeking patients consent: the ethical considerations, London

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Room: Keele

4.7.3 Designing RCTs to test service interventions: issues of standardisation, selection and generalisability

Susan Procter, Professor of Nursing Research, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle-upon-Tyne, England, UK. Co authors: Bill Watson, Wendy Cochrane.

Abstract

The funding of health-care services is increasingly linked with the availability of rigorous evidence of clinical and cost

effectiveness. In the current climate 'rigorous evidence' is synonymous with the clinical trial. Health technologies are often funded in preference to service developments due to an imbalance in the availability of such evidence. Simultaneously there is an increasing policy emphasis on patient choice and individualised care. A clinical trial being undertaken by the authors, will be used as a vehicle, to discuss the contradictions and implications of using experimental methods in service development research.

The clinical trial recruits patients with Chronic Obstructive Pulmonary Disease (COPD. Following pre-assessment they are randomised to one of four interventions: pulmonary rehabilitation (combining an educational programme with a six week course of physiotherapy), physiotherapy, psychological intervention and standard care from GP or hospital specialist. Selection criteria include spirometery to confirm the diagnosis. Of those patients meeting initial entry criteria a large proportion are found to suffer from co-morbidity (e.g. arthritis, CHD and immobility), which reduces their ability to complete the physiotherapy programme. This is compounded by the need for the programme to be standardised over several cohorts and replicable following the study. Strict entry criteria provide more valid results, but the population to whom the results apply is narrow. However, a large proportion of people with COPD are deemed ineligible for inclusion because they cannot participate fully in the interventions.

Developing and promoting appropriate and innovative services within the boundaries of the requirement for particular forms of evidence is challenging. Meeting the needs of all patients rather than a narrowly defined group a balance has to be struck between standardisation of interventions, replication and generalisation, and the provision of individualised exercise programmes that reflect the functional ability of the patient.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand how inclusion criteria in an RCT affect generalisation
- Understand the dilemma between individualising care and randomisation
- Discuss the policy implications of using RCTs as a gold standard for evidence in health service delivery

References

Jadad A (1998), *Randomised controlled trials: A user's guide*, BMJ Books: London

Sackett D L W, Rosenberg W M C, Gray J A M et al (1996), Evidence-based Medicine: What it is and what it isn't, *British Medical Journal* 312:71-72

1.45 - 3.15
Concurrent session 5

Room: Hull

5.1.1   Evaluation of a tool to identify educational needs of patients with arthritis
Bernadette Hardware, Research Nurse, Barnsley District General Hospital NHS Trust, South Yorkshire, England, UK. Co author: Jane Shewan.

Abstract

Rheumatology patients need education, advice and support to enable them to manage the long term and unpredictable nature of their disease (Turton, 1998). Specialist nurses and other members of the multidisciplinary team are responsible for providing this education, but no needs assessment tool has been developed as has been the case in other disciplines such as cardiology (Hagenhoff et al, 1994).

This paper describes a study to test the feasibility of developing an educational needs assessment tool. After development of a tool in consultation with patients and staff, a consecutive sample of 100 patients attending the rheumatology department were selected to test its reliability and validity. A postal questionnaire containing the tool was then sent to them to complete at home and repeated after two weeks. Overall, 58.8% completed both questionnaires.

Of the 76 respondents 28 were males and 48 were females. The majority (73.3%) had had arthritis for more than five years. Most respondents felt they wanted as much information as possible. Younger patients and those who had had the disease for less time expressed greater need for education. Patients under 60, for example, had a mean score of 143.3, with those over 60 scoring a mean of 134.7 out of a possible maximum of 195. Differences between groups were not statistically significant, however. Test retest scores using correlations and Bland Altman plots showed the tool to be reliable.

The tool demonstrated reliability and some validity, but needs further development and testing before being used routinely to assess needs and evaluate educational interventions. It was well received by patients.

Intended learning outcomes

At the end of the session, participants will be able to:

Discuss the educational needs of rheumatology patients

Identify factors which influence educational needs of rheumatology patients

Understand the need to assess validity and reliability of educational needs assessment tools

References

Hagenhoff B D, Feutz C, Conn V S, Sagehorn K K and Moanville-Hunziker M (1994), Patient education needs as reported by congestive heart failure patients and their nurses, *Journal of Advanced Nursing* 19(4):685-90

Turton J (1998), Importance of information following myocardial infarction: a study of the self-perceived information needs of patients and their spouse/partner compared with the perceptions of nursing staff, *Journal of Advanced Nursing* 27(4):770-778

Room: Hull

5.1.2   A cross-sectional study of the relationship between gender and age on psychological adjustment in early inflammatory polyarthritis
Janet Ramjeet, Lecturer in Nursing, University of East Anglia, Norwich, England, UK. Co author: Maria Koutantji.

Abstract

Background

Inflammatory Polyarthritis (IP) is a condition that encompasses a range of symptoms, including pain, stiffness, joint damage and disability. It is also associated with psychological distress. The most common form of IP is Rheumatoid Arthritis (RA). There is a greater prevalence of depressive symptoms and disorder in clinical samples of people with rheumatic disease than in the general population (McEvoy De Vellis 1995). Data from a longitudinal study of depressive symptoms in women with RA suggests that the loss of valued activities (not disability alone) is a risk factor for depression in women with RA (Katz & Yelin 1995).

Aim

To examine the role of gender, age, coping and disability in psychological adjustment in patients with early RA (<18 months).

Method

This is a cross-sectional study of early RA. A between subjects design is used with gender (men vs. women) and age (3 age groups) as the independent variables. Analysis of variance (ANOVA) was used to examine gender and age differences on depression, positive and negative affect, and disability scores. Correlations of these variables with pain ratings were computed.

Results

The ANOVA examining depressive symptoms (CES-D) demonstrated there was a significant main effect of Age: $F_{(2,108)} = 6.173$, $p<0.01$ (exact p =0.003). Post hoc comparisons were undertaken using Bonferoni correction. The results showed that women under 45 had significantly higher depression scores than men on or over 45 (women<45vs>45, t =10.69, p=0.002). There were significant correlations between disability, depressive

symptoms and pain.

Conclusions

In this investigation we found that women under 45 had significantly higher levels of depressive symptoms than men on or over 45. The current findings suggest that depression should be managed alongside the physical symptoms in the early stages of the disease, and that there might be gender differences in mood at that point with young women (under 45 years) reporting significantly higher levels of distress than men on or over 45. Rheumatology nurses can play a pivotal role in assessing risk & managing the psychological distress of patients.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand that chronic physical illness has psychological effects including depression and anxiety

- Be aware that variables such as gender, age and coping strategies may mediate psychological adjustment

- Identify an important role for the rheumatology nurse assessing at risk patients and helping them manage their distress

References

McEvoy B DeVellis (1995), The Psychological Impact of Arthritis: Prevalence of Depression, *Arthritis Care and Research*, 8(4):284-289

Katz P P and Yelin E H (1995), The development of depressive symptoms among women with Rheumatoid Arthritis. The role of function, *Arthritis & Rheumatism* 38(1):49-56

Room: Hull

5.1.3   A survey of orthopaedic nurses in Northern Ireland to explore their attitudes towards and skills required for the promotion of clinical effectiveness
Robert Brown, Lecturer in Practice Development and Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Brian McGuire.

Abstract

The move towards evidence-based practice and continuous quality improvement (clinical effectiveness) will only be realised if individual practitioners develop the skills and enthusiasm required to support good practice. The aim of this paper will be to provide delegates with some insight into the level of preparation N.I. orthopaedic nurses have as well as their attitudes to evidence-based practice and quality improvement.

200 orthopaedic nurses from a range of settings across Northern Ireland completed a previously used questionnaire (response rate

= 60%) to examine research skills, involvement in quality improvement projects and barriers towards the development of their practice. All data were analysed using SPSS version 9.0 from which a range of statistical correlations were applied and will be presented in detail.

A wide variety of very interesting findings have emerged from the data, such as the relative lack of confidence in applying the research process among staff. Despite the improving level of access to the internet (60%) compared to previous studies (Brown 2000) orthopaedic nurses tend not to search for evidence-based information and only 48% are confident using computers.

While practitioners are keen to develop their practice a number of common barriers still exist, such as a lack of training, time and support. Some important statistically significant results have emerged with interesting correlations noted among staff with various levls of responsibility and experience. The results of this study show some improvement from previous work in this area and offer useful insight for practitioners in the field of orthopaedic nursing. A range of practice implications will be discussed with the aim of helping staff to overcome these barriers, such as clinical leadership programmes, action learning, practitioner research and skills training.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand current attitudes towards research and practice development among orthopaedic nurses in N.I.
- Be aware of the advantages that post-registration education brings in preparing practitioners for the promotion of evidence-based practice
- Recognise interventions that could be initiated to help promote clinical effectiveness in orthopaedic settings

References

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Parahoo K (1999), A comparison of pre Project 2000 and Project 2000 nurses' perceptions of their training, research needs and their use of research in clinical areas, *Journal of Advanced Nursing* 29(1): 237-245

Joughin C, Hewer P and Ketley D (1999), Clinical effectiveness: supporting implementation, *Journal of Clinical Effectiveness* 1(1):5-8

5.2.1 "Parenting their child": parents' stories of loss

Ruth Davies, Lecturer in Nursing, University of Wales College of Medicine, Cardiff, Wales, UK.

Abstract

Since 1948, the majority of people now die in hospital. Only a small number of children die at home or in children's hospices. Studies show parents appreciate the care, children's hospices can offer their terminally ill child and family (Hill, 1994). Parents also appreciate how these enable them to care for their child after death (Gold,1997). In contrast, parents are not always satisfied with terminal care provided in NHS hospitals because of the lack of privacy, overcrowding and noise of busy hospital wards (Davies,1998). This paper forms part of a larger qualitative study to:

Explore parents lived experiences of care

Compare the lived experiences of parents having access to children's hospice with those who did not

Method

Parents from ten families took part in semi-structured interviews. Five had access to a children hospice whilst five did not. A hermeneutic phenomenological approach allowed an exploration of parents lived experiences. Data analysis and researcher reflection identified the following themes:

For parents with access to a children's hospice there was

- time and space for them to care for their terminally ill child in privacy and quiet
- time and space for them to parent their child after death in privacy and quiet
- many bitter-sweet recollections of parenting their child after death which comforted them in their bereavement

For parents without access there was

- varied caring and uncaring practices within hospitals in the time prior to their child's death and afterwards
- for some, little time or space for them or their child in hospital as well as a lack of privacy and quiet
- few memories of parenting their child after death to comfort them in their bereavement

Outcomes from this study highlight a dearth of palliative care choices for families within hospital and the community. Recommendations for improving practice are made.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the value of phenomenological enquiry to the meanings parents ascribe to their lived experiences of loss
- Increase understanding of the need for parents to parent their child after death

- Explore how paediatric palliative care services for children may be extended to ensure that children and their families have choice and that their needs are met

References

Hill L (1994), The role of the children's hospice in L Hill (ed.) *Caring for Dying Children and their Families,* Chapman and Hall: London

Gold A (1997), The role and need of the children's hospice, *UK International Journal of Palliative Nursing* 3(5):281-286

Davies R E, The growth of children's hospices, in *UK Paediatric Nursing* 10(8):23-26

5.2.2 'Who will look after my child (as well as I can) when I need a break?' Respite in the home or hospice for families with children with life limiting disorders

Nicola Eaton, Lecturer in Nursing, University of Wales, Swansea, Wales, UK.

Abstract

As part of a larger research study interviews were conducted with families whose children were receiving respite care. The venue of this respite care was either in the family home (one group) or in a children's hospice (a second group). After appropriate tool development and ethical approval six families (with seven children) receiving care in a children's hospice and five families, who were receiving respite care for their child at home, were interviewed. The interviews were tape recorded, transcribed and analysed. This paper outlines the process of data analysis, with the categories generated examined in more detail. Comparisons will be made between the perceptions of the families on the quality of care and on quality of life issues, and the benefits and limitations of receiving respite care in the two different venues will be explored. The recommendations from this study have important implications for the provision of respite care for families with children with life limiting conditions.

Intended learning outcomes

At the end of the session, participants will be able to:

- Have some understanding of the need of families' with children with life limiting disorders for respite care
- Describe the similarities and differences between respite care in the home or in a hospice
- Discuss the implications of the different environments of respite care to the families and children involved

5.2.3 Abstract withdrawn

Room: Sheffield

5.3.1 Data displays as an aid to qualitative analysis

Tracey Williamson, Research Fellow, University of Salford, Salford, England, UK.

Abstract

Issue

This presentation will illuminate a journey of qualitative analysis that has been enhanced by the use of data displays.

Problem

Analysis of copious amounts of data from ethnographic methods presents particular challenges for qualitative researchers yet few accounts (Ely et al 1991) are presented in the literature to gain insight into the analysis process.

Context

The data arose during a three-year evaluation study of the implementation of shared governance in an NHS Trust utilising an action research approach. Shared governance seeks to flatten traditional hierarchies by empowering clinical staff to make decisions affecting policy and practice. The Trust model comprised 4 councils (12-14 members each) representing nursing, midwifery, and PAM staff that met monthly. The over all design was a single embedded case study of the Trust model of shared governance. Particular focus was on two contrasting councils and each issue addressed by them was identified as a sub-case and tracked over time. Data from participant-observations (over one hundred meetings) and interviews (thirty one-individual; three focus groups) were thematically analysed and coded. Factors affecting decision-making were identified leading to steps being taken to strengthen council decision-making.

Resolution

A variety of data display tools as described in detail by Miles & Huberman (1994) were selected for use and proved invaluable in developing the analyses. Use of time-ordered matrices enabled the identification of key variables influencing decision making and the tentative relationships amongst these whilst maintaining a sense of chronology. As a complex process, decision-making is likely affected by many variables that may also interrelate. Therefore to develop explanatory power, causal networks were developed as a means of establishing not only association but also causal links, aided by a process of cross-case analysis. Thus council member's decision making has been rigorously examined and subsequently informed and strengthened by the study findings.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the indications for using data displays
- Appreciate steps in the process of devising data displays
- Appreciate the utility of causal network diagrams

References

Ely M, Anzul M, Friedman T, Garner D and A McCormack-Steinmetz (1991), *Doing Qualitative Research. Circles Within Circles*, Taylor & Francis Books Limited: London

Miles M B and Huberman A M (1994), *An Expanded Sourcebook. Qualitative Data Analysis* (second edition), Sage: London

Yin R K (1994), *Case Study Research. Design and Methods* (second edition), Sage: London

Room: Sheffield

5.3.2 Participant, non-participant or hybrid observation? The observational experiences of a research nurse

Rachel Norman, Research Nurse/ PhD Student, University of the West of England, Bristol, England, UK.

Abstract

The care of people wit dementia in medical and surgical settings has been widely commented upon over the past two years. A PhD project, funded by the Mental Health Foundation, aims to discover the experiences, views and knowledge of three stakeholder groups in the provision and reception of such care.

The views of nurses who care for this patient group have been gathered during focus groups, whilst the views of patients and their carers are gathered during one to one interviews. A third method of data collection, observation in care settings, has been included in the project to compare the reported and recieved practice that the stakeholders describe. This paper identifies the decisions made concerning the approach to the collection of ethnographic data. The uses of either participant or non-participant observation in their strictest sense were ruled out early in the planning of the project. Instead, the observations in this project have been described as a hybrid of the two methods, necessary to resolve the tensions between the roles of the nurse as a researcher and the researcher nurse. The paper will reflect on my experiences of the process and describe the motivations and demands behind observations in clinical settings. The paper reviews the researcher's need for acceptance in the observation setting in the light of my socialisation into the nurse role and questions where responsibilities lie when observing in clinical care settings.

The paper will offer nurses the opportunity to consider how the data collected during observations are merely the observations 'socially situated in the world of the observer and observed' (Denzin and Lincoln 1998

p.24). It aims to encourage explicitness on the part of the researcher when reflecting on the choices made for methods of data collection and when disseminating findings.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the tensions of observations as a nurse researcher
- Understand the need for explicitness when researching topics
- Understand the social situation of the observed experience

References

Denzin N and Lincoln Y (1998), *The Landscape of Qualitative Research Theories & Issues*, Sage: London

Room: Sheffield

5.3.3 Visual data collection: a case for structured observations using video films

Sylvie Marshall-Lucette, Senior Lecturer in Healthcare Management and Research, Kingston University and St George's Hospital Medical School, Kingston-upon-Thames, UK.

Abstract

Nurse researchers are increasingly using video recordings as a method of visual data collection to answer research questions for their studies, which require direct observations of people's behaviours and activities. The use of visual media, such as films and photography, for research purposes has a long history in social sciences (Denzin 1989). Films recorded on videos can provide useful forms and sources of both structured and unstructured observational data to the researcher. Indeed, advantages and the contribution of the use of videos as a method of data collection in comparison to human data observers can be found in the literature (Faulkner et al 2001).

This paper aims to address methodological issues relating to a study of assessing and evaluating student nurses' levels of competencies (ENB 2000), which used a structured observational approach to collect data from existing video films and the strategies developed to analyse the secondary data. Key issues which will be discussed are: theoretical underpinning assumptions; access to the content of video recordings and the participants; observational sampling; structuring the focus of the observation; ethical considerations; reactivity of the observed and validity; analysis and interpretation of the data.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate the contribution of video films

to collect structured observational data

- Identify key considerations when using video recordings as a method of data collection
- Discuss the methods of analysing data from video recordings

References

Denzin N K (1989), *The Research Act. A Theoretical Introduction to Sociological Methods* (third edition), Prentice-Hall:Englewood Cliffs, New Jersey

English National Board (2000), *Education in Focus: Strengthening Pre-registration Nursing and Midwifery Education*, ENB: London

Faulkner M, Lewis R and Cheung H (2001), Using video recordings in observational research, *Nursing Times* 97(35):32-33

Room: Newcastle

5.4.1 Using patient self-efficacy and patient reported pain scores to identify effective use of patient-controlled analgesia

Judith Donoghue, Professor of Acute Care Nursing, University of Technology, Lindfield, Sydney, NSW, Australia. Co author: Anne McMaugh.

Abstract

The current study arises from a need for greater understanding of patient beliefs about Patient Controlled Analgesia (PCA) in the post-operative care environment. Research has identified that not all patients benefit in the same way from PCA treatment (Ballantyne et al, 1993; Williams, 1996), and patient beliefs may affect their perception of pain (Chumbley, Hall and Salmon, 1998). This prospective study used a repeated-measures design to investigate the relationship between patient cognitions about PCA and actual pain in 150 patients receiving PCA treatment. Participants were purposively sampled from patients undergoing elective surgery for abdominal and orthopaedic surgical procedures in Sydney, Australia. Within the first 24 hours post-operatively, patients completed measures of beliefs about pain management, self-efficacy for PCA use, and current pain intensity score. Upon the withdrawal of PCA, patients completed a further measure of self-efficacy for PCA use and current pain intensity score. Additional data included total medication dosage, field notes of the patient's reported experiences and recall of instruction about using PCA.

Results indicate that early post-operative pain intensity scores were significantly higher than later scores and patient self-efficacy was significantly higher at the withdrawal of PCA (p<0.05), indicating greater confidence in using the PCA over time. Analyses indicate that pain intensity scores were significantly associated with concurrent self-efficacy beliefs for using PCA (p<0.05), indicating that lesser pain intensity was associated with higher

efficacy beliefs. Paradoxically, some patients endured high pain levels rather than use the PCA device. Few patients reported receiving structured pre-operative education, while post-operative information concerned nurse encouragement to 'push the PCA button'. The results provide an insight into how patient cognitions about PCA impact upon post-operative pain intensity. This insight will be used to design pre-operative interventions to optimise post-operative PCA use and patient recovery. (291 words)

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the potential interaction between patient cognitive processes and perceived pain intensity
- Be aware that patient beliefs can undermine the efficiency of commonly used health therapies, such as PCA
- Incorporate this knowledge to implement interventions that will optimise pain managment using PCA

References

Ballantyne J, Carr D, Chalmers T, Dear K, Angelillo I and F Mostellor (1993), Postoperative patient-controlled analgesia: meta-analyses of initial randomised control studies, *Journal of Clinical Anethesia*, 5:182-193

Chumbley G, Hall G and Salmon P (1998), Patient-controlled analgesia: an assessment by 200 patients, *Anesthesia* 53:216-221

Williams C (1996), Patient-controlled analgesia: a review of the literature, *Journal of Clinical Nursing* 5(3):139-147

Room: Newcastle

5.4.2 Acute pain teams - how many are there and what do they do? Findings from a national survey

Ann McDonnell, Medical Researcn Centre Training Fellow, University of Sheffield, Sheffield, England, UK. Co authors: Jon Nicholl, Susan Read.

Abstract

Background

The introduction of specialist acute pain teams (APTs) including nursing expertise, in every hospital performing surgery, has been advocated as a mechanism to improve the management of postoperative pain. However, in 1997, only 57% of acute UK trusts were thought to have an APT.

Findings of a survey to explore the current provision of APTs in acute English hospitals performing in-patient surgery will be presented. Pain management strategies and associations between the existence of an APT and a number of organisational and clinical factors will also be explored.

Methods

Following a 'pre-survey' to establish how anaesthetic services were configured within Trusts, postal questionnaires were sent to the Clinical Director of Anaesthetics or the head of the APT at every acute English hospital site providing separate anaesthetic services in June 2000.

Results

Following one written reminder and one telephone follow up, the final response rate was 86% (n = 226).

The number of respondents with an APT in their hospital was 84% (n = 190).

The presence of an APT was significantly associated (p< 0.05) with the use of written guidelines/protocols for management of post-operative pain, routine use of post-operative pain measurement systems, regular audit/research in relation to post-operative pain, higher estimates of PCA and epidural usage and regular in-service training for ward nurses

and junior doctors.

Conclusions

This paper will demonstrate the impact of APTs on many aspects of postoperative nursing care. Although the number of hospitals covered by an APT has continued to rise, 16% (n = 36) of responding hospitals had no APT cover and the recent CSAG report indicates that some face financial problems. Purchasers may be more likely to invest in APTs if they are persuaded that this results in measurable improvements in patient outcomes at an affordable cost. Further work will explore this.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the extent of the provision of acute pain services in acute English hospitals
- Be aware of the role of the acute pain team in the nursing management of postoperative pain
- Understand some of the methodological difficulties in conducting surveys of service provision within acute trusts

References

The Royal College of Surgeons of England and The College of Anaesthetists (1990), Commission on the provision of surgical services. Report of the working party on pain after surgery, The Royal College of Surgeons of England and The College of Anaesthetists: London

The Audit Commission (1997), Anaesthesia under examination, The Audit Commission: London

Clinical Standards Advisory Group (1999), Services for patients with pain, DoH: London

Room: Newcastle

5.4.3 Describing chronic pain: towards bilingual practice

Gwerfyl Roberts, Lecturer, University of Wales, Bangor, Wales, UK. Co author: Bridie Kent.

Abstract

This paper reports on the findings of a project that collated and categorised a range of Welsh-medium chronic pain descriptors and their conceptually equivalent English translations in order to provide a basis for chronic pain assessment amongst patients in the bilingual community.

A qualitative approach was utilised to tease out the words used by Welsh speaking patients to describe their pain. The literature highlights the need to devise tools that will effectively assess the needs of all clients. Most pain assessment tools have been developed from the English language, and do not reflect the cultural differences and nuances of language that exist between members of the native English and Welsh speaking populations. Consequently, this investigation explored the phenomena of chronic pain from the perspective of the patient.

The study invited a purposive sample of Welsh-speaking patients attending an out-patient chronic pain clinic to participate in a tape-recorded semi-structured interview to describe their pain and elicit their usage of the Welsh language in their narrations. An experienced researcher, using a semi-structured format based on concepts identified in the literature, explored the meaning and experience of pain for each individual. The data were analysed to identify themes, codes and categories, which were explored further to determine their nature. In order to assess the trustworthiness of the analytical process the tapes and transcripts were reviewed by an expert in linguistics. Comparisons were made between the sets of descriptors identified thus providing an evaluation of scientific rigour. It is envisaged that further lexical and contextual analysis of the Welsh descriptors will enable the development of the conceptually equivalent English translations of these pain descriptors to form the basis of a truly bilingual pain assessment tool.

Intended learning outcomes

At the end of the session, participants will be able to:

- Better understand the need for cultural and language sensitivity in the assessment of chronic pain
- Discuss the methodological approach to the development of bilingual assessment tools

References

Welsh Consumer Council (2000), Welsh in the Health Service, Welsh Consumer Council: Cardiff

Strand L and Ljunggren A (1997), Different approximations of the McGill Pain Questionnaire in the Norwegian language: a discussion of content validity, *Journal Of Advanced Nursing* 26:772 - 779

Koch T (1999), An interpretative research process: revisiting phenomenological and hermeneutical approaches, *Nurse Researcher* 6(3):20-34

Room: Edinburgh

5.5.1 A study of mature women's experiences of pre-registration nurse education using focus groups

Jennifer Kevern, Senior Lecturer, University of Plymouth, Exeter, England, UK. Co author: Christine Webb.

Abstract

Mature women students are an important source of recruitment into nursing but few studies have considered their perceptions of nurse education or the personal and social implications that studying nursing may have for such students. The aims of this study are to explore the experiences of mature women adult branch students in the framework of higher education. The study took place in two academic locations provided by one university in the south west of England.

This is a qualitative study that used focus groups as a means of data collection. Data were collected from a purposive sample of 6-8 mature women in five focus groups. Both Project 2000 and DipHE students were represented in the study.

Data were analysed according to the scheme proposed by Knodel (1993) and the findings categorised into three conceptual themes: 'didn't know what to expect', 'reality shock: nursing is a different ball game', and 'learning the game: women's ways of coping with impact of course experience'. The presentation focuses on participants' accounts of their course experience as illustrated by each of these themes. Both perceived difficulties and benefits derived from entering nurse education are identified. These findings are discussed with reference to relevant nursing and higher education literature.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the unique interplay of academic, practice and family demands on mature women's course experience
- Understand students' expectations for pastoral suppport
- Become aware of the potential of 'friendship' in sustaining students' careers, and the potential of nurse education for personal growth in mature women students

References

Knodel J (1993), The Design and Analysis of Focus Group Studies: A Practical Approach in D L Morgan (ed.), *Successful Focus Groups: Advancing the State of the Art*. Sage: London

Room: Edinburgh

5.5.2 The transition year: addressing the needs of newly qualified nurses

Clare Bennett, Senior Lecturer, Middlesex University, London, England, UK. Co author: Maggie Mallik.

Abstract

The aim of this study was to design, implement and evaluate a one-year work-based learning programme of practice experience for newly qualified staff nurses.

A multi-method approach was employed to identify the development needs and career concerns of newly qualified staff nurses recruited to their first post in an acute NHS Trust and to measure the outcome effectiveness of the programme on clinical competence, anxiety and staff retention. To measure these variables a pre-experience questionnaire was distributed to all newly qualified staff nurses at the Trust within their first month of employment (n=29) and a follow-up questionnaire was distributed at 6 months post-qualification. Results were compared between programme participants (n=16) and non-participants (n=13). To evaluate the programme's impact upon clinical performance a performance indicator (O'Connor et al., 1999) was utilised at eight weeks' and six months' post-qualification experience. Matched sampling was used to allow comparison of results between participants (n=6) and non-participants (n=6).

Key findings suggested that newly qualified nurses feel they need support and opportunities for professional development. However, whilst neophytes wanted and needed preceptorship it was found that provision was variable in the Trust. The programme had a positive impact on reducing anxiety and enhancing staff retention amongst participants, in comparison to non-participants. However, it was not possible to establish whether the programme had a positive impact upon clinical performance. Participants positively evaluated the programme, but had considerable difficulties in coping with the requirements of work-based learning.

This presentation will discuss the methodologies used and present an overview of the project's findings. There is a paucity of empirical data evaluating staff nurse development programmes throughout the UK; this paper will contribute to the advancement of knowledge in this area.

Intended learning outcomes

At the end of the session, participants will be able to:

- Discuss methods which can be employed to measure the processes and outcomes of transition programmes

- Identify the anxieties and perceived needs of newly qualified nurses as reported in the findings of the project

- Identify areas for further research in the evaluation of staff nurse development programmes

References

O'Connor S E, Pearce J, Smith R L, Vogeli D and P Walton (1999), Monitoring the quality or pre-registration education: development, validation and piloting of competency based performance indicators for newly qualified staff nurses, *Nurse Education Today* 19:334-341

Bennett C, Mallik M and B Workman (2001), Inspiring confidence in new nurses, *Nursing Times* 97 (2):35

Gerrish C (2000), Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse, *Journal of Advanced Nursing* 32(2):473-480

Room: Edinburgh

5.5.3 Shared mentoring and learning amongst newly qualified nurses and pre-registration house officers (PRHOs): can it work?

Farnaz Heidari, Research Fellow, Bournemouth University, Bournemouth, England, UK.

Abstract

Interprofessional learning and working is a fairly new concept but one that is called for by the Government (Department of Health 1997). This paper examines one scheme that allowed nurses and doctors to learn together and to support each other through joint mentorship and shared learning.

The aim of the scheme was to:

Support newly qualified staff to make the transition from being students to accountable practitioners

Improve communication between the professions and aid understanding of each others roles

The scheme consisted of senior nurses or registrars acting as mentors to PRHO and junior nurse. Formal joint reflection times were arranged as well as ad hoc meetings during working time. These were supplemented with joint interprofesional teaching and clinical skills sessions.

An ethnographic approach was used for the evaluation consisting of one-to-one taped interviews with randomly selected mentors and PRHOs involved in the scheme as well as Clinical Tutors and senior nurses leading at each of the four Trusts. Sample at each Trust

included:

Clinical Tutors	1
Project leads	1
Senior nurses	4
PRHOs	4

Total for all Trust   32 pre start of scheme and same 32 six months later

A researcher from outside the Trusts conducted the interviews. Formal consents were obtained and confidentiality was assured. Interviews were transcribed and major themes and categories identified.

This paper will examine some of the initial findings including the participants' understanding of interprofessional working and learning and the schemes influence on professional development. The paper will provide insight for those involved in nursing and medical education into ways of collaboration and ways where newly qualified staff of different professions can be supported and yet have the opportunity to learn with, about and from each other.

Intended learning outcomes

At the end of the session, participants will be able to:

- Have an overview of the literature on interprofessional working and education

- Be aware of issues around implementing a new scheme within NHS Trusts

- Understand the opportunities for shared mentoring amongst differing professions

References

Department of Health (1997), *The New NHS: Modern and Dependable*, Stationary Office: London

5.6.1 Abstract withdrawn

Room: Swansea

5.6.2 Promoting sexual health amongst Hong Kong adolescents: the contribution of focus groups to needs assessment

Sheila Twinn, Senior Lecturer in Nursing, The Chinese University of Hong Kong, Shatin, Hong Kong, China. Co authors: Ann Shiu, Eleanor Holroyd.

Abstract

Evidence indicates a changing attitude amongst adolescents in Hong Kong to participation in sexual relationships prior to marriage as well as an increasing number of unplanned pregnancies amongst this age group. A consistent finding from surveys about sexual health and knowledge undertaken with Hong Kong adolescents has demonstrated their perception of lack of available information and education about sexual health, particularly negotiation within relationships.

A research study is currently being undertaken to assess the effectiveness of a school-based nurse-led sexual health promotion project to promote the sexual health of young adolescents. The first stage of the study involves a needs assessment to provide baseline data to inform the development of the health promotion project. Preliminary work during the needs assessment phase of the study employed the use of focus groups with four groups of adolescents aged between 13 and 15 years. A total of 40 adolescents participated in single gender groups. The interviews, undertaken in Cantonese were audiotaped, transcribed and translated.

Initial analysis of the focus group data identifies some important issues in the use of focus groups with this age group, in particular peer influence on group dynamics, levels of cognitive development and familiarity with the topic as well as the issue of the imbalance of power in the interview situation. Implications for the use of focus groups with Chinese adolescents as a strategy for needs assessment are discussed. The contribution of mixed methods of data collection to needs assessment is particularly highlighted.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the principles of focus groups as a method of data collection

- Be aware of the implications of using focus groups as a method of data collection with adolescents

- Be aware of the contribution of the use of mixed methods of data collection to the process of needs assessment with adolescents

References

Krueger R A (1994), *Focus Groups* (second edition), Sage: Thousand Oaks

Horner S D (2000), Using Focus Group Methods with Middle School Children Research, *Nursing & Health* 23:510-517

Peremans L, Herman I, Avonts D, Van Royen P and J Denekens (2000), Contraceptive knowledge and expectations by adolescents: an explanation by focus groups, *Patient Education & Counseling* 40(2):133-41

Room: Edinburgh

5.6.3 Comparing issues about sexual health concerning young people, young parents, and professionals

Mary Cooke, Senior Research Fellow, University College Northampton, Northampton, England, UK.

Abstract

The government's recent strategy on reducing conceptions in the under eighteen year olds in England has provoked interest from social

workers, local authorities and health care professionals in community services. Many of the strategies are based on studies carried out in local populations, and on data provideed from funded research that took in a greater geographical area. This study is the result of data sources from three Primary Care Groups in the Northampton area. Young people from rural and urban settings were invited to take part in interviews and focus groups. Statements from the data were used to formulate a Delphi style survey where the participants and others were asked to mark the statements they agreed with and choose up to eight they could rate in order of preference. The professionals were invited to supply data in the same way. The range of responses was broad, the core areas of agreement were markedly useful for the focus of the strategy, the beliefs of young people show shifts in levels of expectations that providers may find useful. Many of the planned strategies for young people's sexual health provision was re-designed to take account of the potential take-up of services in the future. Total number of participants: 200 young people, 54 adult professionals. Data analysed by N-Vivo (Sage) computer package and Exel (Microsoft Office).

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the range of issues young people and professional carers find important about sexual health

- Identify changes to planned services that young people required to gain access and use them successfully

- Identify where young people and professionals share and differ from each other in areas of sexual health promotion

References

Social Exclusion Unit, HM Government Dept of Health (1999), Reducing Teenage Pregnancy, DoH: London

Room: Keele

5.7.1 Politics or paranoid: reading between the lines when undertaking research studies

Julie Taylor, Lecturer, University of Dundee, Dundee, Scotland, UK. Co author: Jane Cantrell.

Abstract

Published reports of research studies necessarily present a linear account of how and how well the researcher answered the research question. Rarely does research follow so straightforward a path though and sanitised versions of the process have attracted criticism in the past (see for example Krathwohl 1985). Beyond this is a little discussed, but not uncommon, arena where a range of political issues can be played out (Robson 1993). Standard texts offer plenty of guidance on research ethics, but there is little advice available for researchers who find themselves, for example, walking a thin line between management and undesirable results or uncovering a nefarious world of underhand dealings.

Such political issues are seldom aired - often for practical purposes - but are a real world issue in research. Although such accounts were popular in the 1960s and 1970s, especially in the anthropological and sociological literature, current accounts of nursing research largely neglect the political dimension. Researchers need to be aware of and equipped for the possibility of such political issues. Drawing on the literature and highlighted with anonymised examples from our own research, we will illuminate some of the key political scenarios that researchers may face. Amongst others, we will touch on issues such as:

- Access (the over zealous gatekeeper)

- Dissemination (publish what we tell you)

- Completion (thanks, we've changed our minds)

- Ownership (hand over the results to our friends)

- Criminality (is it a police matter)

Finally, we will give pointers towards reading between the lines and navigating a study towards conclusion.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware that research often entails separating outcome from process and requires skill at reading between the lines

- At the end of this session, the participant will be able to identify common political dilemmas with which researchers may have to engage

- Be able to cite a range of coping mechanisms for dealing with political issues

References

Krathwohl D R (1985), *Social and Behavioral Science Research. A New Framework for Conceptualizing, Implementing, and Evaluating Research Studies*, Jossey-Bass: San Francisco

Robson C (1993), *Real world research*, Blackwell: Oxford

Silverman D (2000), *Doing Qualitative Research*, Sage: London

Room: Keele

5.7.2 Qualitative research and insider status

Lesley Dibley, Lecturer in Child Health, Suffolk College, Ipswich, England, UK.

Abstract

The perceived 'soft science' of qualitative research has traditionally been criticised for a range of features, including the influence of the researcher themselves on the research process. While rejecting the idea of the 'objective researcher' which is associated with the gold standard of quantitative research, qualitative researchers have struggled to develop strategies for considering the influence of self in relation to both data gathering and analysis.

Qualitative researchers usually explore an issue that is of interest to them, often because they have some personal or professional experience of it. Attempting to eliminate this familiarity in study design is incompatible with the ethos of qualitative approaches, and researchers tackle this relationship through strategies such as reflexive accounts. This paper asserts that such strategies can be augmented by recognising that the researcher, far from exerting unwanted influence, can be significant in encouraging a greater depth of detail and richness from participants, especially through an insider role. Being 'inside' the research area - that is, having similar cultural, social personal , professional or other connections with the subject and participants, places the researcher in a unique position in relation to data gathering and analysis. Yet insider status is not problem-free, and this paper considers the benefits and disadvantages of the position within qualitative research. It suggests that insider status can have a powerfully positive effect on study outcomes, but that attention must be paid to design issues to enhance that effect.

Nursing research is frequently professional-professional or professional-client orientated, and such orientation incorporates specific relationship dynamics which will be reflected within the research process. This paper proposes that recognising the potential of insider status in qualitative inquiry offers nursing research a means through which studies may become more participatory and more effective.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the positive influence of insider status on qualitative research

- Recognise the potential hazards attached to being inside the research

- Consider research design strategies which enhance the benefits, and minimise the hazards associated with being insioide the research

References

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Platzer H and James T (1997), Methodological issues conducting sensitive research on lesbian and gay men's expereince of nursing care, *Journal of Advanced Nursing* 25:626-633

5.7.3   Abstract withdrawn

3.45 - 5.15
Concurrent session 6

Room: Sheffield

6.1.1   Mentorship preparation – the way forward

Moira Davies, Senior Lecturer, University of Glamorgan, Pontypridd, Wales, UK.

Abstract

The preparation and role of mentors has been the focus of many studies (Neary at al 1994, Spouse 1996 and Watson 1999). The support given by a mentor has been shown to be of importance for a student nurse's successful clinical experience. The role is vital to the assessment of competence, as the mentor works with the student to ensure the development and achievement of their competencies. In addition the mentor offers wider support to the student regarding their clinical progress and professional development.

The focus of this on-going study is on the preparation of mentors and whether it meets their needs to carry out this demanding role. It also addresses some of the issues of NVQ assessor preparation and the demands of both roles in practice.

A survey approach was selected with a questionnaire the data collection tool. The questionnaire comprised open and closed questions to gather general information together with a Likert type scale for measuring attitudes. Questions were formulated from a number of semi-structured interviews with mentors and a review of pertinent literature. The criteria for inclusion in the study were qualified nurses who had undergone mentorship preparation, convenience sampling is to be used and this encompasses the four branches of nurses.

Following a pilot study, the questionnaire is to be administered to 150 mentors. This was considered to be an adequate sample size and the results are to be analysed using SPSS.

The purpose of this study is to inform the future of mentorship/preceptorship preparation, identify attitudes to the role and that of NVQ assessor, and to ensure the preparation given equips them for their role (Fitness for Practice, UKCC 1999).

Intended learning outcomes

At the end of the session, participants will be able to:

- Demonstrate an awareness of the current practice mentorship preparation
- Discuss the implications of current practices and attitudes of mentors
- Identify education and training needs for mentors

References

Neary M, Phillips R and Davies B (1994), *The Practitioner-Teacher: A study in the introduction of Mentors in the Pre-Registration Nurse Education Programme in Wales*, School of Education, University of Wales: Cardiff

Spouse J (1996), The effective mentor: a model for student-centred learning in clinical practice, *Nursing Times Research* 1(2):120-34

Watson N (1999), Mentoring today – the students' view. An investigative case study of pre-registration nursing students' experiences and perceptions of mentoring in one theory/practice module of the Common Foundation Programme on a Project 2000 course, *Journal of Advanced Nursing* 29(1):254–262

6.1.2   Abstract withdrawn

Room: Sheffield

6.1.3   The emergence of professional doctorates: the present and the future

Eloise Carr, Senior Lecturer, Bournemouth University, Bournemouth, England, UK. Co author: Kathleen Galvin.

Abstract

This paper outlines the variety of definitions of professional doctorates in healthcare and maps out their emergence in professional education. It will outline a two phase study. Phase one (telephone interviews) asked:

- What are the characteristics of current UK professional doctorates?

- What are the strengths/weaknesses of these programmes

- What are the current trends to inform curriculum development

A number of characteristics emerged from phase one, which were valued by students of professional doctorates, such as highly supportive systems, peer support, being embedded in a department and preparation for clinically focused research. Other issues related to areas for improvement, such as volume of work, lack of opportunity to use skills in practice, unidisciplinary nature of some programmes and credibility of taught doctorates.

Phase two comprises a postal survey of doctoral students from a number of UK based programmes. The paper reports the findings which explored the relative importance of a range of outcomes associated with taught doctoral courses (e.g. research, critical thinking, personal growth, professional confidence). Additionally the students perspective of core learning required for doctoral level preparation is being utilised to inform a new curricula.

The paper concludes with issues for the future. For example recruitment and retention, the role of graduate schools, funding, post-doctoral career structures, standards and title of award.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain insight to the variety of professional doctorates which have emerged historically
- Understand the multifactoral issues affecting clinical doctorate students
- Recognise the wider political context for curriculum development in doctoral education

References

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Downs F (1978), Doctoral Education in Nursing: Future Directions, *Nursing Outlook* 29(1):56-61

Lancaster L (1984), Professional doctorates, *Critical Care Nurse* 4(3):6-17

Room: Newcastle

6.2.1   Proposal that patients be considered honorary members of the healthcare team

Carol Edwards, Postgraduate Research Student, RCN Institute, Oxford, England, UK.

Abstract

This study used an interpretivist perspective to uncover and examine aspects of the patient's process of reflection on his or her healthcare experiences, and how patients construct their assessment of how well things have gone. A by-product of this aim was the collection of a large amount of data on aspects that patients liked and disliked about their healthcare. Analysis of these data revealed strong evidence of the keenness of patients to participate actively in their own care process, and their frustration when this desire is blocked. This paper discusses the potential for cross-boundary working between health professionals and patients within the healthcare process.

Forty five unstructured interviews were conducted with 19 adult orthopaedic patients in their own homes, covering the period from

just before, to three months after their elective surgery. Interviews were tape-recorded, transcribed and analysed within the methodological framework of Schutzian phenomenological sociology. Eight themes were identified. This paper addresses the theme of active involvement of patients in the provision of their own care.

All participants were keen to contribute to optimising the outcome of their surgery, but most felt frustrated by lack of information and support from the healthcare team. This paper discusses the range of ways that patients were trying to take responsibility regarding aspects of their own healthcare, and the hurdles they met in making this effort. It proposes that re-conceptualisation of surgical patients as honorary members of the healthcare team, with consequent information, support and team-working needs, could help optimise outcomes, and improve patient satisfaction with care. This paper discusses the implications of such a re-definition, and considers how the theoretical approach used here has allowed insight into the patient's perspective to be gained, in a way that offers a proactive role for patients in directing change within the health system.

Intended learning outcomes

At the end of the session, participants will be able to:

- Appreciate how much useful feedback patients can provide, given appropriate inquiry methods
- Re-visualise common healthcare practice through the eyes of patients
- Consider better ways of working with patients as honorary members of the healthcare team

Room: Newcastle

6.2.2 **Research to enhance children's rights: the contribution of salutogenesis**
Julie Taylor, Director of Postgraduate Studies, University of Dundee, Dundee, Scotland, UK.

Abstract

Rigorous research is always enhanced by the use of a solid theoretical framework. This paper discusses the application of an ecological framework, salutogenesis, to one research study on children's health and well being.

From his early work with Holocaust survivors and then social class and infant mortality, Aaron Antonovsky developed his theory of salutogenesis that asks why people stay healthy. Using a global concept of health that encompasses physiological, psychological, social and cultural elements,

Antonovsky argued that health cannot be explained by the absence of risk factors alone. It has been argued that salutogenesis is the most powerful explanation of social stratification, concerned with increasing the

margin of resource or reducing the need for it. Childhood resilience is an extremely good example of salutogenesis, but this theory has been little used in child care and protection. Drawing from a study that examines the links between parenting, social factors and child health and well being, this paper applies Antonovsky's salutogenesis to children's rights. Using a matrix based on Generalised Resistance Resources, it is possible to capture some of the main themes within current research and practice, identifying effective interventions at individual, community and policy levels. The use of such a tool can offer a framework for practice that is not only based on robust evidence, but can account for the interrelationships and complexities that are encountered in child

care and protection.

Intended learning outcomes

At the end of the session, participants will be able to:

- Articulate the strengths of utilising a theoretical framework in research
- Be aware of the key contributions that salutogenesis can make to child well being
- Identify the main themes within current research that enhance interventions in child protection

References

Armstrong D (2000), Social theorizing about health and illness in Albrecht G L, Fitzpatrick R, Scrimshaw S (eds.), *The Handbook of Social Studies in Health and Medicine*. Sage: London, pp. 24-35

Cowley S and Billings R J (1999), Resources revisited: salutogenesis from a lay perspective, *Journal of Advanced Nursing* 29(4):994-1004

Antonovsky A (1996), The salutogenic model as a theory to guide health promotion, *Health Promotion International* 11(1):11-18

Room: Newcastle

6.2.3 **A program of research evaluating a collaborative research utilization model on pain management outcomes**
Marlene Dufault, Associate Professor of Nursing, University of Rhode Island, Kingston, Rhode Island, USA.

Abstract

Although advances in research have given clinicians the tools to provide a pain-free environment, inadequate pain relief continues to diminish the quality of care in hospitals and in home care. Barriers to utilizing current research for attaining best practice in pain management include provider and patient/family attitudes, lack of knowledge, and systems issues and regulatory obstacles. This presentation traces the development of a 10-year program of research spanning four studies in which a ollaborative research utilization model was developed and tested to address this research to practice gap. Based on Roger's adoptions of innovations theory, the model involves the formation of a partnership of scientists, students, and multidisciplinary clinicians.

These partnerships(a) examined the current research in pain management; (b) generated standards, policies, and innovations in documentation systems based on the research base; and (c) evaluated the impact of these changes in the clinician, in their practice, and in the patients and families for whom they provide care. In each of the four studies, it was hypothesized that involving clinicians, scientists, and students in the generations and evaluation of research-based innovations in pain management would lead to changing clinician practice and ultimately improve patient outcomes. It was also hypothesized that clinician and student participation would result in increased research utilization competency, and more favorable attitudes towards research. In each study, a two group quasi-experimental design was used to evaluate model effectiveness. The number of cases in each study permitted the detection at a one-tailed $P < .05$, minimum treatment effects ($f=.20$) for use of the intervention with a statistical power of .80.

Differences in between-group outcome were examined using descriptive statistics and t-tests. Analysis of covariance was used to determine whether the integration of each research-based innovation had an effect on the experimental group's outcome variables. Statistically significant findings across the four studies included: improved clinician's attitude towards research, improved clinician's competency in research utilization, changed clinical pain management assessment practice, and improved pain management outcomes in patients. Severity of pain decreased during hospitalization, satisfaction with caregiver responsiveness and with interventions improved, and there was decreased pain interference with sleep,

concentration ability, walking, ability, general activity, mood and relationships with others.

Currently the model is being extended into the home care setting to generate and test research-based standards for pain management in agencies in the northeast (n00). Evidence suggests that using this model may improve clinician, student, and patient outcomes. Also, innovations of pain management research may be integrated at the point of care since clinicians participate in their development. And because students are participating in this process, future pain management practice may be improved as well.

Intended learning outcomes

At the end of the session, participants will be able to:

- Describe the six steps of the collaborative research utilization model
- List outcomes that were achieved in the student, scientist, clinical, and the patient
- Describe how the model can be used to create research-based change in their own organization

References

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Room: Belfast

6.3.1 A phenomenological investigation of patients' experiences following transfer from intensive care

Robert Brown, Lecturer in Practice Development and Nursing, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Eunice Strahan

Abstract

The evaluation of intensive care services has remained primarily focused upon the tangible aspects such as survival, length of stay, cost and infection rate. The focus needs to expand to incorporate the service itself, the impact upon the patients' experiences and their quality of life. Much research exists investigating quality of life of patients following critical illness from two to five months post ICU. However, investigation of patients' experiences in the immediate period following critical illness is needed to promote awareness and generate important implications for nurse education, practice and future research. The aim of this study was to investigate patients' experiences following transfer from intensive care and provide a rich narrative description of their experience. A Husserlian phenomenological approach was utilised for this study in which ten patients were selected purposively to comprise the sample. Interviews lasting between 20 and 45 minutes were performed on the wards three to five days following transfer from intensive care. Data was analysed utilising Colaizzi's (1978) procedural approach to phenomenological interpretation and analysis. Three major themes emerged following data analysis: physical response, psychological response and provision of care. Physical response revealed a multiplicity of difficulties experiences by patients including sleep disturbances, digestion and mobility. Fatigue and weakness are also prevalent. Patients are emotional during this time and feelings of progress are mixed with reflection and anxiety. The provision of care is important to patients and the desire for knowledge of condition and care is evident. The major themes emerging from this study provide a framework for patient assessment. Our nursing responsibility to assist patients towards a full physical and psychological recovery from critical illness will only be achieved if the deficits that currently exist in relation to the needs outlined are acknowledged. Important implications for practice, education and future research will therefore be outlined.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the difficulties patients experience following transfer from ICU to the ward.
- Identify with the phenomenological approach in an investigation of this nature.
- Better understand the care that patients require before, during and after transfer from ICU.

References

Russell S (2000), Continuity of care after discharge from ICU, *Professional Nurse* 15(8):497-500

Waldman C and Gaine M (1996), The intensive care follow-up clinic, *Care of the Critically Ill* 12(4): 118-121

Colaizzi P F (1978), Psychological research as the phenomenologist views it, in Valle R and King (eds.), *Alternatives for Psychology*, Oxford University Press: New York, pp 48-71

Room: Belfast

6.3.2 Exploring the perceptions of tuberculosis amongst the Somalian Community

Angela Chamberlain, NHS Nurse Researcher, The Whittington Hospital, London, England, UK. Co authors: Senga Steel, N Johnson, C G Helman, M Mamdani, S Dart, Frances Gordon

Abstract

The problem of tuberculosis is of major concern in the UK with notification rates rising each year. Refugee groups are at particular risk of developing tuberculosis and can face problems with access to care due to operational and language problems. Research into how refugee groups perceive the disease is scarce making it difficult for health professionals to provide a service that meets their needs. This study aimed to explore the perceptions of tuberculosis amongst a Somalian Community living in London. Pilot work suggested that Somalian people are ashamed of having tuberculosis and this raised concerns for concordance. An ethnographic approach was undertaken to explore the social and cultural issues surrounding tuberculosis. Individuals from different cultural groups may not always recognise the medical model as the best way to manage their disease. For this reason the researchers went into the community to obtain data in a context that would allow participants to express their views more openly. The data collection included interviews with Somalian Health Professionals, Somalian suffers of tuberculosis and a focus group consisting of a Somalian woman's support group. Interpreters were used where appropriate and data were tape-recorded and transcribed. The findings suggest four main areas that are interrelated. These include the experience of having tuberculosis for a Somalian person, the influence of religion on the sick role, the stigma associated with tuberculosis, and the beliefs associated with contracting the disease. The findings helped to inform decision-making in clinical practice and have increased our understanding of why patients don't comply. Service development in future will include drop-in clinics, educational sessions, and radio broadcasts to the Somalian Community. It is hoped that this will increase the flexibility of our services and facilitate a culturally sensitive service for Somalian sufferers of tuberculosis.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand how Somalians perceive tuberculosis
- Be aware of the sick role experiences by Somalian sufferers of tuberculosis
- Be aware of health promotion needs amongst the Somalian Community

References

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Room: Belfast

6.3.3 Orphan care in Africa: culturally sensitive response in a time of crisis

Betty Beard, Professor of Nursing, Eastern Michigan University, Ypsilanti, Michigan, USA.

Abstract

Malawi, small and land-locked in central Africa, is one of the countries worse hit by the HIV/AIDS epidemic. High birth rates and high AIDS-related mortality contribute to Malawi's large and growing number of orphans as well as to child-headed households. In a country of 11 million people, most of who live in abject poverty, it is estimated that there are already 900,000 orphaned children.

In mid 2001, a study was done to identify appropriate models of orphan care in Africa. The study focused on the country of Malawi and began in Mulanje in the south and proceeded throughout the country ending in Chitemba in the northern section of the country. Sixteen orphan care projects were visited during the two week time period. These projects are responsible for 42,930 children but are currently only able to serve 14,158 children due to financial constraints. Hundreds of administrators, village committee members, village chiefs/headmen, volunteers, guardians, along with at least 2,000 children, participated in providing information for this study.

Four models of orphan care, and several sub-components to these models, emerged. The models identified were: community based orphan care with an outreach or development approach; community-based orphan care with a daycare center approach; child village; and orphanage. Each model has strengths/opportunities and weaknesses/challenges. There is a general consensus that the community-based orphan care models were the most appropriate for African culture.

Concerns center on the dire predictions for numbers of African children who will be orphaned in the near future. Malawian models of care can be replicated in other sub-Saharan countries. However, factors such as a crumbling economic situation, the already stretched extended family, and the need for crisis care (for example, for newborns, babies, and extremely ill families) must be considered in the context of the culture in which people have always lived. The strength of the culture lies in its commitment to community care.

Intended learning outcomes

At the end of the session, participants will be able to:

- Discuss 4 models of orphan care
- Identify strengths and weaknesses of each model
- Strengthen their own awareness of the present and future pandemic in Africa

References

Dansky S (1997), *Nobody's children*

Sowell R (2000), *AIDS Children*

Akukwe C (2000), *HIV/AIDS in African children*

Room: Edinburgh

6.4.1 Development and validation of a constipation risk assessment scale for use in clinical practice

Janice Richmond, Practice Development Nurse, Belfast City Hospital Trust, Belfast, Northern Ireland, UK.

Abstract

Constipation presents as a perpetual problem in health care and a particular problem within oncology. Constipation frequently is a preventable condition, however most of the literature focuses on management of the condition. This has direct consequences for practice, where the approach appears to be treatment rather than prevention. A prerequisite to prevention is assessment of risk of a condition occurring, therefore nurses must be able to identify those most at risk for constipation. Within the literature, there are assessment tools that diagnose the severity of constipation once it is established, but there are no comprehensive tools for assessment of risk for constiaption. A constipation risk assessment scale was developed which emerged following analysis of the risk factors for constipation, implicated by published research literature.

Subsequent to intra-rater and inter-rater reliability testing and content validity analysis, further validity analysis was performed. A non-experimental prospective correlational design using a convenience sample of patients attending for their first cancer treatment (n=155), determined the predictive value of the tool. Concurrent validity was established by enquiring of clinical nurses if subjects were regarded as being at risk for constipation. Construct validity was established by using a contrasted groups approach of constipated patients and non-constipated healthy nurses. A feasibility study using a convenience sample of patients attending for their first cancer treatment

(n=150) also assessed the clinical acceptability of the tool and the appropriateness of using the instrument as a means of guiding practice for constipation prevention. This research leads the way in nursing care, by providing practitioners with an objective tool for quantitatively assessing an individual's risk of constipation, which should assist in constipation prevention.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand that assessment of risk for constipation is the first stage of constipaiton prevention
- Understand the development and reliability and validity testing of the constipation risk assessment scale
- Understand how the use of the constipation risk assessment scale can guide practice in prevention of constipation

References

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Room: Edinburgh

6.4.2 Dressing and topical agents for burns not requiring surgical intervention: a systematic review

Fiona Campbell, Research Associate, University of Newcastle, Newcastle, England, UK. Co author: E A Nelson, K Seers.

Abstract

Background

There have recently been considerable developments in the types of dressings for the treatment of burns, including synthetic dressings, biological dressings and growth factors.

Aim

To compare the effectiveness of conventional dressings (gauze) modern dressings (films, hydrocolloids) and topical agents (hydrogels, growth factors) for burns.

Methods

We searched the Specialised Register of the Cochrane Wounds Group for trials of dressings or topical agents for burns

(compiled by searching 19 databases, handsearching journals, conference proceedings and bibliographies). We included randomised controlled trials (RCTs) that compared dressings or

topical agents for burns. Data were extracted from the trials by two reviewers independently. Trials with similar patients, comparisons and outcomes were pooled.

Results

47 RCTs of dressings or topical agents for burns were identified. A comparison of films or hydrocolloids against conventional dressings failed to find any significant difference in healing time. Biobrane reduced healing time by 5 days (95% CI 2.4 - 8.0) compared with conventional dressings.

Hydrogel dressings healed burns in 1.5 days less than conventional dressings (95% CI 1.2-1.7). There was no evidence that antibacterial agents improved rates of healing when compared with dressings.

Overall the quality of studies and of reporting was poor. Only 8/47 used appropriate randomisation. Five attempted to blind outcome assessment. None performed an intention to treat analysis or a sample size calculation. Only 14 had objective wound healing data suitable for analysis.

Conclusion

Biobrane and hydrogels appear to reduce the time to burn healing over conventional dressings. Comparisons of films and hydrocolloid over conventional found no benefit. This may represent lack of evidence rather than evidence of a lack of benefit. There was insufficient evidence to evaluate the effectiveness of antibacterial agents for burns.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain an overview of the current research evidence in the treatment of burn wounds.
- Gain an understanding of the methodology of systematic review
- Gain an awareness of the issues of quality assessment of randomised controlled trials and their use in providing an evidence base for practice

Room: Edinburgh

6.4.3 Effect of type of hip protector and resident characteristics on the use of hip protectors in nursing and residential homes: a randomised controlled trial

Peter O'Halloran, Research and Development Fellow, Queen's University, Belfast, Northern Ireland, UK. Co author: Liam Murray, Gordon Cran.

Abstract

Background

Hip protectors can greatly reduce the risk of hip fracture amongst residents of nursing and residential homes. Acceptance of hip protectors is limited and adherence to their use is low.

Objectives

To examine the effect of hip protector type, and resident characteristics, on adherence to wearing of hip protectors.

Design

Randomised controlled trial with 12 weeks follow-up.

Participants were randomised to receive either Safehip or HipSaverTM hip protectors.

Setting/Participants

110 residents aged 61 to 98 years from seven residential homes and two nursing homes in Northern Ireland.

Main outcome measures

Percentage day-time use of the hip protectors over 12 weeks, ongoing use at 12 weeks and use at night.

Results

42% (119/282) of residents invited to enter the study agreed to take part, and 110 started to wear the hip protectors. 43.1% (47/109) were still using them at 12 weeks. Mean percentage day-time use for all residents during 12 weeks was 48.7%. There was no significant difference in percentage day-time use (P=0.56), night-time use (P=1.0), or use at 12 weeks (P=0.56) between the residents wearing Safehip and HipSaverTM protectors. Greater percentage daytime use of hip protectors was associated with being female (53.2 %, P=0.044), resident in a home for the elderly mentally infirm (75.1%, P=0.000), having a low (12 or less) Barthel score (61.1%, P=0.000), being at greater risk of falling (57.3%, P=0.022), and having been injured in a fall in the last 12 months (57.3%, P=0.016).

Conclusions

Residents with a history of a fall and those who are physically and mentally incapacitated are more likely to wear hip protectors. These residents, who are at high risk of falling, are also highly dependent on nursing staff. Efforts to increase hip protector use in residential and nursing home should focus on staff, who are in the best position to advise and influence residents and their relatives.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the advantages and difficulties associated with use of hip protectors by residents
- Identify those residents who are most likely to wear hip protectors, and those who are not
- Understand the importance of enlisting the support of nursing and care staff in promoting the use of hip protectors in nursing and residential homes

References

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Room: Swansea

6.5.1 The narratives of men with newly diagnosed type 2 diabetes

Robin Lewis, Lecturer in Nursing, University of Sheffield, Sheffield, England, UK. Co author: Keith Cash.

Abstract

Type 2 diabetes is an increasingly common condition that affects individuals in later life. The onset of the condition is often insidious with few apparent symptoms, often varying from person to person. Its timing in older age also has the potential to cause significant problems to the individual in the way that they cope with the condition.

Men who have received a diagnosis of type 2 diabetes are required to deal with a significant amount of information regarding their lifestyle and the condition itself. Utilising the concept of chronic disease as 'biographical disruption' (Bury, 1982), the aim of the study is to gain a better understanding into how men with type 2 diabetes perceive the condition and how they attempt to incorporate the condition into their lives through narrative (Williams, 1984). This paper will report on the initial phase of a longitudinal study. Utilising a grounded theory approach, data was collected using unstructured episodic interviews (n=15) with men within the first 3 months of diagnosis. Respondents were encouraged to provide a narrative of their experience with diabetes to date.

A number of different themes emerged relating to the men's attitudes to their health and to illness. For example, severity of

symptoms prior to diagnosis appeared to influence both help seeking behaviour and perceived seriousness of the condition. Respondents talked of being given a 'second chance' or a 'kick up the backside' since diagnosis and how 'I feel much better now than I did before'. They also described the importance of their family, particularly their partners, in the management of their diabetes.

To date much of the published literature relating to coping with chronic illness has been gender blind [Verbrugge, 1985] and more research into the influence of gender on health is therefore required if these effects are to be understood.

Intended learning outcomes

At the end of the session, participants will be able to:

- Show a better understanding of masculinity and men's health issues in relation to the impact of chronic illness
- Identify the advantages of the use of narrative in health care research
- Show an understanding of some of the ways in which individuals with type 2 diabetes attempt to adapt to life with the condition

References

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Verbrugge L (1985), Gender and health: an update on hypotheses and evidence, *Journal of Health and Social Behaviour* 26:1156-1182

Williams G (1984), The genesis of chronic illness: narrative reconstruction, *Sociology of Health and Illness* 6:175-200

Room: Swansea

6.5.2 Perceptions of quality in in-patient units
Hugh McKenna, Professor, University of Ulster, Londonderry, Northern Ireland, UK. Co author: Sinead Keeney

Abstract

This research study has emerged in response to increased support for quality improvement activities and cost driven experiments in the methods of delivering in-patient care in hospitals. To date evaluations of nursing quality which have been undertaken in the UK have used either traditional nursing quality assessment tools or patient satisfaction surveys (Harvey, 1993; Norman and Redfern, 1996). At present there is a clear need for research to examine the quality of care in inpatient units (Rowell and Milholland, 1998). This is an international project being undertaken in Northern Ireland by the University of Ulster, in England by the RCN Institute and in America by the University of North Carolina at Chapel Hill. This stage of the research involved a UK

validation of the Perceptions of Unit Quality (PUQ) questionnaire developed for use in the American phase of the project. This has been achieved by holding a series of focus groups with a multidisciplinary group of staff in five Trusts in Northern Ireland (n=10 focus groups). The focus groups' task was to develop a list of indicators of the quality of care on in-patient units. Each group member was asked to identify up to 10 indicators which they then shared with other group members. The group was asked to come to agreement on a list of indicators. Results show that quality indicators identified by multidisciplinary focus group members in Northern Ireland concur with those identified by similar focus groups in the USA. Qualitative data will be presented on the perceptions of quality that the staff hold in relation to care delivered in in-patient units.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the issues surrounding quality of care within nursing
- Understand the views of a range of multidisciplinary staff in relation to quality in in-patient units and reasons for change in quality
- Gain an insight into the method used to validate the questionnaire for use in a different country and culture

References

Harvey G (1993), Which way to quality? *Report No 5*, National Institute for Nursing: Oxford

Norman I and Redfern S J (1996), Quality assessment instruments: towards validation, *International Journal of Nursing Studies* 32(2):115-125

Rowell PA and Milholland D K (1998), Nursing and Threats to patient and nurse safety and quality of patient care, *Journal of Nursing Care Quality* 12(4):9-13

Room: Swansea

6.5.3 Investigating the effect of erectile dysfunction on the lives of men
David Pontin, Senior Lecturer, University of the West of England, Bristol, England, UK. Co authors: Tim Porter, Ruraidh McDonagh

Abstract

The aim of this project was to identify and explore the issues facing men who live with erectile dysfunction [ED] - in particular, men's relationships with women partners and men's interactions with the wider world.

In order to gain an understanding of their everyday lives, a qualitative research design was used. This is an account of the interpretation and analysis of 9 interviews with men living with ED which were carried out during the autumn of 1997.

The analysis identified two main themes - 'Loss' and 'Being alone with it'; with meta-categories - 'making sense of it' and 'telling other people', and 'place of sex'. The latter acts as a bridge between the two themes.

The implications for nursing practice are considered and recommendations are made for practice, education and research.

Intended learning outcomes

At the end of the session, participants will be able to:

- Place men's experience of ED within a tripartite framework that includes psychological and organic elements
- Identify the two main themes that men report when living with ED
- Relate the issues that men raise to their practice and identify possible areas for development

References

Tiefer L and D Schuetz-Mueller (1995), Psychological issues in diagnosis and treatment of erectile disorders, *Urologic Clinics of North America* 22(4):767-773

Lewis R, Bennet C, Borkon W, Boykin W, Althof S, Stecher V and Siegel R (2001), Patient and partner satisfaction with Viagra [sildenafil citrate] treatment as determined by the Erectile Dysfunction Inventory of Treatment Satisfaction Questionnaire, *Urology* 57(5):960-965

Hammersley M and Atkinson P (1995), *Ethnography: principles in practice* (second edition), Tavistock: London

Room: Keele

6.6.1 Lessons from the Bristol Enquiry: learning from sentinel events
Morag Prowse, Head of Department, Clinical Studies in Adult Nursing, University of Plymouth, Plymouth, England, UK.

Abstract

This presentation draws on empirical findings from a larger, completed, PhD study about developing knowledge and experience in critical care nursing. The study findings are interpreted in the context of recommendations from the Bristol enquiry about reporting, and learning from, sentinel events. The term 'sentinel' event is defined and the relevant recommendations outlined. The findings from this qualitative study about the working lives of critical care nurses show how experienced nurses used sentinel events in narratives of practice and clinical supervision processes. The study used in depth interviews from a purposive sample of thirty-two experienced critical care nurses to explore informal learning and the way this influenced intended patient outcomes. Reflexive accounting, peer review of analysis and interpretation, and an audit trail assured the rigour of the study.

Three key findings provide insight into ways that nurses acknowledged, and learned from, sentinel events in acute care contexts. The first is the use of narratives, which encapsulated principles, derived from sentinel events; the second is reflective written accounts of these events shared with the nursing community. A third finding of note is the multidisciplinary nature of sentinel events in critical care and the ways experienced nurses managed professional boundaries in life threatening situations.

The presentation advances nursing knowledge by linking current policy issues to empirical findings and generating debate about ways of meeting the Bristol recommendations about reporting sentinel events, teamwork, reflective practice and shared learning across professional boundaries.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the implications of recommendations 108-120 from the Bristol enquiry for nursing practice
- Explain the term 'sentinel event' and its relevance to critical care nursing
- Evaluate the presented study findings in the context of the Bristol recommendations about sentinel events and consider the relevance of these recommendations to a range of nursing contexts

References

Department of Health (1999), *Making a Difference. Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health Care*, HMSO: London

Department of Health (2000), *An Organisation with a Memory: Report of an Expert Group on Learning from Adverse Events in the NHS*, HMSO: London

http://www.bristol-enquiry.org.uk/final_report

Room: Keele

6.6.2 A study describing stakeholders' experience of respite services for children with severe disabilities - tensions and resolutions in nursing and social care models

John Atkinson, Senior Lecturer in Research, University of Paisley, Ayr, Scotland, UK. Co author: Elizabeth Kennedy

Abstract

In Argyll and Clyde Health Board, Scotland, respite care of children with severe disabilities had been undertaken at Elderslie Hospital and comprised high levels of nursing. Following policy changes the children/young adults' care was transferred to NCH-Action for Children (NCH) at a purpose built facility - where the care was more socially focussed, with decreased nursing input. The Health Board and NCH commissioned a study to examine the impact of this transition of care and location.

The study comprised an assessment of need with the individual children/young adults grouped in five categories: material, physical developmental social and emotional well-being (McVilty 1995). The assessment was undertaken with the main parties involved - the parents/guardians and the respite home staff.

The staff appraisal was undertaken as a written exercise on individual anonymised forms. Eighteen (from a total of 38) parent/guardians received a semi-structured interview in their homes. Both techniques comprised set questions with space for subsidiary observations.

A regime of quantitative (demographic and morbidity) evidence and qualitative techniques (semi-structured interviews, coding of comments and themes) was used. The evidence was exemplified by the using paradigms of participants' experience. A focus group with 6 staff was also undertaken.

Results found resonance with the literature, which tends to emphasise a client-centred, model where the client is constantly exposed to new and encouraging stimuli in a dynamic environment (Callan et al 1995). However other work highlights the importance of creating stability for the parent/guardians who are having to cope with a long term, seemingly unchanging situation (Vanleit and Crowe 2000).

The session will contribute to the advancement of knowledge by demonstrating findings regarding the value to patients and parents of nursing and social care. Emphasis will be given to experience from the parents/guardians who witnessed their children transferred from an institutional service to a community-based approach.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand some of the complexities parents of severely disabled children face working with health and social care services
- Consider replicating the approach of this study in their own practice or management areas
- Use the techniques in this study for their own research interests

References

Callan L, Gilbert T, Golding K, Lockyer T and K Rafter (1995), Assessing health needs in people with severe learning disabilities: a qualitative approach, *Journal of Clinical Nursing* 4(5):295-302

McVilly K R (1995), Interviewing people with a learning disability about their residential service, *British Journal of Learning Disabilities* 23(4):138-42

Vanleit B and Crowe T K (2000), Promoting well-being in mothers of children with disabilities, *OT Practice* 5(13):26-31

Room: Keele

6.6.3 Mothers' and fathers' experience of family-centred care in a hospital setting

Sue Melling, Senior Lecturer and Pathway Leader in Child Health, Bournemouth University, Bournemouth, England, UK.

Abstract

The focus of this presentation concerns the development of a theoretical understanding of the implications of mothers' and fathers' perceived needs for family-centred care in a paediatric hospital setting. This constituted part of a qualitative study which employed a grounded theory methodology to develop knowledge and understanding of the effects on parents of having an ill baby. It differs from much previous research by including both mothers' and fathers' perspectives. Furthermore, research, literature and personal experience have indicated that adoption, implementation and promotion of family-centred care is complex and problematic. Initial creation of the study group involved selecting people in the area where phenomena to be studied occurred. Thereafter, theoretical sampling was utilised. In-depth interviews of 24 respondents (six couples, seven mothers and five fathers)were undertaken and analysed by constant comparison. Findings suggested that parents' perceived needs were associated with phenomena denoted by the categories of 'developing attachment', 'concern and understanding' and 'being judged and judging others', the overriding theme of which was 'seeking to fulfil their parental role'.

The relationship between these findings and the implications for health care professionals providing family-centred care were explored through examination of the concepts of 'care' and 'family-centredness'. This was achieved in order to create a clearer definition of family-centred care from a parent perspective and so inform clinical practice. Consequently, recommendations for changes in professional practice, health care delivery and further research were made.

The study concluded by suggesting that family-centred care is that which reflects an equal balance between technological and physical aspects and more humanistic caring activities. Such care should recognise and acknowledge the importance of the family in a child's life and be based on the development of partnerships between professionals and both mothers and fathers that are collaborative, communicative, supportive, individualised and consistent.

Intended learning outcomes

At the end of the session, participants will be able to:

- Show developed awareness of the perceived needs of mothers and fathers
- Understand the relationship between parents' perceived needs and the implications for health care professionals providing family-centred care
- Demonstrate an enhanced awareness of the meaning of family-centred care from a parent perspective

References

Barber P (1997), Caring - The Nature of a Therapeutic Relationship, in A Perry (ed.) *Nursing, A Knowledge Base for Practice* (second edition), Arnold: London

Callery P (1997), Caring for Parents of Hospitalized Children: A Hidden Area of Nursing Work, *Journal of Advanced Nursing* 26:992-998

Darbyshire P (1994), *Living With a Sick Child in Hospital. The Experiences of Parents and Nurses*, Chapman & Hall: London

Wednesday 10 April

10.40 - 12.40
Concurrent session 7

Room: Hull

7.1.1   The neonatal nurse - what is important to parents? Obtaining views in order to inform curriculum planning: a grounded theory study

Susan Prosser, Lecturer/Practitioner, University of Plymouth, Plymouth, England, UK.

Abstract

As a lecturer/practitioner, I conducted a study to explore the views of users (in this case the parents) of the neonatal intensive care service within a District General Hospital. The aim of the study was to establish what aspects of the nurse's role were most important to parents. The information will be used to inform the curriculum planning process for neonatal modules provided by the local University provider.

A grounded theory approach was used (Strauss and Corbin 1998). Ethics committee approval was obtained and confidentiality maintained at all times. Following initial purposive sampling, ten interviews were carried out with parents, after the discharge of their baby from the neonatal unit. Interviews were taped and then transcribed. Transcripts were made anonymously and all data were kept securely. Analysis of the data was carried out using a constant comparative approach. Categories were grouped into themes and a model was developed.

The session will include a brief overview of the background to the study and the methodology used. I will then focus on the findings of the study and how these will be used to inform the curriculum planning process in order to enhance the quality of care provided to families in the future.

In the current climate of the NHS, seeking user involvement is vital not only for planning service needs but also for nurse education (DoH 2001). I will also discuss some of the difficulties and challenges posed by seeking this involvement within the neonatal intensive care environment.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the rationale for selecting a qualitative approach
- Be aware of the value of user involvement
- Discuss the role of parents in curriculum planning

References

Department of Health (2001), The NHS Plan, DoH: London

Strauss A and J Corbin (1998), *Basics of qualitative research: techniques and procedures for developing grounded theory* (second edition), Sage: London

Room: Hull

7.1.2   An evaluation of an assessment tool for clinical practice from the nurse mentor's perspective

Marian Traynor, Nurse Lecturer, Queen's University, Belfast, Northern Ireland, UK.

Abstract

This paper explores mentors' perceptions of an assessment instrument used in practice placements in Northern Ireland. In Northern Ireland the full integration of nurse education into the higher education sector took place in September 1997. This resulted in the need for clinical mentors to facilitate placement-based training by ensuring that students were adequately supervised and supported to meet their learning needs. In addition these mentors were required to assess the student in practice. This paper examines the perceptions of a sample of 800 mentors in relation to their role. The sample was identified from the register of mentors as those who were currently involved in nurse training and who had attended a mentorship preparation day. The questionnaire was designed to gauge the mentors' views on the assessment instrument used for clinical competence and to identify mentors' knowledge of the current curriculum. The data was subjected to both descriptive and inferential statistical analyses, including factor analysis of the attitude scales.

The results showed that the majority of mentors were dissatisfied with the level of preparation they had for the role of mentor. Furthermore mentors indicated that they did not view the assessment tool as being effective in identifying poor performance in practice, expressing concerns that the tool did not provide for the possibility of a student failing.

It was concluded that the lack of preparation in terms of training in assessment, combined with a lack of clarity within the assessment documentation, contributed to the mentors' inability to fail a student in practice. In addition the paper details the shortfalls with a competency-based approach to assessment and discusses the merits in adopting a standards-based approach to the assessment of clinical practice.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the relationship between mentorship and assessment
- Appreciate the diffiuculties surrounding

assessment in clinical practice

- Understand the merits in adopting a standards-based approach to clinical assessment

References

Bruner J S (1996), *The Culture of Education*, Harvard University Press: Cambridge, MA

Girot E A (1993), Assessment of competence in clinical practice -a review of the literature, *Nurse Education Today*

Room: Hull

7.1.3 Evaluation of a basic life support CD-ROM: its effectiveness as a learning tool and user experiences
Pam Moule, Senior Lecturer, University of the West of England, Bristol, England, UK.

Abstract

The basic life support (BLS) CD-ROM was developed as part of the Interactive Teaching and Learning Project across the south-west region universities, led by the University of the West of England. Following the latest resuscitation guidelines, the CD-ROM is a unique learning resource. It relates to an area of nursing curriculum in which all nursing students must demonstrate competency (UKCC 1999) and which can facilitate inter-professional teaching and learning (DoH 2000).

This paper will present the findings of evaluative research, funded by the Avon, Gloucester and Wiltshire Consortium, which measures the effectiveness of the CD-ROM as a learning tool and explores students' and lecturers' experiences of using the resource. The research involves two Higher Education Institutions (HEIs), selected from Making a Difference (UKCC 1999) pilot sites, and includes three stages of data collection and analysis.

Firstly, a survey establishes usual practice of BLS delivery, competency testing and use of multi-media learning in the curriculum. Secondly, the results of pre and post-tests completed as part of the CD-ROM, are collated through the university e-mail system, for 300 students across both HEIs. These are compared using a t-test to establish the extent of learning. BLS skill testing using computerised manikins is conducted with 100 students, to measure if competency in BLS is positively correlated with knowledge attainment. Finally, focus group interviews with 32 students across both HEIs, and four interviews with lecturers, are thematically analysed, and verified interpretations are presented.

This evaluative research will inform the use of the CD-ROM as a learning tool and will give a measure of the effectiveness of the CD-ROM in providing BLS knowledge. It also presents any relationships between knowledge attainment and skill competency, something

research evaluating traditional approaches to BLS instruction has been unable to demonstrate (Moule and Knight 1997).

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the findings of this evaluative research
- Identify the implications of the results for BLS teaching and learning
- Identify the implications of the results for multi-media teaching and learning

References

Department of Health (2000), A health service of all the talents: developing the NHS workforce, DoH: London

Moule P and Knight C (1997), Emergency cardiac arrest! Can we teach the skills?, *Nurse Education Today* 17:99-105

UKCC (1999), Fitness for practice (Peach Report), UKCC: London

7.2.1 Abstract withdrawn

Room: Edinburgh

7.2.2 Developing lecturer practitioner roles using action research: politics, ethics and participation
Graham Williamson, Senior Lecturer, University of Plymouth, Plymouth, England, UK. Co author: Sue Prosser.

Abstract

Despite acclaim in the 1980s and 1990s as the future of nurse education and the panacea for the 'theory-practice gap', the lecturer-practitioner (LP) role is not without serious structural problems, particularly those of excessive workload, and role conflict in balancing the education and clinical sides of the work. If lecturer practitioner roles are to be successful, they require active management and development. This presentation discusses aspects of our involvement in an Action Research (AR) project to develop LP roles, which a preliminary study found to be busy, with significant role conflicts, and a lack of effective support for post-holders (Williamson and Webb, 2001).

We will discuss the political and ethical dimensions of involvement in AR. Action research relies on its proximity to the subject, so that 'mutually exclusive roles give way to a relationship based on bilateral initiative and control' (Reason, 1991:145). However, in research in participants' own organisations, there are likely to be unanticipated political and ethical considerations: conflicts of interest; issues concerning power structures; difficulties with confidentiality and informed consent. These aspects have been encountered in our project, and will be discussed with

examples from our personal experiences of participation.

We will argue that, far from undermining the validity of AR in the traditional positivistic sense, these considerations are inevitable, and are particularly evident where researchers are working in their own organisations. This contributes to the development of AR as a research approach because it involves meta learning (Coghlan and Brannick, 2001), and also means AR can be seen by participants as a journey where the route is not clear in advance. This makes such research interesting and enjoyable to be involved with, but not straightforward.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify key elements involved in an Action Research (AR) project
- Be aware of the political and ethical dilemmas researchers are subject to in an AR project
- Understand the complexity and challenge of undertaking an AR project

References

Coghlan D and Brannick T (2001), *Doing action research in your own organization*, Sage: London

Reason P (1991), Power and conflict in multidisciplinary collaboration, *Complementary Medical Research* 3(3):144-150

Williamson G R and Webb C (2001), Supporting students in practice, *Journal of Clinical Nursing* 10(2):284-292

Room: Edinburgh

7.2.3 Registered nurses' perceptions of standards of nursing practice: towards an emerging theory of professional dissonance
Moira Attree, Lecturer in Nursing, University of Manchester, Manchester, England, UK.

Abstract

This qualitative study, sponsored by the UKCC, adopted a grounded theory approach (Glaser & Stauss 1967) to explore how nurses describe and evaluate nursing practice standards, whether and what standards concern nurses and how they deal with their concerns. A Theory of Professional Dissonance was constucted from data collected by semi-structured interview from a purposive sample of 142 practising RNs from 3 Acute NHS hopsital trusts (Glaser 1992; Bryman & Burgess 1994). This paper will present and discuss the proposed Theory Of Professional Dissonance in relation to existing knowledge and empirical evidence.

The proposed Theory of Professional Dissonance explains nurses feelings of

psychological discomfort due to discrepancies between the high professional standards they aspire to and the lower, compromised standards they are able to achieve on an everyday basis. Discrepancies were also perceived between the high level of nurses' professional responsibilty and the low level of control they exert over factors which influence extant nursing practice standards. In addition the proposed theory describes the professional dilemma and further dissonance nurses experience in relation to the performance of their professional duty to raise concerns about standards of nursing practice.

Nurse main concerns related to standards of clinical nursing that they decribed as 'Falling Short' of what was required by patients and the profession, as well as compromising their professional integrity. 'Feeling Bad': discontented, dissatisfied, frustrated and guilty were some of the the consequences of 'Falling Short'. Nurses reported hestitancy and indecision in the performance of their duty to raise concerns above ward level. Their indecisiveness was due not only to uncertainty about what standards are unacceptable, but principally because they feared personal retribution for raising concerns about which they predicted nothing would be done.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify how registered nurses appraise standards of nursing practice

- Discuss the level of control nurses exert over factors which have the greatest impact on everyday standards of nursing practice

- Discuss the factors which impede and facilitate nurses in their professional duty to raise concerns about standards of nursing practice

References

Glaser B and A Strauss (1967), *Discovery of Grounded Theory*, Aldine: Chicago

Glaser B (1992), *Basics of Grounded Theory Analysis*, Sociology Press: California

Bryman A and Burgess R (1994), *Analysing Qualitative Data*, Routledge: London

Room: Edinburgh

7.2.4 Teaching communication skills in pre registration nursing education in England: a national survey

Timothy Jenkinson, Senior Lecturer, University of Plymouth, Plymouth, England, UK. Co author: Jacqueline Randle.

Abstract

A national survey was undertaken in England in 2000 to investigate the teaching of communication skills(CS)on pre-registration programmes. Questionnaires were designed and piloted specifically for the study and were sent to all institutions offering Project 2000 and Making a Difference programmes. Separate questionnaires were used for the Common Foundation Programme and each of the four branch programmes. An overall response rate of 66% was obtained. Data were analysed separately for the two curricula and then comparisons were made.

Most teaching staff were used in the teaching of CS and small group methods were most prominent. However, 61% of institutions reported using large group teaching which is not recommended in the literature. Wide variation was reported in the amount of time devoted to CS teaching. There was general agreement on the goals of teaching CS and the assessment was mainly done in an integrated way. One third of institutions however, did not assess CS in any formal way.

Few differences were found between institutions and programmes i.e between Project 2000 and Making a Difference curricula and between Branch Programmes. There was a significant difference however, in the number of Lecturer Practitioners teaching CS on Making a Difference programmes.

The study had limitations in terms of the single self-report methodology and some ambiguities in question formulation were detected when responses were examined. Nevertheless, it was disappointing to observe the lack of specialist attention and adequate time given to these important skills and the apparent lack of development in Making a Difference curricula. Recommendations for further research, nurse education and nursing practice will be presented.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the research methods used in the study

- Be aware of the main study findings

- Identify the implications for developing teaching of communication skills in pre registration nursing education

References

Chant S, Jenkinson T, Randle J and G Russell (in press), Communication Skills: Some Problems in Nursing Education and Practice, *Journal of Clinical Nursing*

De Lucio L G, Lopez F J G, Lopez M T M, Hesse B M, and M D C Caamano (2000), Training Programme in Techniques of Self Control and Communication Skills to Improve Nurses' Relationships with Relatives of Seriously III Patients: A Randomised Controlled Study, *Journal of Advanced Nursing* 32:4250-4310

English National Board for Nursing, Midwifery and Health Visiting (2000), The Extent to Which Educational Programmes Develop the Skills Required to Communicate with People Who Have Profound Learning and Multiple Learning Disabilities, ENB: London

Room: Belfast

7.3.1 Reflective diaries in dementia care: methodological issues

Judith Ward, Community Psychiatric Nurse for the Elderly, North & East Devon Partnership Trust, South Molton, England, UK. Co author: Phil Baker.

Abstract

The aim of this research was to gain a greater understanding of the needs of people who have dementia by accessing the perceptions of their carers through the use of reflective diaries. This presentation will consider the research process and the wider ethical issues involved in this qualitative methodology.

The study involved the use of reflective diaries by ten carers of people with dementia who were over the age of sixty-five years. There is existing evidence of exploration of the needs of carers and also the reflections of those in the early stages of dementia have been researched. In this study however, carers were encouraged to write about problems and issues for one week, as through the eyes of the sufferer. Carers were also asked to formally comment on their perceived value of this methodological tool.

Following thematic analysis of diary content, and carers perceptions, the study showed that a reflective diary may be of benefit as a tool for communicating carer concerns, recording behaviour patterns and identifying service needs. However, the use of the diary also carries with it potential ethical and professional dilemmas around confidentiality and the carer's role. In this respect, adverse effects included a change in the advocacy role of the carer and a dilemma for the professional.

The presentation will focus on the implications of developing and using reflective diaries in clinical practice and make recommendations on the choice and applicability of this tool for future use.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of ethical issues involved in use of reflective diaries

- Understand the value of this methodology

- Have a heightened awareness of the role of the carer in the research process

References

Keady J and M Nolan (1995), IMML: Assessing Coping Responses in the Early Stages of Dementia, *British Journal of Nursing* 4(6):309-314

Kitwood T (1998), *Dementia Reconsidered The Person Comes First*: Open University Press: Buckingham

McGowin F D (2000), *My journey through early onset dementia: journal pages* http://www.yesi.net/users/laura/journalb.htm

Room: Belfast

7.3.2 To identify user and carer-defined outcomes that can be used to evaluate the effectiveness of drugs for dementia

Victoria Traynor, Research and Development Fellow, RCN Institute, Oxford, England, UK. Co author: Jan Dewing.

Abstract

In this paper we present findings from an eighteen-month study. The aims of the study were to discover what users and carers value in terms of outcomes (preferred outcomes) and carers do not want in terms of outcomes (non-preferred outcomes) from drugs for Alzheimer's disease; compare how users' and carers' preferred and non-preferred outcomes compare with existing (professionally generated) outcomes from drugs for Alzheimer's disease; and establish professional experts' willingness to use users' and carers' preferred and non-preferred outcomes from drugs for Alzheimer's disease. In this research qualitative and quantitative research approaches were used to carry out the study and software packages NUDIST and SPSS were used to assist with the analysis.

A qualitative approach was adopted to gather views from users (person with dementia) and carers: in-depth interviews with persons with dementia and carers; focus groups with carers; and carer diaries collected from carers. Data generated from this part of the study were used to develop Likert scale items for a questionnaire. In addition, conventional scientific assessments of the effectiveness of the new drug treatments for Alzheimer's disease were drawn from the literature for the questionnaire items. These two perspectives were laid side-by-side. To establish professional experts' willingness to use users' and carers' preferred and non-preferred outcomes we carried out a Delphi survey technique. Professional experts were sent questionnaires to rank the Likert scale items. They then took part in a "virtual" discussion through the questionnaires because after the first ranking exercise the questionnaires were re-sent with findings from the first ranking exercise printed beside each questionnaire item. Professionals were asked to re-rank questionnaire items and using quantitative statistics we analysed the level of agreement among professionals. In this way we gained insight into professionals willingness to acknowledge the importance of users' and carers' views.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain insight into gathering consumer views from people with dementia and their carers
- Understand the effectiveness of the new drug treatment for Alzheimer's disease
- Understand professionals' willingness to make use of consumer views

References

Bond S and J Bond (1982), Clinical Nursing Research Priorities: a Delphi Survey Newcastle, University of Newcastle Health Care Research Unit, Northern Regional Health Authority

Linstone Harold A and M Turoff (1975), Introduction in Linstone, Harold A, A. M Turoff (eds.), *The Delphi Method: Techniques and applications Massachusetts*, Addison-Wesley Publishing Company

National Institute for Clinical Excellence (2001), Clinical and Cost Effectiveness of Donepezil, Rivastigmine and Galantamine for Alzheimer's Disease, NHS Research & Development Health Technologies Assessment Programme: London

Room: Belfast

7.3.3 The methodological challenges and rewards of memory-based research with older people

Deidre Wild, Senior Fellow, RCN Institute, Oxford, England, UK. Co author: Victoria Traynor.

Abstract

Designing research for use with older people presents several methodological challenges, which may be of equal relevance to research processes with other age groups. This paper focuses upon what is considered to be 'reliable' evidence in relation to the memory recall of older people. For research demonstrates the potential for decline in older people's recall of past memories with considerable differences in patterns of change between the types of memory and the individuals concerned. Despite this, emphasis will be given to the rewards of focused research with older people in terms of the richness of data that they can provide, and despite circumstances where memory loss is known. In raising these issues, a brief overview of theory and research related to older people's memory recall and loss will be provided, and using testimony drawn from their research experiences, challenges and resolutions will be identified.

For example, in a study of the nature of recurrent falls in older people in the community, memory recall of a fall occurring in the short term for some older people was less easily retrieved than the event of a fall in which a greater time span has passed. In these cases, verification through the use of secondary sources was essential, e.g. witness accounts, relationship between injury and environmental features. This contrasts with the focus of two further studies: 1) a study of older women's adjustment and reflection on lifelong experiences to make sense of late life, and 2) a study of older combatants' and non-combatants' distressing memories from the Korean War. For, in both of these studies, the importance of the current meaning of memories to older respondents and the impact of these upon their present lives was regarded as a valid focus for research, and irrespective of the potential for inaccuracy in event recall.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain an understanding of the evidence-base related to memory recall in older people of relevance to research
- Understand how memory call can be verified using secondary sources
- Gain insight into how an older person's interpretation of their memories can be used to develop a deeper understanding about their experience of ageing

References

Maylor E A (1993), Aging and forgetting in prospective and retrospective memory tasks, *Psychology and Aging* 8:410-428

Gubrium, Jankar and Sankar A (eds.) (1994), *Qualitative Methods in Ageing Research*, Sage: California

Room: Belfast

7.3.4 Primary care nurses' attitudes and knowledge about dementia: implications for service development.

Michelle Bryans, Research Fellow, University of Stirling, Stirling, Scotland, UK. Co author: John Keady.

Abstract

An early diagnosis of dementia is increasingly being seen as a measure of good practice (Audit Commission 2000), and research indicates that the general practitioner remains the first port of call for people concerned with their own health needs, including poor memory performance (Briggs and Askham 1999). Accordingly, the primary care team is crucial to the identification, diagnosis and support of people with dementia and their families. However, there is evidence that these tasks present considerable challenges for practitioners resulting in a sub-optimum service for this group (Trickey et al 2000).

As part of an ongoing, multi-centred research study measuring the differential impact of competing training formats for primary care usage, nurses in forty practices across Scotland and London were asked to complete an extensive questionnaire on their current knowledge, practice and views regarding the care of people with dementia. The questionnaire also included a self-administered quiz to measure the nurses' knowledge about dementia. To date, 67 nurses with a mean age of 46 years have completed this questionnaire in 21 practices. Preliminary analysis of the data reveals lower levels of

knowledge about diagnosis and epidemiology, but higher levels about management strategies. On a broader level, analysis suggests that the challenge for primary nurses clusters around three domains. First, in the initial identification of dementia. Secondly, in talking to people with dementia and their families about the diagnosis. Thirdly, in responding to co-existing problems.

These results have important implications for the service which people with dementia and their families receive from primary care, and for nurse education. The presentation will address each of these areas and suggest that the diagnosis, management and social support of people with dementia requires a much higher profile at all levels of the profession if practice is to grow and develop.

Intended learning outcomes

At the end of the session, participants will be able to:

- Outline the role of the primary care nurse in dementia care
- Identify nursing interventions in dementia care
- Understand the importance of nurse education to developing knowledge

References

Audit Commission (2000), *Forget me not: mental health services for older people*, Audit Commission: London

Briggs K and Askham J (1999), *The needs of people with dementia and those who care for them: a review of the literature*, Alzheimer's Society: London

Trickey H, Turton P, Harvey I, Wilcock G and Sharp D (2000), Dementia and the over-75 check: the role of the primary care nurse, *Health and Social Care in the Community* 8(1):9-16

Room: Sheffield

7.4.1 Stress and stress management for mental health nurses
Deborah Edwards, Research Assistant, University of Wales College of Medicine, Cardiff, Wales, UK. Co author: Philip Burnard.

Abstract

A systematic review of the current evidence in relation to stress, burnout, job satisfaction, coping and the effectiveness of stress management interventions for those working in mental health nursing was conducted. Studies included were research articles from 1966 to 2000 undertaken in the UK.

The most frequently reported sources of stress are administration and organisational concerns, client related issues, heavy workload, interprofessional conflict, financial and resource issues, professional self doubt, home / work conflict, staffing levels, changes in the health service, maintenance of

standards, giving talks and lectures, length of waiting lists, and poor supervision.

The most frequently reported coping strategies are social support, having stable relationships, recognising limitations, dealing with problems immediately they occur, fitness levels, peer support, personal strategies, supervision, good home life with family and partner and interests outside of work.

Reported levels of emotional exhaustion range from 28 to 51% , levels of depersonalisation from 13 to 45% and levels of personal accomplishment of between 14% to 27.

The reasons associated with leaving psychiatric nursing are low overall job satisfaction, dissatisfaction with the perceived quality of decisions made by those in managerial positions, dissatisfaction with the amount of in service training offered, dissatisfaction with physical working conditions, burnout, type A personality and being younger, less experienced and more highly qualified.

Relaxation techniques, training in behavioural techniques, stress management workshops and training in therapeutic skills were effective stress management techniques for mental health nurses.

The review demonstrates that a great deal is known about the sources of stress at work, about how to measure them, and about their interaction and about their impact on a range of outcome indicators. What was found to be lacking was a translation of these results into practice, into research that assesses the impact of interventions that attempt to moderate, minimise or eliminate some of these stressors.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the reasons why mental health nurses leave the profession
- Describe the most frequently cited methods mental health nurses use for coping with stress
- Identify the known sources of stress in mental health nurses

References

Edwards D, Burnard P, Coyle D, Fothergill A and B Hannigan (2000), Stress and burnout in community mental health nursing: A review of the literature, *Journal of Psychiatric and Mental Health Nursing* 7:7-14

Edwards D, Burnard P, Hannigan B, Coyle D and Fothergill A (2000), Stressors, moderators and stress outcomes for community mental health nurses: Findings from the All Wales Community Mental Health Nursing Study, *Journal of Psychiatric and Mental Health Nursing* 7:529-539

Burnard P, Edwards D, Fothergill A, Hannigan B and Coyle D (2000), Community mental health nurses in Wales: Reported stressors and coping strategies, *Journal of Psychiatric and Mental Health Nursing* 7:523-528

Room: Sheffield

7.4.2 A pilot study of the clinical outcomes of supported employment for people with schizophrenia
Jenny Droughton, Lecturer/Practitioner in Mental Health Nursing, University of Manchester, Manchester, England, UK.

Abstract

Surveys of people with schizophrenia demonstrate a far greater number want to work than currently do so ,particularly in paid , non-segregated employment. This important unmet need has also been recognised in mental health policy particularly the National Service Framework and NHS Plan. Furthermore, research from America indicates that having a paid job may reduce symptoms. One form of vocational rehabilitation found to be particularly effective in enabling people with schizophrenia to access employment is Supported Employment. However, no research has been undertaken in the U.K. regarding outcomes associated with Supported Employment .

This pilot project examined the clinical outcomes associated with Supported Employment as provided in a British setting by a team within a NHS Trust. A quasi experimental design (pre- and post- measures) was used to investigate whether undergoing Supported Employment was associated with any changes in a) symptoms b) readmission rates c) quality of life d) self-esteem .

Individuals with a diagnosis of schizophrenia subject to the Trust's Care Programme Approach and either on the active register or waiting list of the Supported Employment service were invited to participate. Eleven people (3 females; 8 males/age range 26-46) were recruited to the following three groups: 1) Due to start work via Supported Employment [n = 4]; 2) Working for 6 months via Supported Employment [n = 4]; 3) Waiting List [n = 3] and interviewed using various structured measures at baseline and six months later at follow-up. Two subjects were lost through attrition.

Descriptive statistical analysis was undertaken owing to the small sample. Some promising trends were demonstrated regarding symptoms and quality of life. Recommendations for nurses who work within British community mental health or assertive community treatment/assertive outreach teams or Supported Employment services were identified as were directions for future research on this area.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the importance people with schizophrenia place on accessing employment

- Understand how ensuring access to employment for people with schizophrenia is a priority if they are to be offered modern , high quality and user-centred mental health care
- Identify the potential advantages and challenges associated with providing Supported Employment in British mental health settings

References

Bell M D, Lysaker P H and R M Milston (1996), Clinical benefits of paid work activity in schizophrenia, *Schizophrenia Bulletin* 22(1):51-67

Crowther R, Bond G, Huxley P and Marshall M (2000), Vocational rehabilitation for people with severe mental disorders (Cochrane Review), *The Cochrane Library* 3, Update Software: Oxford.

Evans J and J Repper (2000), Employment, social exclusion and mental health, *Journal of Psychiatric and Mental Health Nursing* 7:15-24

Room: Sheffield

7.4.3 Perceptions of the practice nurse's role in managing medicines in older people

Sharon Simpson-Prentis, Researcher/PhD Student, University of Leeds, Leeds, England, UK.

Abstract

Older people have significantly more problems with prescribed medication than any other group of patients in primary care. Contributing factors identified include; physiological changes due to ageing, chronic disease processes, inappropriate prescribing and adverse reactions to drugs (Lindley 1992, Cunningham 1992). The National Service Framework for older people (DOH 2001) recognises that nurses have a vital role to play in helping to identify medicine-related problems in this patient group. The research undertaken sought to explore how practice nurses helped older people with their medicines and how other professionals perceived the practice nurses'role in this area.

In-depth interviews were carried out over a 12-months with doctors, practice, pharmacists, nurses and patients. Their accounts about the practice nurses'role and their experiences of working together were compared. Topics and themes arising from initial interviews were explored in subsequent ones, with data collection continuing until no further new themes were forthcoming. In total 85 interviews were conducted. The information obtained, still subject to analysis, gave an indication of how professionals worked together and negotiated around their roles.

Preliminary results

Analytical concepts concerned how professionals defined medicines management were derived There appeared to be a diverse range of activities, undertaken by practice nurses, that were defined as medicines management. This ranged from asking the patient about their medication to adjusting treatment dosages. Practice nurses interpreted their roles in relation to nursing tasks such as chronic disease management. This perspective was generally encouraged and supported by other health professionals. Although, the area of medicines was considered to be the remit of the pharmacist and doctor by all professions. The degree of autonomy nurses experienced appeared to be dependent on a number of issues such as the practice philosophy concerning the nursing role and the amount of support given by other professionals.

Intended learning outcomes

At the end of the session, participants will be able to:

- Define medicines management and activities associated with it
- Identify and describe the variety of tasks undertaken by the practice nurses in the study
- Understand the contextual features that appear to influence the nurses role in this area

References

Department of Health (2000), *National Service Framework for older people*, DoH: London

Cunningham G, Dodd T R, Grant D J, McMurdo M E and Richards R M (1992), Drug-related problems in elderly patients admitted to Tayside hospitals, methods for prevention and subsequent reassessment, *Age and Ageing* 26:375-382

Lindley C M, Tully M P, Paramsothy V and Tallis R C (1992), Inappropriate medication is a major cause of adverse drug reactions in elderly patients, *Age and Ageing* 21:294-300

Room: Sheffield

7.4.4 Living with postnatal depression: a hermeneutic phenomenological investigation

Robert Brown, Lecturer in Practice Development and Nursing, University of Ulster, Londonderry, Northern Ireland, UK.

Abstract

Postnatal or postpartum depression (PND) is the term used to describe emotional disorders occuring in women during the first year of life after childbirth. Despite the fact that studies suggest that about 10-15% of women experience postnatal depression (Bergant etal 1999), the condition is difficult to diagnose because women may experience many different symptoms. There remains an important lack of research evidence on the postnatal benefit of interventions aimed at improving this situation for women, i.e. support groups, and even less study on the experience as lived by women themselves. An in-depth and meaningful phenomenological interpretation of this experience as lived by eight women was therefore justified, with the aim of providing rich experiential narrative material, enhancing future care provision and influencing further research in this field of interest. Following ethical approval, purposive sampling methods and informed written consent, repeated unstructured interviews were undertaken with each of the eight participants. Data collection is finished and phenomenological reflection and writing is completed. Interviews provide indication that the experience of postnatal depression is not understood, given sufficient multi-professional consideration and may either go undetected or unreported by women who have a tendency towards hiding their experience from others. Once recognised or diagnosed, women call for empathy, ongoing support and individualised care provision. Education and training for the professional team is also indicated. Thematic analysis will receive deserving attention during this concurrent session to enable delegates to gain some understanding of this common but under-researched experience and reflect on ways to improve practice.

Intended learning outcomes

At the end of the session, participants will be able to:

- Gain some understanding of the experience of postnatal depression
- Appreciate ways in which care provision might be enhanced
- Value the opportunity provided by hermeneutic phenomenological human science research in exploring and gathering experiential narrative material

References

Bergant A et al (1999), Early postnatal depressive mood: associations with obstetric and psychological factors, *Journal of Psychosomatic Research* 46(4):391-4

Mauthner N (1997), Postnatal depression: how can midwives help?, *Midwifery* 13(4):163-71

Wickberg B and Hwang P (1996), Counselling of postnatal depression: a controlled study on a population based Swedish sample, *Journal of Affective Disorders* 39(3):209-21

7.5.1 Abstract withdrawn

Room: Swansea

7.5.2 Organ and tissue donation: families' decision-making

Tracy Long, Senior Lecturer in Nursing, University of Southampton, Southampton, England, UK. Co author: Magi Sque.

Abstract

The demand for cadaveric organs is growing, to give health benefits to certain individuals. The supply of organs and tissues for transplantation has not kept pace with demand. In the UK approximately only 900 individuals become major organ donors each year, while 6,477 people are waiting for suitable organs.

Relatives of potential organ donors are the most critical link in maintaining organ availability as they must express their lack of objection before organ retrieval may take place. The usually sudden and unexpected nature of a potential organ donor's death, plus, acceptance of a non-stereotypical death, brainstem death, could be expected to create certain challenges for families. Yet, the anonymity of relatives with whom donation is discussed means little is understood about their experiences.

As part of an ongoing, three-year, longitudinal study of their bereavement process face-to-face interviews were carried out with 43 families who had either agreed or declined organ and tissue donation. Families will be interviewed on three occasions during the study. This presentation, drawn from the first set of interviews, carried out three to five months post-bereavement, will discuss factors that contributed to families' donation decision-making.

Four main categories were identified which provided a framework to illustrate the issues that influenced families' ability to agree or decline donation, their overall support for organ donation, and their perception of the decision-making process. The categories explicated concerns about the concrete or discursive knowledge of the deceased's donation wish, the views held by the extended family about organ and tissue donation, giving meaning to the death and events that occurred in the hospital that were perceived as positive or negative.

This presentation will illuminate these categories and discuss healthcare professionals' contribution in helping to families make decisions that are right for themselves.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the process of families' decision-making about organ and tissue donation

- Identify some of the factors that contribute to families' decision-making about organ and tissue donation

- Understand the healthcare professionals' contribution in helping families to make decisions about organ and tissue donation that are right for themselves

References

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Sque M (2001), Being a carer in acute crisis: the situation for relatives of organ donors in Payne S and Ellis–Hill C (eds.), *Chronic and terminal illness: new perspectives on caring and carers*, Oxford University Press: Oxford, pp. 100-122

Sque M and Payne S A (1996), Dissonant Loss: the experiences of donor relatives, *Social Science & Medicine* 43(9):1359-1370

Room: Swansea

7.5.3 Nurses' attitudes to euthanasia

Janet Holt, Lecturer, University of Leeds, Leeds, England, UK.

Abstract

Euthanasia is a widely debated subject in the media, professional and academic journals. While many studies examine the attitudes of doctors to euthanasia, few examine the attitudes of nurses. The studies that have been published are mainly North American or Australian, and while active euthanasia is unlawful in all countries except the Netherlands, the enactment of legislation, practice of healthcare professionals and cultural values differ from country to country which may affect the attitudes of nurses of different nationalities. The published studies show some attitudinal differences dependent upon the participants area of clinical practice, however the participants in each study tend to have been recruited from one practice area thereby limiting direct comparison. Except in one study, Shuman et al (1992), recognised attitudinal measures have not been used.

This study examines the attitudes of registered nurses working in intensive care units, hospices and nursing homes to active euthanasia, and differentiates between the attitudes of active euthanasia held by nurses from differing clinical areas. A sample of ninety participants in each clinical area anonymously completed the Euthanasia Ideology Scale (Adams et al 1978) and a Theory of Planned Behaviour questionnaire consisting of three fictitious case scenarios and 48 items related to each scenario, developed for the study following Conner and Sparks (1996). The data will be analysed by calculating means, standard deviations and intercorrelations for Theory of Planned Behaviour measures, multiple regression of behavioural intentions to attitudes, subjective norms and perceived behavioral control and by use of multivariate and ANOVA techniques to examine differences between clinical areas and scenarios.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the attitudes of a sample of British nurses to active euthanasia

- Identify the similarities and differences in attitudes to active euthansia of nurses working in different clinical areas

- Understand the Theory of Planned Behaviour as a research method

References

Shuman C R, Fournet G P, Zelhart P F, Roland B C and Estes R E (1992), Attitudes of registered nurses to euthanasia, *Death Studies* 16:1-15

Adams G R, Bueche N and Schvaneveldt J D (1978), Contemporary views of euthanasia: A regional assessment, *Social Biology* 25(1):62-68

Conner M and Sparks P (1996), The Theory of Planned Behaviour and health behaviours in Conner M and P Norman (eds.), *Predicting Health Behaviour*, Open University Press: Buckingham

Room: Swansea

7.5.4 Moving beyond 'person-centred' care

Michael Nolan, Professor of Gerontological Nursing, University of Sheffield, Sheffield, England, UK. Co author: Janet Nolan.

Abstract

Recently, several major reports have highlighted increasing concerns about the care received by older people within the UK health care system. As a consequence the UK Government has published a National Service Framework for Older People (NSF) which is intended to ensure fair, high quality, integrated health and social care for older people. Central to the NSF is the notion of person-centred care based on meeting individual needs of older people.

Over the last decade person-centred care has emerged as one of the key aspects in the gerontological literature and has had a significant impact in providing direction for care, particularly in long-term settings. However, several authors have recently questioned the robustness of person-centred care, suggesting that although it has proved useful in providing a 'rallying' call for nurses and others, there is little empirical evidence for its existence beyond the rhetoric of a few influential authors.

This paper draws on an extensive review of the literature and empirical data from the Advancing Gerontological Education in Nursing Project (AGEIN). The AGEIN Project is a three and a half year longitudinal study of the preparation of nurses to work with older people, and is the largest study of its kind ever undertaken in the UK. Data have been collected from several groups of key

informants (student nurses, qualified nurses, other professionals, older people and their carers) using theoretically derived samples, and both focus groups and one-to-one interviews. Thematic content analysis, together with a synthesis of key themes, from the literature review has resulted in a framework outlining key components of person-centred care and how these might be integrated into practice, service development and education.

However, the paper also suggests that the concept of 'person-centred care' is too limiting and that a more appropriate focus would be on 'relationship-centred care'.

The paper concludes with a delineation of relationship-centred care as it is currently conceptualised and identifies the need for future research in this area if gerontological nursing is to advance.

Intended learning outcomes

At the end of the session, participants will be able to:

- Critically appraise the concept of 'person-centred' care
- Identify key attributes of 'person-centred' care
- Reflect upon the value of 'person-centred' care

References

Nolan M R, Davies S and Grant G (2001), *Working with older people and their families: key issues in policy and practice*, Open University Press: Buckingham, p 228

McCormack B (2001), *Negotiating Partnerships with Older People: A Person Centred Approach*, Ashgate: Aldershot, p 314

Department of Health (2001), National Service Framework for Older People, DoH: London, p 194

Room: Newcastle

7.6.1 Barriers to accessing cardiac rehabilitation services

Angela Tod, Nurse Researcher, Rotherham Health Authority, Rotherham, England, UK.

Abstract

Objectives

To explore barriers for patients accessing cardiac rehabilitation services.

Design

A qualitative study using semi-structured interviews and Framework Analysis techniques.

Setting

The study was conducted in the three South Yorkshire Coalfields Health Action Zone districts, Barnsley, Rotherham and Doncaster.

Participants

Purposive sampling was used to identify the 20 patients and 15 health professionals for

individual interview. Patients were interviewed six months following their heart attack. Three group interviews were conducted to test the emerging results, one with health visitors and two with lay members of heart support groups.

Results

Prior to the study, those planning and delivering cardiac rehabilitation in the South Yorkshire Coalfields all acknowledged that there were service limitations. This study revealed the extent of these limitations and confirmed that existing services meet only the minority of patient's needs. The efforts of frontline staff to deliver a service are acknowledged and applauded. However, big gaps were revealed between patches of service activity, where most patients appear to slip through. Problems in accessing the service were categorised into five themes. These are:

- Absence and abandonment
- Waiting and delays
- Communication and confusion
- Understanding and expectations
- Appropriateness

A brief summary of these factors, which prevent access to cardiac rehabilitation, are presented here.

Participants indicated that some groups would appear to fair worse in terms of access to services, for example women, the elderly and those in traditional working class coalfields communities. Reasons for this inequality are explored.

Conclusions

This study reinforces how a heart attack can have an irrevocable effect on somebody's life, if they do not receive the necessary support. The challenge for cardiac rehabilitation services in meeting patient's needs and the National Service Framework targets are immense. These results indicate how services can be developed and delivered to better meet these targets.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand health policy targets relating to cardiac rehabilitation
- Understand service deficits, barriers to and inequalities in access to cardiac rehabilitation
- Identify how the results of the study can inform practce and improve service delivery and organisation

References

Department of Health (2000), National Service Framework for coronary heart disease, DoH: London

King K M, Humen D P, Phan C L and Teo K K (2001), Psychosocial components of cardiac recovery and rehabilitation attendance, *Heart* 85(3):290-4

Ritchie J and Spencer L (1994), Qualitative Data Analysis for Applied Policy Research in

Bryman A and G Burgess (eds.) *Analysing Qualitative Data*, Routledge: London

Room: Newcastle

7.6.2 An evaluation of the impact of an intervention to improve cardiac secondary services in primary care targeted at areas of deprivation

Anne Lacey, Senior Research Fellow, University of Sheffield, Sheffield, England, UK. Co author: Mike Macintosh.

Abstract

This paper reports the findings of an evaluation of a community cardiac rehabilitation project in North Sheffield. The National Service Framework for Coronary Heart Disease (Department of Health 2000) includes a standard that a programme for secondary prevention and cardiac rehabilitation should be in place for every patient leaving hospital with coronary heart disease (CHD). The provision of such programmes is variable across the country (Thompson and Bowman 1997), and uptake is particularly poor for women, older people, ethnic minorities and those from deprived communities (NHS Centre for Reviews and Dissemination 1998).

The project that was the subject of this evaluation was a nurse led community based initiative attempting to improve the availability of services for patients with CHD in a deprived part of North Sheffield. The evaluation used a mixture of qualitative and quantitative methods, and took a social model of health, valuing patient perspectives. This paper will report on the findings of the quantitative component, including outcomes relating to self-reported health-related quality of life, uptake of primary and secondary care services, and lifestyle changes.

A cluster sample of 1520 CHD patients from 16 GP practices was selected for postal survey, and 1040 responses were obtained (68%). Patients from the 'target' practices (ie those who had been part of the project) were compared with those from matched 'control' practices in other parts of the city. Significant differences were found in outcomes between target and control groups which will be discussed in the paper, together with findings which provide evidence about the links between self-reported health outcomes and gender, age and deprivation.

Finally the paper will address some of the practical problems encountered in carrying out this kind of multidisciplinary research, requiring as it does collaboration with GP practices, Primary Care Trusts, Health Authority and hospital based services.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify key issues in provision of cardiac

rehabilitaton in deprived communities

- Assess the impact of a community based service for CHD patients
- Discuss the problems associated with multidisciplinary, community based health services research

References

Thompson D R and Bowman G S (1997), Evidence for the effectiveness of cardiac rehabilitation, *Clinical Effectiveness in Nursing* 1:64-75

Department of Health (2000), National Service Framework for Coronary Heart Disease, DoH: London

NHS Centre for Reviews and Dissemination (1998), Effective HealthCare Bulletin: Cardiac rehabilitation

Room: Newcastle

7.6.3   A validation study of the Cardiac Depression Scale (CDS) in a UK population
Alun Roebuck, Research Fellow, University of York, York, England, UK. Co author: David Thompson

Abstract

Background

A growing of body evidence attests to high levels of depression after cardiac events and its effect on mortality and morbidity. Depressive disorders have been reported in the region of 13-19% of patients following myocardial infarction (MI) with minor depression present in a much larger proportion of patients. Even the presence of a few depressive symptoms immediately after an MI can accurately predict an increase in mortality at 18 months post event (Frasure-Smith et al 1995). Thus, the detection of depression in this patient population is important.

Generic instruments can be insensitive due to their inability to tap the salient concerns of this population (Bowling 2001). Additionally, existing instruments are often complicated and time consuming to administer and score and thus, have a limited clinical utility. This paper reports a study that validates the Cardiac Depression Scale (CDS) (Hare & Davis, 1996), a short and easily administered disease-specific measure of depression in a general cardiac population.

Method

A battery of questionnaires (Medical Outcomes Trust Short-Form 36 (SF-36) Health Survey, Beck Depression Inventory (BDI), Hospital Anxiety and Depression Scale (HADS) and CDS) was mailed to 487 individuals with coronary heart disease (arrhythmia, heart failure, post revascularisation, angina and MI) recruited from cardiac patient support groups. The process was repeated on a sub-sample of 80 participants 4-6 weeks later for the purpose of test-retest analysis.

Results

The response rate from the first administration was 81% and from the test-retest sub-sample 62%. Factor analysis revealed a robust one factor solution with a high internal reliability (Cronbach's alpha 0.93) and an acceptable test-retest reliability (0.79). Concurrent validation against the SF-36, BDI and HADS demonstrated strong correlations.

Conclusions

The CDS has proved to be both reliable and sensitive instrument in cardiac patients and thus, is ideally suited for routine use in the evaluation of clinical care and research.

Intended learning outcomes

At the end of the session, participants will be able to:

- Understand the importance of monitoring depression in cardiac patients
- Understand the more common instruments available for monitoring depression in this population
- Be aware of a new measure of depression the addresses many of the shortcomings of existing instruments

References

A Bowling (2002), Measuring Disease (second edition), Open University Press: Buckingham

Frasure-Smith N, Lesperance F and Talajic M (1995), Depression and 18 month prognosis after acute myocardial infarction, *Circulation* 91:999-1005

Hare D L and Davis C R (1996), Cardiac Depression Scale: validation of a new depression scale for cardiac patients, *Journal of Psychosomatic Research* 40:379-386

Room: Newcastle

7.6.4   How did the UK military support reserve and volunteer nursing veterans during and after the Gulf War?
Deidre Wild, Senior Fellow, RCN Institute, Oxford, England, UK.

Abstract

Participation in warfare is a major life event with a consequential increased likelihood of psychological ill health and disruption to social relationships in its aftermath, in particular, where support from intimate relationships has been withdrawn. Using a case study approach, retrospective quantitative and qualitative data were gathered from a convenience sample of 95 Reserve and Voluntary Services health professional veterans of the Gulf War (1991), of whom over two-thirds were registered nurses who normally worked in NHS posts. The data determined their level of receipt and the adequacy of stress management training and military advice during pre deployment, deployment, and in the immediate aftermath of the Gulf War.

The results indicated that despite a demonstrable need, less than 10% of the sample were recipients of military advice related to management of their social relationships pre departure. Some three-fifths of the sample were recipients of military advice related to pre departure domestic preparations (will, insurance) but many did not find this useful and found such preparations stressful. Approximately three-quarters of the sample received no formal or informal training on stress management during pre deployment or deployment, although half of these retrospectively believed that it would have been useful had it been received. Prior to the return home from the Gulf, 50% of the sample received military advice concerning re-adjustment to life post War, however no single formal mechanism for its dissemination was provided and the majority of recipients did not find it useful.

The implications of the findings will be discussed in relation to related research literature and recommendations will be given to inform the future event of an involvement of UK nurses in warfare.

Intended learning outcomes

At the end of the session, participants will be able to:

- Awareness of the need for psychological support
- Understanding of the implications of non support
- Identification of recommendations to improve support

References

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Paul E and O'Neill J (1986), American nurses in Vietnam: stressors and aftermaths, *American Journal of Nursing* 5:526

Thoits P A (1982), Conceptual, methodological and theoretical problems in studying social support as a buffer against life stress, *Journal of Health and Social Behaviour* 23:145-159

Room: Keele

7.7.1   Eating disabilities: perceptions of stroke survivors
Lin Perry, Research Fellow, Kingston University and St George's Hospital Medical School, Kingston-upon-Thames, England, UK. Co author: Susan McLaren.

Abstract

Stroke is a major source of enduring disability but whilst Wade (1994) reported 33% of stroke survivors needing help with feeding, little is known about abiding eating difficulties or stroke survivors' perceptions of them.

The aim of this study was to explore stroke

survivors' perceptions of eating difficulties with comparison to established frameworks of adjustment and adaptation.

Methods

Subjects were recruited from a cohort of patients admitted to a South London acute hospital with clinical diagnosis of stroke. At discharge cognitive and communication abilities were assessed using standard tools; consent to contact patients at 6 months post-stroke was sought from those judged competent to participate or with a live-in carer as proxy.

In total 206 interviews were conducted in subjects' homes; of these 136 stroke survivors experienced eating disabilities (Eating Disabilities score >0, McLaren and Dickerson 2000) and 113 interviews were tape recorded, transcribed and entered into QSR NUD*IST 4 for thematic analysis (Polit and Hungler 1995,521-9). Coding was discussed and agreed with an independent researcher.

Results

Two main emergent themes were identified from categories representing key topics in relation to eating identified by patients/carers. These comprised 'getting back to normal' and 'getting by'.

'Getting back to normal', where 'normal' meant either life pre-stroke or a new 'normalised' existence, variously expressed past and current physical and psycho-social rehabilitation and future prospects. It also appeared as wishful thinking, sometimes not acknowledged as such. 'Getting by' also encompassed a variety of approaches and strategies, to maintain social function and conceal disabilities in public. It was also grudgingly or resentfully expressed where 'getting back to normal' no longer seemed an option.

Conclusion

Comparing findings to established frameworks revealed most stroke survivors' attitudes demonstrated recognised adaptation modes. The breadth of effects of eating difficulties was clear, as was the unpredictability of patients' perceptions in relation to severity of physical impairment. Findings are of relevance for those involved with rehabilitation and support of stroke survivors and their carers.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify the range and variety of effects posed by eating disabilities experienced by stroke survivors at 6 months post-stroke
- Be aware of ways in which stroke survivors experience, interpret and deal with eating disablement

References

McLaren S M L and J W T Dickerson (2000), *Clinical Effectiveness in Nursing* 4:109-20

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Philadelphia

Wade D (1994), Stroke in Stevens A and J Raftery (eds.), *Health Care Needs Assessment* 1, Radcliffe Medical Press: Oxford

Room: Keele

7.7.2 Quality of life after stroke and nutrition-related factors.

Lin Perry, Research Fellow, Kingston University and St George's Hospital Medical School, Kingston-upon-Thames, England, UK. Co author: Susan McLaren.

Abstract

Stroke is a major source of enduring disability but little information is available concerning eating disabilities, nutritional risk or dietary intake despite the well-known deleterious effects of malnutrition (Lennard-Jones 1992).

This study aimed to investigate the contribution of eating disabilities, nutritional risk and dietary intake to quality of life at 6 months post-stroke.

Methods

Subjects were a cohort admitted to a South London acute hospital with clinical diagnosis of stroke. At discharge cognitive and communication abilities were gauged using standard assessments; consent to contact patients at 6 months post-stroke was sought from those judged competent to participate in assessments or with a live-in carer as proxy. Assessments included:

- Barthel Index (BI);
- Hospital Anxiety and Depression (HAD);
- Mental Status Questionnaire (MSQ);
- MOS Social Support Scale (MOSSSS);
- Eating Disabilities Assessment Scale (EDAS);
- Nutrition Risk Score;
- Quality of Life Index, stroke adjusted version (QLI; Ferrans and Powers 1985) and with five additional variables representing the domain of food and eating;
- 24-hour recall of dietary intake and standard anthropometric measurements.

Results

In total 206 sets of assessments were conducted. Communication and cognitive criteria for participation excluded the most disabled; altogether 70 (34%) had no eating disablement, 181 (87.9%) were at low nutritional risk.

Multiple regression analyses used forward stepping with variable and sub-scale scores, QLI scores as dependent variables (alpha =0.05 for inclusion, 0.1 removal). Eating-related factors contributed a small but significant contribution; the study highlighted important considerations for those involved with stroke survivors.

Intended learning outcomes

At the end of the session, participants will be able to:

- Identify key factors influencing quality of life post stroke
- Be aware of the range of experience within key components of life post stroke
- Identify considerations for nursing practice in relation to caring for stroke survivors

References

Ferrans C and Powers M (1992), *Research in Nursing and Health* 15:29-38

Lennard-Jones J (1992) *A Positive Approach To Nutrition As Treatment*, King's Fund Centre: London

Room: Keele

7.7.3 A controlled before and after evaluation of an evidenced based nursing assessment tool

Maggie Tarling, Integrated Care Pathways Co-ordinator, University Hospital Lewisham, London, England, UK. Co author: Paul Lambrith, Grace Stevenson.

Abstract

Background

Nurses generally assess the nursing record as irrelevant and time consuming (Allen 1998). The Gloucester Patient Profile is an evidenced based nursing assessment tool that has shown benefit in reducing documentation and resources (Hodgson & Haswell, 1999). The aim of this study was to establish if the GPP would save time in documentation, reduce the volume of paperwork and change the way nurses viewed and documented in the nursing record.

Methods

Six clinical areas participated in the evaluation. Following ethical committee approval a non-participant observation was carried out on two randomly selected shifts before and after the introduction of the GPP. Nominal group evaluations were carried out in each area to assess nurses' attitudes and opinions of the nursing record and GPP.

Results

A total of 187 records were observed being written. The mean time to complete a nursing record was 3.52 minutes pre and 5.30 minutes post observation. This was statistically significant (t=6.83, p < 0.05). A total of 317 records were examined, the mean size of the nursing record was 8 pages pre and 5 pages post, this was statistically significant (t = 5.79, p < 0.05). The GPP triggered nurses to complete the record at the bedside. This was statistically significant (X2 = 6.68, p < 0.05). A total of 65 nurses participated in nominal group evaluations. These generated a total of 27 positive and 46 negative commnets pre and a total of 31 postitive and 41 negative items post. However, this was not statistically

significant ($X2 = 0.90$, $p > 0.05$).

Conclusion

The GPP did not appear to take less time to complete than traditional records. However, the GPP did save on paperwork and changed the way the nurses completed the nursing record, involving the patient in the process. Nurses did evaluate the GPP more postitively than the traditional nursing record.

Intended learning outcomes

At the end of the session, participants will be able to:

- Be aware of the Gloucester Patient Profile
- Understand the potential benefits of using the Gloucester Patient Profile
- Understand some of the potential pitfalls of using the gloucester Patient Profile

References

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Room: Keele

7.7.4 Fatigue in the hepatitis C population

Michele Glacken, Lecturer, University of Dublin, Trinity College, Dublin, Ireland.

Abstract

The author intends to present a study that delineated hepatitis C fatigue. According to the World Health Organisation (1997), approximately 3% of the world population are infected with the hepatitis C virus (HCV) with fatigue being acknowledged as the cardinal symptom reported by the symptomatic population. Despite the growing recognition of both its prevalence and its propensity to impact in a negative manner on an affected individuals quality of life, a dearth of empirical information exists surrounding the symptom, in terms of its nature, the way in which it affects a person's life or how people live with it on a daily basis. As there is currently no vaccine or widely effective pharmacological therapy available, such information is urgently warranted by the hepatology nursing profession to enable them engage in appropriate sensitive symptom management.

In recognition of this, the following aim was set for exploration:

What is the fatigue experienced by the hepatitis C population?

Recognising the immaturity of the concept, a qualitative approach utilising a grounded theory design was employed. Theoretical sampling generated a sample of 28 participants for in-depth interview. Data analysis consisted of three coding processes; each type of coding having its own purpose and methodology.

Hepatitis C fatigue emerged as being multi-dimensional in nature with the ability to herald pervasive losses for both the affected person and those closest to them. Its presence, if unfettered serving as a sinister controlling force in their everyday lives.

This study furnished nurses for the first time with a valuable insight into the nature of HCV fatigue, the widespread ramifications its presence evokes and its current management. Hepatology nurses can now employ this information to develop in conjunction with the hepatitis C community multi-faceted interventions that can enable the HCV population and their families live with the symptom in a proactive manner.

Intended learning outcomes

At the end of the session, participants will be able to:

- Show a greater understanding of what is meant by fatigue in the hepatitis C population
- Gain a valuable insight into what living with chronic fatigue entails
- Commence addressing what interventions are required to be introduced with this population to enable them live in a proactive manner with the symptom

References

World Health Organisation (1997), *Weekly Epidemiological Record* 72(10):65-72

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