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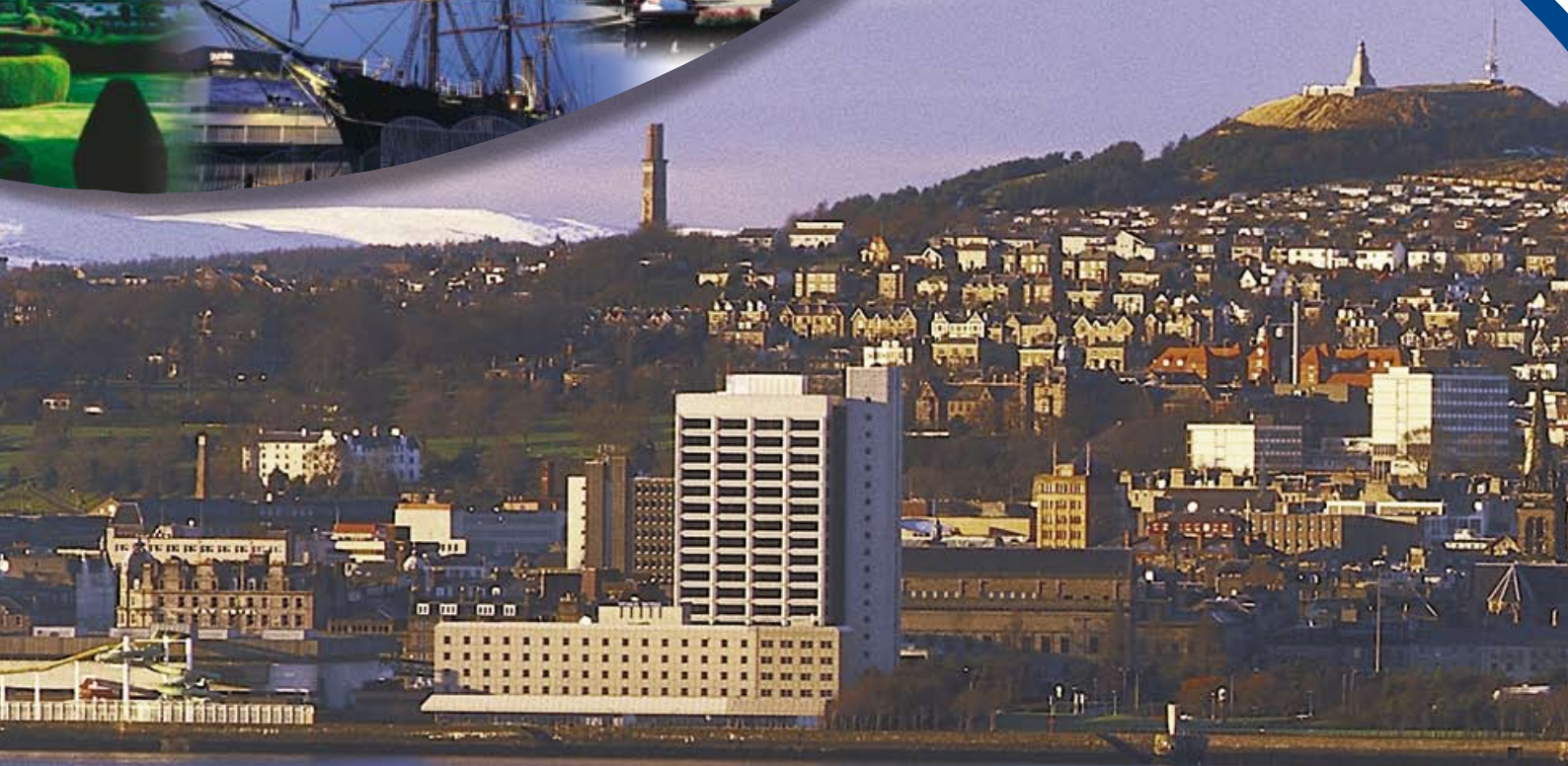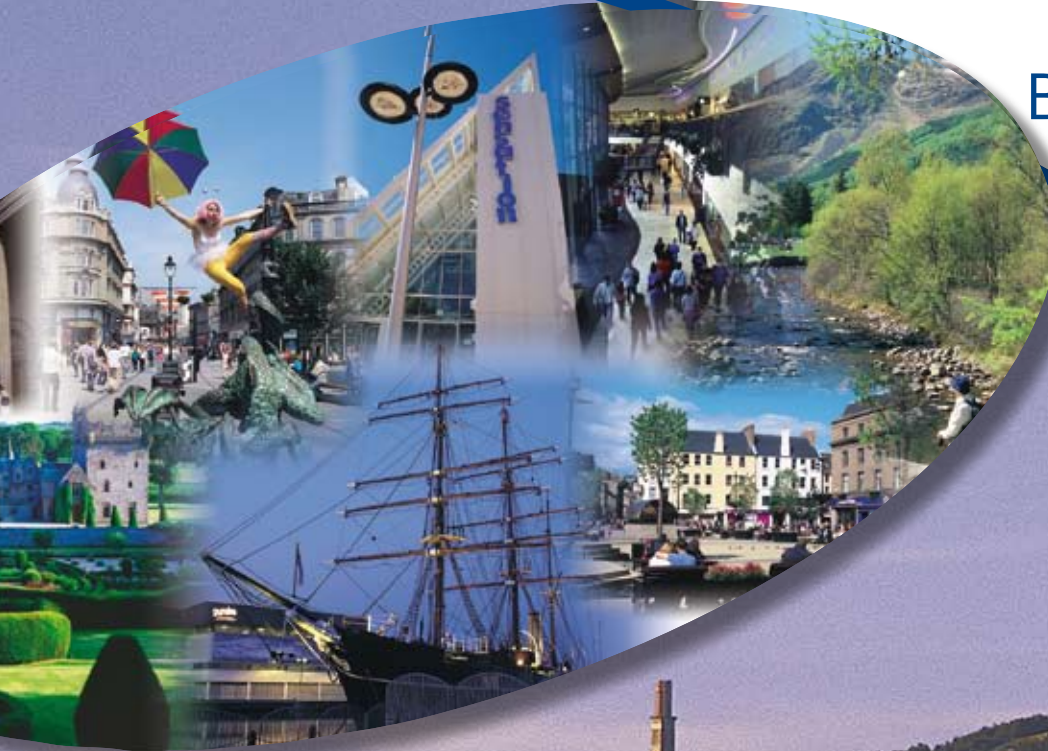
The 2007 International Nursing Research Conference

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Tuesday 1 - Friday 4 May 2007
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Further information about the University of Stirling's Continuing Professional Development programme is available by contacting the Continuing Education Co-ordinator on Tel 01786 466336, or by email at nursingandmidwiferycpd@stir.ac.uk.

Contents

Keynote presentations

Tuesday 1 May 2007

Work stress, staff well-being and patient safety: Models and mechanisms in the healthcare setting

Dr Martyn Jones, Senior Lecturer in Nursing, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland, UK

Abstract:
Work stress is a growing problem in the majority of industrialised economies, particularly in UK, Europe, USA and Canada in both industrial and the healthcare settings. Recent epidemiological studies in UK and Europe consistently show the negative effect of difficult work environments on the health and well-being of healthcare and related workers. Policy imperatives in Europe now require employers to monitor the work environment and minimise risks to the physical and psychological well-being of staff. Since 2003 in the UK, National Health Service staff complete an annual survey of staff well-being and performance. The effects of working in a difficult work environment on patient care and outcomes such as mortality are now beginning to emerge.

This keynote presentation will explore and apply a range of theoretical approaches to the study of work stress, staff well-being and patient safety. In particular, the ways in which organisational practices and work stress track through to staff well-being and patient safety, via accidents at work, and from errors that can harm both patients and staff will be illustrated using international research from nursing and related literatures. The models and mechanisms underlying staff well-being and patient safety will be demonstrated with recent research focused on student nurses and registered nurses from individual, interface and organisational perspectives, including descriptive and evaluative research.

This presentation will establish the importance of managerial support, organisational change and targeted intervention in promoting staff well-being and the need to undertake longitudinal research linking the healthcare environment to patient outcomes. The use of innovative methodologies such as ambulatory ecological momentary assessment will be championed as a way of capturing in real time the daily lives of healthcare practitioners working in the care environment to identify ways of making the care environment a safer place for patients and staff.

Tuesday 1 May 2007

Disability as behaviour: Using psychological theory to explain activity limitations in stroke and osteoarthritis

Professor Marie Johnston, School of Psychology, College of Life Sciences and Medicine, University of Aberdeen, Aberdeen, Scotland, UK

Abstract:
Nurses are increasingly involved in complex interventions in the area of disability that are based on psychological theory. Simple medical models propose that disability is determined by disease and impairment and that therapeutic effects depend on curing disease or reducing impairment. However clinical rehabilitation, including nursing rehabilitation, uses other approaches successfully and patients are enabled to become more active without any change in the disease or impairment. In addition it is a common observation that individuals with similar medical conditions may have very different levels of disability – 'the disability paradox'. The recent WHO International Classification of Function (ICF) model recognises that personal and environmental factors can influence disability. By defining disability as behaviours i.e. what people do (or don't do), the ICF model suggests that psychological influences can both increase and decrease disability.

In a series of longitudinal studies, perceptions of control have consistently predicted recovery in stroke patients, even controlling for medically assessed impairment, and using both self-report and observational measures of disability. Perceptions of control are key components of several theories of behaviour, including the Theory of Planned Behaviour (Azjen) and Social Cognitive Theory (Bandura). These theories suggest that people engage in behaviour when they anticipate positive consequences and when they believe they can carry out the behaviour. When these models are applied to activity limitations in osteoarthritis and stroke, they add significantly to the medical predictors, supporting the hypothesis that the individual's beliefs influence the degree of disability observed and may serve to explain the 'disability paradox'. Further, these results suggest that interventions which change beliefs in control should result in changes in activity limitations. A complex intervention was developed for stroke patients, based on these theoretical models, delivered by Nurses and Health Psychologists, and found to reduce disability.

The results of these studies suggest that integrating psychological theory with the ICF model may result in better understanding of the processes of activity limitations and in the development of new, effective interventions based on psychological theory.

Wednesday 2 May 2007

Educating nurses: Teaching and learning in a complex practice of care
Findings from The Carnegie National Study of Nursing Research

Patricia Benner, R.N., Ph.D., FAAN, FRCN, Professor, University of California San Francisco, School of Nursing, Dept of Social and Behavioral Sciences and Carnegie Foundation for the Advancement of Teaching, San Francisco, California, USA
Co authors: Molly Sutphen, Ph.D., Lisa Day, R.N., C.N.S., Ph.D., Victoria Wynn Leonard, R.N., F.N.P., Ph.D., Lori Rodriguez, R.N., M.S., Doctoral Student, William Sullivan, Ph. D., and Ann Colby, Ph.D.

Abstract:
A national study of nursing education is nested in the larger Carnegie research Program on Preparation of the Professions. The study is based upon in depth site visits to nine schools of nursing, and three national surveys of nursing faculty and students.

These studies draw on the idea of a high level three-fold apprenticeship:

- cognitive and conceptual training to think in ways typical of and important to nursing – how to think like a nurse;

- a skill-based apprenticeship of practice, usually taught by a different faculty from those charged with the conceptual training; and

- a moral and ethical apprenticeship to the social roles and responsibilities of the profession, through which the novice is introduced to the meaning of an integrated practice of all dimensions of the profession.

Apprenticeship is a metaphor for the complex embodied, cognitive, skillful, ethical, and experiential learning required in practice disciplines, and does not refer to historical apprenticeship models of learning.

All three areas, skillful ethical comportment, good clinical judgment, and use of the best scientific knowledge must be integrated by the student. This paper explores kinds of experiential learning central to the three apprenticeships. The most effective knowledge worker creates an ongoing dialogue and connection between lessons of the day and experiential learning over time that forms the skills and character of the practitioner. The study concludes that American nursing education has variable success with the Cognitive Apprenticeship, and is more successful in the Clinical Practice and Ethical Comportment Apprenticeships. Two major signature pedagogies in American nursing education Coaching and Cataloguing of taxonomies are described.

Wednesday 2 May 2007

And now for something completely different: context, process or outcome in research: which is the most important?

Professor Philip Lactic and colleagues

This interactive session will use a number of innovative ways of seeing and thinking about research in order to address the above question. In the first part of the session, the presenters will draw on the work of Gray and Malins (2004) to help make the case for the relative superiority of each of these elements in turn. Participants' views will be elicited on this before the second part of the session begins.

In this next phase Professor Lactic and his colleagues will work with participants to generate further insights into the relationship between context, process and outcome in research. In doing so, conventional assumptions will be explored and challenged, with particular reference to the forthcoming UK Research Assessment Exercise (RAE).

Following a final elicitation of views and debate on the central question, there will be reflective discussion on experiences of looking at and re-presenting research using these different approaches.

Blending psychology, art, nursing and fun, this session is aimed at researchers of all persuasions and levels of experience, from positivists to negativists, from novices to grandees.

Reference
Gray, C and Malins, J (2004) Visualising research: a guide to the research process in art and design Aldershot: Ashgate

Thursday 3 May 2007

Is caring a lost art in nursing?

Juliet Corbin, R.N., D.N.Sc., FNP, Adjunct Professor, International Institute for Qualitative Methodology, University of Alberta, Alberta, Canada

Abstract:
"Caring for" as well as "caring about" have always been the traditional domains of Nursing. But with the "acute care" and "technological focused mentality so predominant in clinical facilities today, plus the an ever increasing emphasis on the professionalization of nurses, the practice of nursing seems to have lost some if its luster and focus. When was the last time that you saw a nurse at the bedside outside of the I.C.U? This presentation makes the argument that chronic illness is now the predominant form of illness in developed nations and will continue to be so as we move into the 21st century. But chronic care requires a completely different approach to nursing than does acute care, calling for more sensitivity to the problems of living with and caring for chronic conditions on a long terms basis and more nursing time at the bedside preparing patients for those tasks.

Friday 4 May 2007

A short history of nursing knowledge

Anne Marie Rafferty, BSc, MPhil, DPhil (Oxon)m RGN, DN, FRCN, Dean of the Florence Nightingale School of Nursing and Midwifery, Kings' College, London, England UK

Abstract:
The history of nursing has been dominated by the process of professionalisation and especially the high politics associated with those processes. Although knowledge claims are clearly central to professional status and legitimacy research into the development of nursing's knowledge and research base remains scant. This paper attempts to plot the provenance and processes by which new knowledge is produced in nursing.

The first part of the paper takes us on a speculative journey into what a history of nursing knowledge might look like and maps key sign posts along the way. It argues that although nursing is often accused of being intellectually introverted a case can be made for the knowledge base being shaped by wider intellectual currents, social forces and disciplines.

The second part considers the extent to which nursing has been able to control its knowledge base or relied upon borrowing or adapting knowledge from other disciplines. It argues that attempts to create an autonomous knowledge base through the nursing process, a separate taxonomy of nursing tasks, language and nursing theory have faltered in their attempt to carve out a separate identity for nursing as a discipline. Finally, it examines early efforts to produce knowledge through research. It argues that the RCN was crucial in supporting as well as sponsoring these studies and in providing legitimacy for research to be institutionalised within the profession.

The paper concludes by arguing that historical research has an important contribution to make not only to enriching the scholarly and intellectual basis of nursing but by bringing new sources of evidence and questions to bear upon the study of the discipline itself.

Masterclasses

Wednesday 2 May 2007

08.00 - 08.45

Qualitative research analysis from a grounded theory

Professor Juliet Corbin, Lecturer, San Jose State University, OAKLAND, California, USA

Abstract:
Since Glaser and Strauss published the first book on Grounded Theory in 1967 the nature of qualitative research has changed considerably. The post-modern era had arrived and everything was being deconstructed and reconstructed. This means that methods also had to change or loose their appeal with a modern audience. This presentation will describe some of the changes in thinking about method that Corbin (Strauss and Corbin 1990, 1998, and forthcoming 2007) has undergone over the years and her attempt to modernize Strauss' approach to qualitative analysis while at the same time remaining true to the methodological foundations and vision of Anselm Strauss. The presentation will begin with a description of the evolution of Corbin's thinking and proceed to describe how method has changed and yet how in many in many ways it remains the same in terms of use of some of the basic procedures. The results are a less dogmatic and more flexible approach to analysis, one that takes into account the central role of the researcher and that blends art with science.

Thursday 3 May 2007

08.00 - 09.15

The changing research environment: opportunities and challenges

Dr Liam O'Toole, Chief Executive, UK Clinical Research Collaboration & Interim Director, Office for Strategic Co-ordination of Health Research

Abstract:
The UK Clinical Research Collaboration (UKCRC) is a partnership of organisations working to establish the UK as a world leader in clinical research. It is driving the changes needed to strengthen the UK clinical research environment. The strength of the collaboration is that it brings together the key organisations that shape the current and future clinical research environment in the UK. This includes the main funding bodies, academia, the NHS, regulators, industry and patients.

The Collaboration has been operational for a little over two years and the Partner organisations are undertaking a broad programme of work which is already having significant impact on the health research environment in the UK. For example, the major funders of public health research in the UK have recently come together under the auspices of the UKCRC to develop a coordinated approach to improving public health research and are investing over £20 million to fund a number of Public Health Research Centres of Excellence. The aim of these Centres is to build academic capacity, boost infrastructure and encourage multi-disciplinary working in public health research in the UK.

The task of the UKCRC is large and ambitious. Success undoubtedly depends on closely coordinated work to change many aspects of the research culture in the UK. This changing environment brings with it both opportunities and challenges. Creating a step change requires effective partnership working, a highly skilled and motivated workforce, good leadership, a streamlined regulatory and governance system, a flexible and responsive infrastructure and strategic deployment of funding. Currently in the UK there is a unique opportunity to advance the future of clinical research. The question is, are we prepared to meet the challenge?

Friday 4 May 2007

08.30 – 09.15

On Developing Clinical Wisdom

Patricia Benner, R.N., Ph.D., FRCN, Professor, University of California San Francisco, School of Nursing, Dept of Social and Behavioral Sciences and Carnegie Foundation for the Advancement of Teaching, San Francisco, California, USA

Abstract:
This Masterclass focuses on the nature of a professional practice and in particular professional nursing practice. Experiential learning is the key to developing expertise and wisdom in a practice discipline such as nursing, medicine, law. The nurse clinician must develop skills of clinical inquiry in actual clinical situations. The goal should be to learn something new in caring for every patient. This clinical knowledge development through experiential learning can be shared, and made public, cumulative and collective when nurses provide rich first person narratives of their experiential learning.

The changes in practice style requires integrating separate tasks and skills into a fluent performance that is guided by goal oriented care attuned to the patient's needs and possibilities. The style of practice is made possible by developing a habitus, or sedimented skilled know-how that creates the possibility of embodied intentionality, as well as thought-based and plan-based intentionality. Once the student gains a fluent style in one situation, that sense of "style" of performance itself guides learning and ways that the learner interprets his or her performance. Students also notice the style of performance of other nurses and their instructors:

A practice requires knowledge, skill and character. A practice focuses on situated and relational knowledge skill and action. Challenges, and concrete experiences help the nurse to learn the stance of a good member-participant of nursing practice. Many of the notions of what constitutes good practice are not well articulated. To become a good nurse requires both formation of new habits of thought and action and re-formation of old habits and perceptions. The capacity to be with persons who are vulnerable or suffering, and respond with respect and care requires experiential learning. Clinical wisdom is developed when experiential learning is examined, and made public and intelligible to others.

Posters

On display on Tuesday 1st and Wednesday 2nd May 2007

Theme: Critical care

1

What are current education and training practices of nurses caring for patients receiving mechanical ventilation?

Sarah Kelly, College of Nursing, University of Kentucky, Lexington, KY, United States
Co authors: Susan K. Frazier,
Email: Sarah.Kelly@uky.edu

Abstract:
Purpose: To describe critical care nurses' basic education and training related to mechanical ventilation and to characterize continuing education and training related to ventilatory support.

Background: Mechanical ventilation supports ventilation and oxygenation for critically ill patients. Although critical care nurses are responsible for the care of these patients, the education and training received by these nurses prior to providing care to ventilated patients has not been methodically evaluated and continuing education has not been comprehensively described.

Methods: This was a descriptive, comparative research study. A convenience sample of critical care nurses (n = 793) from the American Association of Critical Care Nurses completed the Mechanical Ventilation Survey. A majority of the nurses were Caucasian, female, aged 46 + 9 years, and were prepared at the BSN level. Most were employed in a community hospital with 17 + 9 years of critical care experience.

Results: Most respondents (70%) received an introduction to mechanical ventilation during their basic nursing education. Eight-five percent of nurses learned to care for ventilated patients from another nurse while on the job, but only 57% received formal education from their workplace. Nurses employed by larger facilities were more likely to receive formal coursework (p $\leftarrow$ 0.001). Few reported the use of regular systematic competency evaluation in their workplace (36%). Most respondents articulated the need for more specific content and training prior to and during care of patients who require ventilation.

Conclusions: Few nurses received formal education related to the care of patients who require ventilation and even fewer participated in regular competency evaluation. Although nurses received basic education, specific content and ongoing training related to ventilation should be regularly provided and evaluated.

2

The importance of critical care nurses' caring behaviours as perceived by nurses and relatives

Elizabeth O'Connell, Department of Nursing Studies, University College Cork, Cork, Ireland
Co authors: Margaret Landers,
Email: l.oconnell@ucc.ie

Abstract:
Background: The concept of caring is central to the nature of nursing but remains inadequately described and defined (McCance, 1999). Caring in critical care nursing involves affective, cognitive and action processes (Bush and Barr, 1997). It is the action processes or caring behaviours that are most evident to nurses patients and relatives. The views of the relatives of critically ill patients on the importance of the caring behaviours of critical care nurses are neccessary to raise nurses' awareness on how their behaviours are perceived by others.

Aims: This research study was conducted to compare the perceptions of nurses and relatives on the importance of the caring behaviours of critical care nurses. Methodology: Watson's carative factors (Watson, 1979) were used to guide this descriptive, comparative, quantitative study which was conducted in an Irish Critical Care setting. Convenience sampling was used to recruit n=40 nurses and n=30 relatives of critically ill patients. Data was collected over a three week period using an adapted version of the Caring Behaviours Assessment Tool. Descriptive and inferential statistics were used to analyze the data.

Results: There was congruence between nurses and relatives on the most and least important caring behaviours of critical care nurses. Both groups valued technical competence and the altruistic and emotional aspects of caring. However, the formation and maintenance of nurse patient relationships was not perceived as being very important by either group. The findings of this study also demonstrated that the gender of the relative and the nationality of the nurse caused a significant difference in the perceived importance of some caring behaviours.

Discussion/Conclusion: It is not surprising that the formation and maintenance of nurse patient relationships was not perceived as being important in critical care nursing as there are many barriers to effective nurse-patient communication in this acute setting and nurse-patient relationships are often replaced with nurse- relative relationships. In the current era of patient- centred nursing, the development of therapeutic nurse patient relationships needs to be given priority. Clinical supervision and reflective practice have the potential to facilitate the development and maintainance of these relationships. Further research is needed to investigate the caring experiences of international nurses working in the Irish healthcare setting.

Recommended reading:
Bush, H. and Barr, W. (1997). Critical care nurses lived experiences of caring. Heart and Lung: The Journal of Acute and Critical Care 26 (5), 387-398.

McCance, T.V. and Boore, J.R.P. (1999). Caring: theoretical perspectives of relevance to nursing. Journal of Advanced Nursing 30 (6), 1388-1395.

Watson, J. (1979). Nursing: The Philosophy and science of nursing. boston: Little, Brown and Co.m

3

Cardiovascular dysfunction during ventilator weaning`

Susan Frazier, College of Nursing, University of Kentucky, Lexington, KY, United States
Co authors: Kathleen S. Stone, Debra K. Moser
Email: skfraz2@email.uky.edu

Abstract:
Purpose: This investigation was conducted to describe and compare measures of cardiovascular function during mechanical ventilation and the initial continuous positive airway pressure (CPAP) weaning trial in a group of medical intensive care (MICU) patients.

Background/Significance: Cardiovascular instability is one proposed mechanism for ventilator weaning failure. A comprehensive examination of cardiovascular function will provide a thorough understanding of the complex cardiovascular responses to mechanical ventilation and weaning.

Methods: In this descriptive comparative study, MICU patients (n = 43) were studied 48 hours after initiation of ventilation and during the initial CPAP weaning trial. Measures of hemodynamics (cardiac output [CO], mean arterial pressure [MAP]), myocardial perfusion (ST segment, CK-MB, troponin I), cardiac rhythm and autonomic function (heart rate variability [HRV], plasma catecholamines) were made at these times.

Results: There were significant differences in cardiovascular function between patients who successfully completed the initial CPAP trial and those who failed. Successful patients demonstrated increased CO in response to CPAP without alteration in HR or MAP. Patients who failed had increased MAP, but CO and HR were unchanged. ST segment deviation during ventilation increased the likelihood of trial failure 60% and those who failed had triple the number of supraventricular events/hour during CPAP. Patients who failed the trial had significantly lower HRV during ventilation and responded to CPAP with elevations in norepinephrine. Successful patients reduced norepinephrine with CPAP.

Conclusions: Cardiovascular dysfunction was common in patients who failed the initial CPAP weaning trial. Systematic evaluation of cardiovascular function and appropriate intervention to promote optimal function may increase the likelihood of weaning success.

4

The issues within the leadership of critical care nursing in Taiwan

Shu-Fen Su, Assistant Professor, School of Nursing, Chun-Shan Medical University, Taiwan
Co authors: Jennifer Boore, Mary Jenkins, Ming-Jen Yang
Email: sofe6726@yahoo.com.tw

Abstract:
Although the feelings of powerlessness have often been identified by nurses, few studies focus on exploring the relationship among powerlessness, organizational power and nursing leadership from the nurses' perspectives. However, the lack of power may decrease the nurses' work interests and limit the nursing profession in achieving its goals. The aim of this study was to identify nurses' perceptions of organizational power and its influences on the leadership behaviour within their nursing departments. A semi-structured interview guide was developed to collect the data. A sample of 28 nurses was drawn from 7 hospitals in Taiwan. The methodology of grounded theory was utilized to analyse the data. Data collection and analysis occur in alternating sequences. It ended when the data of each category was saturated. Hospital administrations were identified as having extreme power and managing nurses in a hierarchical manner. The nursing department, the highest nursing authority but a non-profit making unit, is not given sufficient power in the hospitals. Most decision-making is controlled by the hospital administrations and doctors. Nurses perceived the nursing leadership as cruel and autocratic. The nursing department followed hospital policies, disregarded nurses' rights and interests, compelled nurses to work obediently and to be blindly loyal. This was in spite of the fact that they had little absolute power in the hierarchy, and appeared to demonstrate what power they had in their relationships with the nurses. In fact, the traditional societal code of authoritarianism leads the nursing department to see itself as an inferior that must submit itself to authority and obey the powerful superiors in the hospitals. Taiwanese nursing leadership has been strongly influenced by the Confucian principle of obedience. However, the nursing departments' managerial attitude of abusing obedience have influenced nurses' work atmosphere, caused huge psychological strain to nurses, and deteriorated their relationships with nurses.

Recommended reading:
Borthwick, C & Galbally, R 2001, 'Nursing leadership and health sector reform', Nursing Inquiry, vol. 8, no. 2, pp.75-81.

Braynion, P 2004, 'Power and leadership', Journal of Health Organization and Management, vol.18, no. 6, pp.447-463.

Sieloff, CL 2004, 'Leadership behaviours that foster nursing group power', Journal of Nursing Management, vol.12, pp.246-251.

5

Comparison of the effects of spontaneous breathing trial with T-piece versus pressure-support ventilation in patients recovering from cardiac surgery: A randomised controlled pilot study

Lee-Moi Hew, ITU, London Chest Hospital, Barts and The London NHS Trust, London, United Kingdom
Co authors: Simon Stacey, Margaret Lau-Walker, Janelle Yorke
Email: leemoihew@aol.com

Abstract:

Background: Fast-track recovery after cardiac surgery where patients are discontinued from mechanical ventilatory support at the earliest possible time is common practice. (1-2) The most efficient method of initiating the weaning process and extubation of post cardiac surgery patients is yet to be identified.

Aim: To compare the effects of ventilation weaning with T-piece versus pressure support in patients recovering from cardiac surgery.

Design: A randomised controlled study was designed to compare anxiety levels, respiratory and cardiac parameters, length of ICU stay, and reintubation rate. Outcomes were measured before operation, at PSV, 30 minutes after PSV, before extubation, 1 hour after extubation and before ICU discharge.

Results: 45 post elective cardiac surgery patients (male 35; female 10) who received coronary artery bypass graft (55%), coronary artery bypass graft and valve replacement (16%) or valve replacement (29%) surgery, were randomised to receive T-piece (n=24) or PSV (n=21) methods. Median anxiety scores fluctuated throughout the study (T-piece: pre operation 3.8; pre extubation 4.9; pre ICU discharge 1.6 and PSV: pre-operation 2.8; pre extubation 3.9; pre ICU discharge 0.5). No statistically significant differences ($p > 0.05$) between the two groups in anxiety, heart rate, mean arterial pressure, PaO_2 and SaO_2 were found. Significant differences were found for respiration rate (p=0.042), pH (p=0.022) and $PaCO_2$ (p=0.003).

Discussion: Findings revealed that the anxiety level and physiological responses, excluding small statistical differences, are similar irrespective of the modalities of weaning. Specifically this study provides important information about the levels of anxiety experienced by a group of cardiac surgery patients undergoing ventilation weaning.

Conclusion: This pilot study shows that in stable cardiac patients, clinically important outcomes of weaning with either T-piece or PSV did not differ. Additional research with a larger sample size involving multi-sites is needed to determine if these preliminary findings remain constant.

Recommended reading:
Doering, L. V. (1997) "Relationship of age, sex and procedure type to extubation outcome after heart surgery" Heart & Lung 26(6): 439-447

Silbert, B. S., Santamaria, J. D., O'Brien, J. L., Blyth, C. M., Kelly, W. J. et al. (1998) "Early extubation following coronary artery bypass surgery: A prospective randomised controlled trial" Chest 113: 1481-1488

6

Listening to patients: choice in cardiac rehabilitation

Jennifer Wingham, Research and Development Directorate, Royal Cornwall Hospitals NHS Trust, Truro, United Kingdom
Co authors: Hasnain Dalal, Kieran Sweeney
Email: Jenny.Wingham@rcht.cornwall.nhs.uk

Abstract:
This abstract presents research on patient choice in the delivery of cardiac rehabilitation.

Background: The benefits of cardiac rehabilitation (CR) after Myocardial Infarction (MI) are recognised and CR is recommended in national guidelines (1). Cornwall has two methods of CR, either hospital-based CR or home-based CR using the Heart Manual supported by a nurse facilitator (2) Aims To explore patients' experience of MI and to identify the factors that influence the choice patients make given the option of hospital or home-based CR after MI.

Methods: Qualitative methods with Interpretive Phenomenological Analysis. Participants were recruited using purposive sampling and took part in a semi-structured taped interview. Analysis involved looking for similarities between and within transcripts. Themes emerged that connected together to form overarching interpretive themes. This study was embedded within a randomised trial with preference arms Dalal, Evans et al. (2005).

Results: Seventeen participants were interviewed before their CR programme between October 2002 and June 2003. Ten expressed a preference for home-based and seven for hospital-based CR. Common to both groups was shock and disbelief after their MI, which led to a loss of confidence. They expressed a strong desire to make lifestyle changes and looked for specific advice, guidance and support from knowledgeable experts. The hospital-based group had an emphasis on supervision during exercise, needed camaraderie of a group, were willing to make travel arrangements and believed they lacked self-discipline. The home-based group believed that their CR should fit in with their lives rather than their lives fitting in with the CR programme and were more self-disciplined. They disliked groups and expressed practical concerns such as transport and home responsibilities.

Conclusions: Understanding the factors that influence patient's choices may help professionals guide them to the most appropriate CR method and hence improve uptake.

Recommended reading:
Department of Health (2000) National Service Framework Standards for Coronary Heart Disease. London. Department of Health

Dalal HM and Evans PE (2003) Achieving National Service Framework Standards for Cardiac Rehabilitation and Secondary Prevention. BMJ. (Clinical Research Edition) 326(7387) 481-4

Dalal HM and Evans PE et al (2005) Randomised Controlled Trial Comparing the Clinical Effectiveness of Home-based and Hospital-based Rehabilitation After Acute Myocardial Infarction; the Cornwall Heart Attack Rehabilitation Management Study. Heart 91 (Sup

7
Mental rehearsal in CPR training

Dimitrios Theofanidis, Nursing, TAP-OTE, Thessaloniki, Greece
Co authors: Xenofon Fitsioris, Antigoni Fountouki
Email: dimitrisnoni@yahoo.gr

Abstract:
Mental rehearsal is an imaginary repetition of actions without the implementation of natural movements. According to neurodevelopmental theory, vivid mental rehearsal of activity produces neuromuscular reactions similar to those of real experience.

Aim: The aim of this study was the application of mental rehearsal within the context of cardio pulmonary resuscitation (CPR) training for first year student nurses.

Sample: The sample consisted of 27 student nurses (19 female) who had not previously been taught CPR. They were randomly allocated into two groups (experimental: 15 students and control: 12 students).

Method: CPR training was presented to both groups on three consecutive occasions. The control group executed the training programme immediately after it was presented to them. The experimental group executed the same drill after a 15 minute "mental preparation" interval. Students in both groups were videotaped during their training. Written permission was sought and obtained prior to the video taping.

Results: The control group performed 4 cycles of CPR training within a 3 minute period on average, made 6.1 errors and did not have sentimental attachment. The individuals of the experimental group completed the same task with a mean of 2 minutes 34 seconds, made 4.9 errors and showed more joyful sentiments. There was no significant difference on the output and in the number of imaginary implementations.

Conclusion: Mental rehearsal contributed to a more rapid learning of CPR. The number of imaginary repetitions prior to performing the task was not significantly associated to a positive learning outcome. Students in the experimental group reported significantly higher self-confidence in performing their task and greater motivation towards learning. They also reported that the main reasons for their success were the fact that they were focused and that they have been carefully mentally rehearsing the nurse teachers' step by step actions during the demonstration of the CPR training.

Recommended reading:
Stephens R. (1992) Imagery: a treatment for nursing student anxiety. J Nurs Educ 31(7):314-320

Bucher L. (1993) The effects of imagery abilities and mental rehearsal on learning a nursing skill. J Nurs Educ 32(7):318-324

Doheny M. (1993) Mental practice: an alternative approach to teaching motor skillsl. J Nurs Educ 32(6):260-264

8
Living with heart failure

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Abstract:
Contribution
This paper will highlight potential discordance between patient and professional concepts of heart failure (HF).

Background: People with HF report a poor quality of life (Rogers et al 2002). Non-compliance is often cited as a reason for the high level of hospital readmissions for this group of patients (Leslie and Imray 2005). Corbin and Strauss (1995) describe three different lines of work that sufferers need to do to maintain some kind of equilibrium within their illness. They refer to these three lines as: a) illness work b) biographical work, c) Every-day life work (EDLW.) EDLW relates to the manner in which people have to sort out domestic and social issues as a consequence of their illness.

Aim: The aim of this research was to explore the EDLW of HF sufferers.

Method: LREC approval was obtained to undertake a comparative analysis of NHS 'Discovery Interview' transcripts. Ten were purposively selected to ensure coverage of a reasonable range of degrees of HF.

Results: Five themes of activity were identified – changing roles, social activity, making arrangements, organising self and reshaping relationships. Discussion Underlying patient efforts was an apparent desire to reach some kind of equilibrium in their lives. However this did not necessarily match the professional goal of stability, therefore the action or inactions that they utilised did not always match professional expectations. A patient model and a professional model of HF are proposed and will be presented.

Conclusion: There could be discordance between the patient and the professional view of the concept of HF. If the patient model for HF does exist then it will have important implications for health care professionals working with this group of patients. There may be a need for health care professionals to review the way in which they support this group of patients.

Recommended reading:
Corbin, J; Strauss, A.(1985) Managing chronic illness at home: three lines of work. Qualitative Sociology 8 3 pp224-246

Leslie, S J; Imray, E J (2005) Chronic heart failure: a review. The Practioner 249 pp262-275.

Rogers, A; Addington-Hall, M; Abery, A; McCoy, A; Bulpitt, C; Coats, A;Gibbs. A (2000) Knowledge and communication difficulties for patients with chronic heart failure: qualitative study. British Medical Journal 321 pp605-607

Theme: Rehabilitation/patient information and patient involvement

9
Assessment of lung function and quality of life following a pulmonary rehabilitation programme for patients who have received a lung or heart-lung transplant – a randomised controlled pilot trial

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Abstract:
Background: Ward-based transplant rehabilitation programmes for lung/heart-lung recipients are well established. However, despite evidence that structured community pulmonary rehabilitation is of benefit to patients with respiratory diseases (McDermott 2002), these rehabilitation programmes are not utilised for patients post-transplant. This study sought to determine if lung/heart-lung transplant recipients benefited from a structured community-based pulmonary rehabilitation programme.

Aims: To determine if lung/heart-lung recipients' lung function and quality of life improved following attendance at a structured community-based pulmonary rehabilitation programme when compared to those who received the transplant unit's standard self-directed document-based rehabilitation programme.

Methods: Patients undergoing lung/heart-lung transplantation were approached prior to hospital discharge and were randomised to either the control or experimental arms. Control patients received the transplant unit's standard document-based rehabilitation programme containing generic material on exercise and diet. Experimental patients attended and underwent their local hospital's pulmonary rehabilitation programme. All patients underwent respiratory function testing (FEV1 and FVC) and completed the SF-36 questionnaire upon hospital discharge and 6-months later. Results: 20 patients were recruited; 11 control (55%); mean age: 45; gender: 11 males (55%). 50% underwent a single lung transplant, 45% double lung transplant and 5% heart/lung transplant. No between group differences were found between FEV1 at discharge (p=0.52) and 6 months, (p=0.91); FVC at discharge (p=0.62) and 6 months (p=0.80) and total sf-36 scores at discharge (p =0.88) and 6 months (p=0.55). Discussion: In terms of lung function and quality of life lung/heart-lung transplant patients do not seem to benefit from structured community-based rehabilitation when compared to those receiving a standard document-based programme of rehabilitation. Differences in mean trends were identified but did not achieve statistical significance.

Conclusion: A large multi-centred trial is required to confirm or contest this study's findings.

Recommended reading:
McDermott A (2002) Pulmonary rehabilitation for patients with COPD. Professional Nurse 17(9): 553-6.

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The incidence and management of continence in two rehabilitation units

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Abstract:
Background: Incontinence of both bladder and bowel is a major health care problem and adversely affects the lives of many individuals living at home or in health service facilities. The prevalence and severity of incontinence is a global concern that has, in recent years, prompted investigation across several countries. Current approaches to continence care indicate an emphasis on safety and reduction of risk, rather than detailed individualised assessment and management.

Aims: To describe and compare the incidence and management of urinary and faecal incontinence and urethral catheterisation in two rehabilitation settings for older people in Ireland.

Method: The Royal College of Physicians Audit Scheme (Brocklehurst, 1998) was used to measure the incidence and management of urinary and faecal incontinence and of urethral catheterisation. This scheme includes a single patient, multiple patient and facility audit. Over six months, 220 patients who suffered from incontinence or who had a urethral catheter in place participated. Two study sites were chosen, a 78 bedded rehabilitation unit in Northern Ireland and an 80 bedded rehabilitation unit in Southern Ireland.

Results: Findings revealed high incidences of incontinence, lack of specific continence assessment and specific rationale for treatment decisions or continuation of care. The focus was on continence containment rather than on proactive management. The facilities audit showed that guidelines for continence management were available to staff in one unit but not in the other.

Recommended reading:
Brocklehurst J (1998). Royal College of Physicians Promoting Continence: clinical audit scheme for the management of urinary and faecal incontinence. London. RCP

Roe, B. & Doll, H. (2000) Prevalence of urinary incontinence and its relationship with health status. Journal of Clinical Nursing 9 (2) 178-188

Department of Health (2000) Good Practice in Continence Services DoH: London

11

Does improving the quality of patient information leaflets optimise their effectiveness? A systematic review.

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Abstract:
Background: The provision of high quality patient information leaflets is presumed to be important (DOH 2004). However problems regarding the quality of leaflets have been highlighted (Audit Commission 1993; DOH 2004). While it is relatively straightforward to identify the characteristics of high quality leaflets, it is unclear whether providing leaflets developed according to quality guidelines improves patient outcomes. The effectiveness of providing high quality patient information leaflets must be evaluated using randomised controlled trials (RCTs) (Paul et al. 2003).

Aim: Are high quality patient information leaflets more effective in improving patient outcomes in comparison with standard leaflets?

Method: A systematic review was conducted using the CINAHL, MEDLINE and OVID multifile databases to identify studies using RCT methodology to compare standard written materials with written materials that were developed according to recommended guidelines for improving their quality. The search was limited to RCTs published from 1993 to present.

Findings: Twelve relevant studies were identified. Studies varied in the amount of information provided regarding leaflets' quality. Variations were also found regarding the methods and outcome measures used. Whilst some of the studies (n = 6) found that improving the leaflets' quality increased the participants' knowledge, this effect was not consistent. Minimal or no effects were observed regarding other outcomes, e.g. anxiety, comprehension, satisfaction and behaviour change.

Conclusions: Few studies provided comprehensive details about the quality of the written information materials. Therefore it remains inconclusive whether improving the overall quality of leaflets, in terms of relevance, clarity and accuracy of information, influences their effectiveness. This has implications for healthcare professionals who develop and distribute patient information leaflets. Additional strategies and support for patients are recommended to optimise the effectiveness of high quality leaflets. This presentation focuses on the findings from the systematic review and discusses the implications for practice and research.

Recommended reading:
Audit Commission (1993) What seems to be the matter:communication between hospitals and patients. London, HMSO.

Department of Health (2004) Better information, better choices, better health: Putting information at the centre of health, www.dh.gov.uk/

Paul, C. L., Redman, S. and Sanson-Fisher, R. W. (2003) Print material content and design:is it relevant to effectiveness? Health Education Journal, 18, 181 - 190.

12

Do patients want to be asked if they wish to be resuscitated?

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Abstract:
Background: National policies such as the NHS Plan emphasise the importance of patient involvement in care. The extent to which patients should be involved in a decision about whether they should be resuscitated has been widely debated in the literature. Concern has been expressed that patients are not being included in resuscitation decision-making where feasible (Schwarz, 2000). Studies that have examined patients' preferences and attitudes have focused primarily on older patients or cancer patients (Phillips & Woodard, 1999). Limited evidence exists in a cardiology setting.

Aim: This study aims to explore the views of cardiac patients regarding involvement in resuscitation decision-making.

Method: A qualitative study was conducted using semi-structured interviews, comprising a Likert scale and open ended questions. A convenience sample of 98 patients admitted to the cardiology ward in a UK acute NHS Trust were recruited. Interviews were taped and transcribed verbatim. Data analysis comprised identifying themes using a categorisation scheme (Polit, Beck & Hungler, 2001). Likert scale responses were analysed using SPSS data analysis package. Results: Patients believed they should have a choice in terms of what happens to them and it was important to discuss resuscitation with staff. Patients (91%) wanted to be fully informed and involved in their treatment, but some (56%) thought that decisions about resuscitation should be left to medical staff. Most patients (81%) said that they would not be upset by discussing resuscitation and agreed that if they were too ill, doctors should decide with the family.

Discussion & Conclusion: Cardiology patients want to be involved in the resuscitation decision-making process, and staff should be proactive in initiating this. A formal strategy to improve resuscitation communication skills should be developed, as many staff may be uncomfortable in facilitating such a sensitive discussion.

Recommended reading:
Phillips K & Woodard V (1999) The decision to resuscitate: older people's views. Journal of Clinical Nursing, 8 (6): 753-756.

Polit P, Beck CT & Hungler BP (2001) Nursing Research Methods, Appraisal, and Utilisation (5th edition), New York: Lippincott.

Schwarz J (2000) Have we forgotten the patient? American Journal of Nursing, 100 (2): 61-64.

Theme: Stroke

13

Japanese Brain Dock institution for detection of asymptomatic of cerebrovascular disease. The questionnaire survey

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Abstract:
Background and Purpose: In Japan, the brain dock is established in 1988. It is an important health examination system in the point of finding the cerebrovascular disease at the asymptomatic stage. However, the brain dock is seemed to have peculiar problems unlike the cancer examination, such as the complication of the treatments after diagnosed. Therefore, we performed survey about the health awareness and preventive health behavior of the clients who have examined at Japanese Brain Dock.

Methods: The data were provided by questionnaire investigation at first consultation to the brain dock and after three months. The questionnaire was composed of several measurement (Vulnerability of Disease, Saliency of Health, The Japanese SF-36 Health Survey) and items, such as understanding and motivation for a brain dock. After three months another item about expectation was added.

Results: We conducted questionnaire survey of 208 clients at first and 154 clients three months later again. Mean age was 53.3 (SD ± 11.59) and 56.0 (SD ± 10.07) years old at respective periods. The clients tended to have high awareness for health. However, the majority clients didn't understand the pathophysiology and therapy of cerebrovascular disease to be found in brain dock. Health-related QOL in clients was slightly lower compared to the nation wide average. Priority-related of health behavior was lower. Forty six percent of the clients felt anxiety for health, and 42.2% of those were related to a brain disease. After three months Health-related QOL didn't chang significantly, 72% of those have anxiety for brain disease in spite of negative findings. The majority clients have expectations such as an appropriate follow-ups, informed consent and accountability.

Conclusions: The brain dock is expected to develop in the future. Therefore, it is necessary that provide the relevant information and appropriate follow up nursing care after the checkup.

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The introduction of evidence-based practice in acute stroke assessment: A realistic evaluation

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Abstract:
Background: Introducing evidence-based practice into clinical care is a complex process. While a number of change management strategies are available, their usefulness is often unclear. This paper uses a realistic evaluation approach (Pawson & Tilley 1997) to identify the effectiveness of a change management strategy (comprising evidence-based guidelines; an opinion-leader; new recording system and an education programme) to improve multidisciplinary stroke assessment. Realistic evaluation is particularly useful as it emphasises that an intervention cannot be viewed in isolation from its social 'context' and makes links between the interaction of 'outcome' and causal 'mechanisms'.

Aims: To identify the effectiveness of the implementation strategy.

Method: Data presented here were collected in two phases (before and after the implementation of change in stroke assessment) and were collected as part of a larger study that concluded in 2003. Methods included: interviews and focus groups with nurses (n=18), doctors (n=15), allied health professionals (n=12), service managers (n=9) and patients (n=6); team questionnaire to all professional staff (n=148 representing 72% response rate); analysis of publicly available Trust documents and reflective diary of project leader. Data were analysed using a thematic analysis.

Results: Results from both phases were synthesised to produce a coherent description of the change process. Themes emerged around organisational context including: a changing environment; lack of commitment, workload and uncertainty. Themes emerged regarding lessons learned including: timescale issues; choice of clinical area and study design. Leadership was an overarching theme. Data were developed into context-mechanism-outcome configurations to identify the success of the strategy. Results showed that the implementation strategy was more successful with nurses and allied health professionals than medical staff.

Conclusions: Realistic evaluation was useful for identifying the effectiveness of the change strategy. However, the development of context-mechanism-outcome configurations was complex and this paper discusses some of these difficulties.

Recommended reading:
Pawson, R & Tilley, N 1997, Realistic Evaluation. Sage, London

15

A cross-cultural comparison of influences on nurses' rehabilitation practices in relation to urinary incontinence following stroke

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Abstract:
Background: The impact of stroke on the older person is known to be profound and multidimensional with considerable variation between individual stroke units, countries and continents in rehabilitation approaches used, and variability in patient outcomes (Wolfe et al, 1999). Urinary incontinence following stroke is commonly experienced and is a well recognised independent predictor of disability, death and institutionalisation in addition to impacting on the individual's quality of life (Brittain et al, 2000). Continence care is largely the responsibility of nurses; however there is limited knowledge of the most effective assessment and rehabilitation strategies to use for urinary incontinence (Thomas et al, 2005) and little recognition of potential cultural influences that may contribute to explaining the documented outcome variation.

Aim: To explore nurses' practices and cultural influences, in relation to promoting continence following stroke, in Scotland, Sweden and China.

Methods: Semi-structured interviews will be undertaken with a purposive sample of thirty registered nurses comprising ten registered nurses from each participating country. The informants are drawn from a minimum of three stroke rehabilitation units in each country. First level analysis of the transcribed interviews will be undertaken by the local research collaborator in the first language and their brief report prepared in English. The interview transcripts will then be translated from Swedish or Chinese into English before being delivered to the UK researchers for second level analysis. Question-led analysis focusing on manifest content will be undertaken using NVivo, version 2.

Findings: The study will be completed by April 2007 for presentation at the conference. The findings will inform healthcare practitioners and researchers of the assessment, rehabilitation and management strategies used by stroke rehabilitation nurses in the three countries and the sources of influence on their practice.

Recommended reading:
1. Wolfe C, Tilling K, Beech R et al 1999 Variation in case fatality and dependency from stroke in Western and Central Europe Stroke 30 350-356

2. Brittain K, Perry S, Peet et al, 2000 Prevalence and impact of urinary symptoms among community dwelling stroke survivors. Stroke 31, 886-891

3. Thomas LH, Barrett J, Cross S, French B, Leathley M, Sutton C, Watkins C. Prevention and treatment of urinary incontinence after stroke in adults. The Cochrane Database of Systematic Reviews 2005, Issue 3.

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Communication problems after stroke: implications for nursing practice

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Abstract:
Background: Every year in the UK over 130,000 people experience stroke, of which a third will have ongoing communication difficulties. The impact of speech impairment on the individual can be marked, however, very little is understood about the nature of this impact. Nurses consider the holistic needs of patients, including psychological and social aspects of care. However, before this approach can be adopted in the care of patients with a stroke-related communication disorder, an understanding of the psychosocial impact is required.

Aims: To investigate the beliefs and experiences of people with a stroke-related communication disorder in relation to their speech disorder and

explore the perceived physical, personal and psychosocial impact.

Methods: Individuals with dysarthria - slurred, poorly-articulated speech caused by neurological conditions were recruited by specialist speech and language therapists (SLTs) from twelve hospitals in Scotland that served both rural and urban populations. The research approach was qualitative. A purposive sample of twenty-four individuals (with varying severity of dysarthria following stroke) was interviewed in their own home between February 2004 and March 2005 utilising semi-structured, in-depth interviews. Patterns in the data were identified using the constant comparative method (Glaser and Strauss 1967).

Results: Reduced communication skills caused changes in self-identity, relationship, social and emotional disruptions and feelings of stigmatisation or perceived stigmatisation, irrespective of the severity of dysarthria. Reports of incidents where people communicated with them through their spouse, treated them like "a child" or thought they were drunk were not only linked to strangers, but also some health care professionals.

Discussion/Conclusions: A stroke patient is likely to be treated by many different people, including therapists, doctors and nurses. Health professionals need to recognise the possibility of and provide more support to address the psychosocial implications of stroke-related dysarthria.

Recommended reading:
GLASER, B. and STRAUSS, A.L., 1967, The Discovery of Grounded Theory: Strategies for Qualitative Research (Aldine Publishing Company, New York).

17

Interventions for adult family carers of people who have had a stroke: a systematic review of effectiveness and conceptual foundations

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Abstract:
Interventions for adult family carers post stroke: a systematic review of effectiveness and conceptual foundations.

Background: Developing interventions for family carers is essential given their important role post stroke recovery. The Medical Research Council (2000) suggested interventions should have a theoretical basis to identify mechanisms of action and expected effects. No previous systematic review has examined non-information giving interventions specifically for carers alone.

Aims: This poster presents the findings of a systematic review examining the effectiveness and conceptual basis of non-information giving interventions for adult carers of individuals post stroke.

Methods: Seventeen electronic databases and grey literature sources were searched. Inclusion criteria: interventions primarily aimed at adult family carers of people post stroke; tested by randomised controlled trial; carers were the primary sample; primary outcomes reported

were for carers. Authors of unpublished material were contacted for data and additional publications. Reference and citation tracking was performed on included publications.

Results: Eight papers were found reporting on six relevant interventions. Stress-coping theories underpinned most interventions, the remainder did not identify a conceptual basis. All interventions reported benefits, irrespective of whether they were underpinned by a conceptual basis or not. However, trials were generally of very low quality. Discussion: Without a conceptual basis for interventions, it is impossible to determine the appropriateness of outcome measures used. Stress-coping theories cannot capture the complexity of caregiving contexts, thus may be unsuitable to determine outcomes for interventions. Studies reviewed ignored the potential contribution of other theoretical frameworks such as biography and carers' expertise (Brereton and Nolan 2003).

Conclusions: Serious limitations exist with the evidence base that prevents firm conclusions being drawn from this research. Future interventions should be underpinned by an appropriate conceptual basis to enable relevant outcomes to be identified and measured. Studies should control for factors that may moderate the effect of interventions.

Recommended reading:
Medical Research Council (2000) A framework for the development of and evaluation of RCTs for complex interventions to improve health. London: Medical Research Council.

Brereton, L. & Nolan M (2003) Seeking partnerships between family and professional carers: stroke as a case in point in Nolan, M., Lundh, U., Grant, G. and Keady, J. Partnerships in family care: understanding the caregiving career. Maidenhead: Open Univer

Theme: Cancer Care

18

Investigating patient views for the development of a pain management leaflet in an oncology outpatient department

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Abstract:
Pain experienced by cancer patients impacts on their quality of life and adherence to treatment (McNeill et al., 2004). Sixty five to 85% of patients will experience pain, of which 95% could be adequately controlled. However, approximately half are still experiencing pain (Cleeland et al., 1994). Reasons for this include lack of knowledge on behalf of both health care professionals and patients and may be referred to as 'barriers to pain management'.

Aims: To obtain patient views on a pain management, patient-education leaflet, prior to its development and implementation.

• To increase patient knowledge, encouraging active participation in their pain management. Method Forty-one patients were randomly selected over a five day period. They were

invited to read the pilot leaflet and complete an anonymous questionnaire, which utilized four open-ended questions related to; usefulness, additions required, unnecessary information and comments. Results Questionnaires were returned by 97.6% (n=41) of the sample, 100% of the respondents stated that they would find the leaflet useful. The qualitative data obtained were grouped into the following emergent themes for analysis. These formed the basis of recommended additions and changes to the leaflet.

• Practical considerations

• Contact details

• Fear and hope

• Alternative therapies

• Analgesic advice and information

• Presentation

• Commonly asked questions

Discussion: The results are encouraging and support previous studies (Chumbley et al., 2002). Therefore development of the pain management leaflet will reflect patients' requirements.

Conclusions: Pain management is an important aspect of oncology patient care. More appropriate patient information, developed in conjunction with patients themselves, could facilitate greater patient involvement and self-determination. Further studies are required to evaluate the effectiveness of such an intervention.

Recommended reading:
1. Chumbley G, Hall G, Salmon P. Patient-Controlled Analgesia: What Information Does the Patient Want? Journal of Advanced Nursing. 2002; 39(5): 459-71

2. Cleeland CS, Gonin T, Field AK, Edmonson JH, Blum RH, Stewart JA, Pandya KJ. Pain and It's Treatment in Outpatients with Metastatic Cancer. N Eng J Med 1994; 330(9): 592-6

3. McNeill JA, Sherwood GD, Starck PL. The Hidden Error of Mismanaged Pain: A Systems Approach. J Pain Symptom Manage 2004; 28(1): 47-58

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Breast care nurses support of women with breast cancer: Cochrane Systematic Review

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Abstract:
Background: The role of Breast Care Nurse (BCN) encompasses interventions that provide information and support, physical and psychological monitoring, counselling and practical advice to patients and carers from diagnosis to treatment, rehabilitation and beyond (NBCCSBNPT 2003). Interventions which provide supportive care are not exclusive to nursing and this creates difficulties in establishing the impact of nursing interventions on patient outcomes (Corner 2003). This paper will present the findings of a Cochrane systematic review to establish changes in outcomes for patients attributed to BCN interventions.

Review question: To assess the effectiveness of individual interventions, carried out by BCNs, on quality of life outcomes for women with a diagnosis of breast cancer.

Search strategy: The MedLINE search strategy, based on the Dickersin (1994), strategy was combined with the Cochrane breast cancer group's strategy and key terms to identify supportive care interventions by BCNs. Data bases include Medline, CINAHL, Embase, PsycINFO, BNI, CancerLit, DSI and ILA. Inclusion criteria: RCTs, published in English.

Methods: Two reviewers independently assessed each included study for methodological quality which was assessed and graded, using a standardised quality scale by Jadad et al 1996. Additional information, where necessary, was sought from the principal investigator of the study. Eight RCTs identified cover the impact of BCN interventions/support on quality of life including anxiety, depression and coping and all use validated tools e.g. HADS, FACT-B, EORTC

Discussion and conclusions: The methodological quality varies and it is unlikely pooling of data or meta analyses will be performed. Provisional findings suggest the BCN role can impact on aspects of quality of life of breast cancer patients. Implications of the review findings will be available and presented in April and conclusions drawn about the level of evidence available about the support role of the BCN.

Recommended reading:
National Breast Cancer Centre's Specialist Breast Nurse Project Team (2003)

Corner J Halliday D Haviland J Douglas H Bath P Clark D Normand C Beech N Hughes P Marples R Seymour J Skilbeck J Webb T (2003) Exploring nursing outcomes for patients with advanced cancer following intervention by Macmillan specialist palliative care nur

Dickersin K Scherer R Lefebvre C (1994) Identifying relevant studies for systematic reviews British Medical Journal 309 1286-91

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Patients and professionals perceptions of a mobile phone based Advanced Symptom Management System (ASyMS) in the home monitoring and symptom management of chemotherapy related toxicities

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Abstract:
Background: It is widely acknowledged that the use of chemotherapy results in side effects that have a negative impact on patients' quality of life (Dikken & Sitzia, 1998). Recent changes to the delivery of chemotherapy services to out-patient care means that patients need to manage the majority of their side effects without the direct support from health personnel (McCaughan & Thompson, 2000). The ASyMS (Advanced Symptom Management) system has been developed in response to such needs and involves patients using mobile phone to report and send 'real time' symptom information to health professionals based at their hospital.

Health professionals are automatically alerted via a pager system of any symptoms that are of concern thus promoting the initiation of timely interventions.

Aims: This study aims to evaluate the impact of the ASyMS system on patients chemotherapy related toxicity.

Study Design: This study is a RCT, with patients being randomised to receive the mobile phone or standard care. Sample Size: It is anticipated that 150 patients with breast, lung or colorectal cancer receiving outpatient chemotherapy will be recruited to the study.

Methods: A combination of semi-structured questionnaires and interviews are being used to collect data on patients' and health professionals' perceptions of the ASyMS system. Quantitative data will be analysed descriptively. Thematic analysis will be used to analyse qualitative data.

Results: This study is currently in progress and expected to end January 2007. Patients and health professionals' perceptions of the ASyMS system will be presented in relation to current practice.

Discussion & Conclusion: By exploring patients and health professionals' perceptions of using a mobile phone based Advanced Symptom Management System to remotely monitor chemotherapy related toxicities, the application and acceptability of such a tool in clinical practice may be assessed and the information gleaned used to inform future applications of this nature.

Recommended reading:
Dikken, C & Sitzia, J. Patients experiences of chemotherapy: side-effects associated with 5-fluorouracil and folinic acid in the treatment of colorectal cancer. Journal of Clinical Nursing 1998; 7 (4): 371-379.

McCaughan, E & Thompson, K. Information needs of cancer patient receiving chemotherapy at a day-case unit in Northern Ireland. Journal of Clinical Nursing 2000; 9: 851-858.

21

Does distance travelled to receive cytotoxic chemotherapy influence nausea and vomiting? A pilot study

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Abstract:
Background: Despite modern antiemetics, emesis remains a common and much feared side effect of chemotherapy (Lindley et al, 1999). UK government policy identifies the need for services near to the patients' home, but centralisation of specialist services leads some to travel long distances (Scottish Executive, 2001).

Aims: This study adopted a non-directional hypotheses to demonstrate the relationship between occurrence of emesis, and distance travelled for treatment.

Methods: The quantitative survey design used a convenience sample. Subjects were aged 18 years or older receiving first or subsequent course of moderately emetogenic chemotherapy. Demographic details, mode of transport and distance travelled were collected, and subjects

were asked to complete and mail two questionnaires on day 3 – The Functional Living Index-Emesis (FLIE) (Lindley et al 1992) and Morrow Assessment of Nausea and Emesis (MANE) (Morrow, 1984).

Results: Twenty-five subjects completed sufficient data for analysis (response rate-83%). All were female with a diagnosis of breast cancer and mean age of 49.9 years. There was no correlation between distance travelled and emesis, or type of transport and emesis. While statistical significance could not be achieved, greatest variability in FLIE scores related to the variable of distance. When history of motion sickness was added a relationship was evident.

Discussion: Only descriptive statistics could be attempted in this pilot, but a full study should be undertaken. The researcher could find no previous research dividing groups by distance travelled and the subdivisions of 0-10, 11-20 and ⋯⋯⃗20 miles selected for analysis were arbitrary.

Conclusions: Subjects travelling ⋯⋯⃗ 20 miles to receive treatment and who have a history of motion sickness report lower quality of life using the FLIE. Systematic assessment of patients before treatment should therefore include distance travelled and any history of motion sickness. Further research is merited and should use a sample plan to ensure statistical significance can be achieved.

Recommended reading:
LINDLEY C et al (1992) Quality of Life consequences of chemotherapy-induced emesis. Quality of Life Research 1:331-340

MORROW G (1992) A patient report measure for the quantification of chemotherapy induced nausea and emesis: Psychometric properties of the Morrow Assessment of Nausea and Vomiting (MANE) British Journal of Cancer 66 Suppl xix:s72-74.

SCOTTISH EXECUTIVE HEALTH DEPARTMENT (2001) Cancer in Scotland: Action for Change Scottish Executive Health Department Edinburgh

22

Face-to-face versus on-line survey in the study of the experience of living with secondary breast cancer

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Abstract:
The internet offers unprecedented opportunities for health professionals to study the needs and behaviour of those accessing their services. Interest in undertaking web based research is growing as it is a cost effective and time efficient way of recruiting considerable numbers of responses or observing communities. Over recent years there has been significant progress in the medical management of secondary breast cancer and as a result people are living longer. Despite much work being done to improve the physical well being of these people, surprisingly little is known about the practical and emotional effects of living with advancing disease. This study explored the experience of living with secondary breast cancer, identifying the problems for those living with it and the extent to which they access services to meet their needs. The study is a collaboration

between Breast Cancer Care, the UK's leading provider of information and support to those affected by breast cancer and the University of Southampton. As part of a larger study, 125 people accessing the Breast Cancer Care website and 125 from two cancer centre's in the UK were recruited to take part in a survey to identify the prevalence of symptoms, problems and needs for support. This presentation will discuss setting up and managing a successful internet survey, the characteristics between the face-to-face and on-line respondents and examines this in relation to the findings. The ethical issues involved in internet research of a vulnerable population will be discussed, and issues such as selection bias, the potential for fictitious responses and the 'volunteer effect'. The on-line survey recruited 50 participants in 5 weeks while the same number recruited in one cancer centre took 9 months. These findings may have significant implications for the future of survey research when the time, cost and man-power involved are strikingly different.

Recommended reading:
Rodrigues RJ. (2000) Ethical and Legal Issues in Interactive Health Communications: A Call for International Cooperation. Journal of Medical Internet Research. 2(1):e8

Pereira J. Bruera E. Macmillan K. Kavanagh S. (2000) Palliative Care Patients and Their Families on the Internet: Motivation and Impact. Journal of Palliative Care, 16 (4), 13-19

Dillman DA. (2000) Mail and Internet Surveys, second edition. New York, Wiley and Sons.

Theme: Womens health/Midwifery

23

The development and testing of an algorithm for diagnosis of active labour in primiparous women

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Abstract:
Background: Up to 30% of women admitted to UK labour wards are subsequently found not to be in labour (Ball & Washbrook, 1996), these women are more likely to receive some form of intervention than those admitted in active labour (Holmes et al, 2001). Despite this little research exists on the process of midwives' decision-making regarding whether a woman is in labour. Studies have suggested that algorithms or decision support tools can improve the accuracy of clinicians' judgements (Grove et al, 2000).

Aim: To develop and test an algorithm for the diagnosis of active labour in primiparous women.

Methods: A literature review was conducted to identify key cues for inclusion. Focus groups were used to assess the content validity of the algorithm, and a vignette study to assess face validity and inter-rater reliability.

Participants: Midwives working in a maternity unit in the North of England took part in focus groups (n=13) and/or completed vignettes

(n=19). Then, midwives working in two maternity units in Scotland completed vignettes (n=17). Data were collected during 2002 and 2003.

Results: An algorithm was developed from the informational cues reported in the literature and focus groups confirmed its validity. Inter-rater reliability was moderate in the first test (K = 0.45), but modification of the algorithm produced a high level of agreement (K = 0.86).

Discussion and conclusion: The results of this study demonstrate that the algorithm had good face and content validity and high inter-rater reliability. It has potential to aid the diagnostic process, by providing a consistent way of collecting and processing relevant information about labour onset. The efficacy of this tool is currently being tested in a cluster randomised trial.

Recommended reading:
Ball J.A. & Washbrook M. (1996) Birthrate Plus: A framework for workforce planning and decision making for midwifery services. Books for Midwives Press, London.

Holmes P., Oppenheimer L.W. & Wen S.W. (2001) The relationship between cervical dilatation at initial presentation in labour and subsequent intervention. British Journal of Obstetrics and Gynaecology 108 1120-1124.

Grove, M., Zald, D.H., Lebow, B.S., Snitz, B.E., Nelson, C., 2000. Clinical versus mechanical prediction: A meta-analysis. Psychological Assessment 12 (1), 19-30.

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Transitions in women's health: Perceived susceptibility of osteoporosis

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Abstract:
Osteoporosis is a silent disease and there is no known cure. It affects 25-30 million people each year, the majority of whom are women. One encouraging aspect of the disease is that it is largely preventable through optimizing peak bone mass in the younger years. Activities which help to optimize peak bone mass include weight bearing exercises and adequate calcium intake The purpose of this study was to assess the association between perceived susceptibility to osteoporosis and knowledge of selected preventive measures among a small sample of multiethnic female college students. A convenience sample of 100 multiethnic women ages 17 to 82 were recruited from the California State University Dominguez Hills (CSUDH) campus. The Health Belief Model served as the theoretical framework for the study. Data were collected using self-administered survey methodology. The survey measured demographics, as well as osteoporosis knowledge and perceived susceptibility to osteoporosis using two validated scales – Osteoporosis Knowledge Test (OKT) Osteoporosis Health Belief Scale (OHBS). The sample was predominately African American (69%), followed by Latinas (14%). Results of data analyses show a slight majority (51%) of the African American college females did not perceive themselves at risk for osteoporosis. Furthermore, among those who perceived their osteoporosis sus-

ceptibility as low also scored low on the OKT regarding the appropriate levels of exercise and calcium intake to prevent Osteoporosis. When controlling for ethnicity, similar findings occurred among the Latina population. Our findings indicate that a campus wide osteoporosis education campaign might serve as an effective strategy in the prevention of this incapacitating disease among this population.

Theme: Older people

25

Pilot study on assessing pain in elderly people: Comparing behavioural observation methods and self-reported methods

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Abstract:
Background: Pain in cognitively impaired elderly people (CIEP) is difficult to identify accurately and often goes unrecognized. Observation is an alternative to self-reporting for CIEP. Although scales based on behavioural observation have been designed recently, they have only established a preliminary state of psychometric properties. Thus, further psychometric evaluation is necessary before they can be adopted in hospitals (Zwakhalen et al, 2006).

Aims: To establish and compare the psychometric properties of three observational pain scales (OPS) (i.e. [1]PAINAD, [2]PACSLAC & [3]DS-DAT) and two self-reported pain scales (S-RPS) (i.e. [4]VRS & [5]FPS) in CIEP.

Methods: Twenty nursing home residents with painful conditions took part. All were women; mean age 82.75 (+ 5.63), mean [6]MMSE 22.3 (+ 4.79) of whom seven were moderately cognitively impaired. Participants were observed by two raters simultaneously while at rest and during movement. After the raters had completed each OPS, the participants rated their pain level on the S-RPSs. The same procedures were conducted 5 to 6 days later to establish the test-retest reliability.

Results: Acceptable reliability / validity was obtained in scales when pain was assessed during movement (T2, T4). Cronbach's ranged from 0.84 to 0.92 indicating good internal reliability. The interclass correlation coefficient (ICC) ranged from 0.56 to 0.74 indicating moderate test and retest reliability. Moderate inter-rater reliability of the three OPSs was reflected by an ICC ranging from 0.40 to 0.93. Convergent validity was established using the Spearmen correlation coefficients between the OPSs and the S-RPSs. Validity correlation coefficients, ranged between 0.41 and 0.81 when pain was assessed during movement. Modest correlation coefficients were obtained while residents were at rest.

Discussion and Conclusions: Preliminary results demonstrate that psychometric properties are acceptable for these scales when pain is assessed during movement. This conclusion may be confirmed by including severe CIEP in a larger sample.

Glossary: 1PAINAD - Pain Assessment in Advanced Dementia Scale 2PACSLAC - Pain

Assessment Checklist for Seniors with Limited Ability to Communicate 3 DS-DAT - Discomfort Scale for Dementia of the Alzheimer Type () 4VRS - Verbal Rating Scale 5FPS - Faces Pain Scale 6MMSE – Mini-Mental State Examination

Recommended reading:
Zwakhalen, S., Hamers, J., Abu-Saad, H., and Berger, M. (2006). Pain in elderly people with severe dementia: a systematic review of behavioural pain assessment tools. BMC Geriatrics, 6. Retrieved June 19, 2006, from http://www.biomedcentral.com/1471-2318/6/3.

26

Intermediate care in the United Kingdom: A literature review

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Abstract:
Background and Aim: This paper reports on preliminary results of a systematic literature review exploring intermediate care interventions. Interprofessional working and collaboration across health and social care has been identified as an important area for development by government in the United Kingdom (eg Department of Health, 2006). Many authors have argued that interprofessional communication affects health care outcomes (eg Zwarenstein & Bryant, 2002), and failures have contributed to national inquiries (Laming, 2003). This review is informing a UK research project that is evaluating and developing interprofessional working among health and social care staff working in intermediate care across primary and secondary care sectors in the UK.

Methods: The search strategy was designed collaboratively by members of the research team and the first search was carried out by two researchers to ensure the methods were robust. A number of search terms have been used including intermediate care, hospital and home. A number of databases were searched including CINAHL and MEDLINE.

Results and Discussion: Primary results indicate that the term intermediate care is interpreted differently in different countries, with some countries using it to describe a service completely different to that provided in the United Kingdom. The interpretation of intermediate care can be different in different areas, leading to a variety of interventions being adopted. Intermediate care has evolved in distinct ways depending on local environments such as, the needs of local populations and release of financial resources. There is very little literature that specifically addresses interprofessional working in intermediate care.

Conclusion: The literature review will provide recommendations in order to inform best practice in future policy regarding the provision of intermediate care and older people. Further phases in the study include a scoping exercise and the evaluation of an educational course intended to facilitate team working in intermediate care.

Recommended reading:
Department of Health (2006) A New Ambition for Old Age.- Next Steps in Implementing the National Service Framework for Older People. London, Department of Health.

Lord Laming. (2003). The Victoria Climbié Inquiry. London, Department of Health.

Zwarenstein, M., Reeves, S., Barr, H., Hammick, M., Koppel, I., & Atkins, J. (2006). Interprofessional education: Effects on professional practice and health care outcomes (Cochrane Review). In: The Cochrane Library, Issue 4. Oxford: Update Software.

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Development of Lanarkshire identification of vulnerable elderly (LIVE) tool

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Abstract:
Objectives: The Kerr report (2005) Building a Health Service Fit for the Future describes how Scotland is faced with a declining and aging population. Scotland is currently reviewing service delivery for older people with long term conditions to provide an integrated, coordinated and preventative health and social care.

Aims: To critically evaluate current risk stratification tools available

To develop a simple risk stratification tool for use by multi disciplinary professionals

To evaluate the predictive value of the Lanarkshire Identification of Vulnerable Elderly (LIVE) tool

This tool would then assist multi disciplinary professionals in identifying older people who require a more intensive, proactive approach to their care to prevent further deterioration of their condition(s) and to prevent avoidable admissions to hospital.

Methods: An in-depth literature review was undertaken to examine the risk stratification tools which were currently available. This review examined different methods of modelling, the variables within the tools and their subsequent predictive value. The Identification of LIVE tool was then developed and applied to historical data (N=549) held within primary care. The predictive value of the tool was evaluated by correlating the primary care data with acute hospital admission data for the subsequent year.

Results: This project has indicated that the LIVE tool is a simple screening tool which, when applied to a cohort of patients aged over 75 years from two GP practices in Lanarkshire, successfully identified two thirds of those who went on to experience recurrent emergency admissions within a twelve month period.

Conclusion: This tool will now be utilised within Lanarkshire's Care Management pilot sites by all members of the multi disciplinary team to identify vulnerable older people who are at risk of further deterioration. They will then receive more intensive, proactive and co coordinated care.

Recommended reading:
Hutt R, Rosen R and McCauley J (2004) Case-managing long-term conditions: what impact does it have in the treatment of older people? King's Fund November 2004.

SEHD (2005) National Framework for Service Change in the NHS in Scotland: Building A Health Service Fit For The Future, Scottish Executive, Edinburgh.

Zhao Y et al (2001) Measuring population health risks using inpatient diagnoses and outpatient pharmacy data. Health Services research 36:6: 180-192

28

Issues around accessing and recruiting older people with reference to nocturia in the community

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Abstract:
This research aims to understand nocturia from an older person's and community nursing perspective, in order to inform the development of community nursing services. Nocturia, rising during the night to void, is a common and bothersome lower urinary tract symptom (LUTS) that occurs more frequently with advancing age, affecting more than half of those aged 80 and over (Swinthinbank et al, 1997). It has significant consequences for older people in terms of quality of life and ability to perform activities of living, and is also associated with sleep disturbance, increased risk of falls, depression and institutionalisation. There is evidence that more than half of men and women affected by nocturia do not seek professional help for their condition (Pinnock & Marshall 1997) despite the high numbers reporting that the symptom is bothersome to them (Fiske et al 2004). The reasons for the under-reporting are not clear; however, this general lack of awareness results in missed opportunities to improve health, quality of life and avoid potential health deterioration, including the onset of urinary incontinence, in the older population. This paper will focus on describing the first part of the two stage project, a survey of all community-dwelling people aged 60 across two GP practices. 1800 questionnaires will be sent out to compile information on the person's general health and urinary symptoms. Preliminary results of the survey will be presented, which will provide insight into the prevalence and dimensions of nocturia among older people within the two practice areas.

Recommended reading:
Swithinbank L, Donovan J, James M, Yang Q, Abrams P (1997) Female urinary symptoms: age, prevalence in a community dwelling population using a validated questionnaire. Neurology and Urodynamics 16: 432-434

PinnockC, Marshall V (1997) Troublesome lower urinary tract symptoms in the community: a prevalence study Medical Journal of Australia 167:72-75

Fiske J, Scarpero H, Xue X, Nitti V (2004) Degree of bother caused by nocturia Neurology and Urodynamics 23 (2): 130-133

29
Alzheimer's disease and quality of life

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Abstract:
Dementia is a dramatic life-long condition affecting the family as a whole. In any endeavor to improve quality of care it is important to maintain a perspective on how the individual is affected by the intervention and the institution (hospital, community setting or home) where it takes place.

Aims: To compare the quality of live levels for patients and cares in three different settings (hospital, community setting, home).

Methods: Literature search through Medline, Cinhal and Vivisimo, using quality, Alzheimer's, hospital, nursing home, home care, with 264 articles being identified and 193 included in the analysis.

Results: Lack of activity is the predominant feature in hospital where patients continue to have little in the way of meaningful social interaction. As for community settings, they seem to remain geographically and functionally isolated from the patient's family, friends and the wider community. Often community care is seen not be care by the community or even care in the community, but being cared for as a member of the community. This involves as a starting point much more integration of residential care with the community.

Conclusions: The care of demented patients is best delivered at home. However, organized help is necessary if the carers are to provide for the patient at home, without having to look for a long-term facility. The following suggestions for encouraging change merged from this search. a) staff need help to avoid "burn-out" in their work, to find reinforcement in what can be difficult and demanding job. b) generalized training (e.g. concerning the nature of dementia) may not be as helpful as training based on staff's own practice. c) staff should be encouraged to systematically obtain information about the patient's earlier life and interests.

Recommended reading:
Abraham IL, MacDonald KM, Nadzam DM. (2006) Measuring the quality of nursing care to Alzheimer's patients. Clin North Am. 41(1):95-104.

Argimon JM, Limon E, Vila J, Cabezas C. (2005) Health-related quality-of-life of care-givers as a predictor of nursing-home placement of patients with dementia.

Chappell NL, Reid RC. (2000) Dimensions of care for dementia sufferers in long-term care institutions: are they related to outcomes? J Gerontol B Psychol Sci Soc Sci. 55(4):S234-44.

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Family care from a distance: Elders with alzheimer's disease in special nursing units

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Abstract:
Background/Purpose: International studies document approximately 24 million persons with dementia worldwide with Alzheimer's disease accounting for 50-60% of all cases. In the United States (USA), family caregivers care for 3 million adults with cognitive impairment and, of these, ⇢ 200,000 with Alzheimer's disease (AD) residing in nursing homes. Healthcare and family costs are significant. In 1/3 of families caregiving occurs from afar with family members ⇢60-minutes travel time to the elder coordinating care provision, maintenance of independence, and socialization for the elder. Distance caregivers may experience role strain and increased isolation. Nursing staff communicate with distance caregivers to explain changes and respond to a range of caregiver emotions, requests, and demands. The exact nature of distance caregiving needs for families is unexplored, yet essential for planning clinically significant interventions.

Aims of this preliminary study:

1) describe and prioritize caregiving concerns / facilitators of distance caregivers and

2) identify nursing administrator-perceived concerns and facilitators to support working with distance family caregivers.

Method: Individual interviews with a purposive sample of 12 distance caregivers across the US were qualitatively analyzed using content analysis to identify caregiving concerns / facilitators. Likewise, data from focus groups with 16 purposively selected nursing administrators were used to identify concerns / facilitators related to working with distance family caregivers.

Results: Categories of caregiving concerns include maintaining "connectedness" between family and elder, promoting elder safety and comfort, and negotiating the healthcare system. Administrators identified concerns related to distance caregiver guilt and limited knowledge of the trajectory of decline. Facilitators included using technology aids for staff-family and family-elder communication and caregiver use of supportive relationships within social and healthcare networks.

Discussion/Conclusions: Family caregivers and nursing facility administrators express concerns that can be addressed through technology-based interventions. The challenge is to customize technologies in ways meaningful to both groups.

Recommended reading:
Benefield, LE and Beck, C (in press). Reducing the Distance in Distance-Caregiving by Technology Innovation. Clinical Innovations in Aging

Czaja, SJ, Sharit J, Charness N, Fisk AD, Rogers W. (2001). The Center for Research and Education on Aging and Technology Enhancement (CREATE): A Program to Enhance Technology for Older Adults. Gerontechnology, 1: 50-59.

Mahoney, DF. (2003). Vigilance: Evolution and Definition for Caregivers of Family Members with Alzheimer's Disease. Journal of Gerontological Nursing, 29(8): 24-30.

31
Modernising the Minimum Data Set (MDS) for Specialist Palliative Care Services in the United Kingdom using an action research approach

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Abstract:
Background: The Minimum Data Set (MDS) for specialist palliative care services was developed in 1995 to provide annual data on palliative care services in the UK. The development of payment by results and health resource groups together with identified limitations of the current MDS including missing data, the potential for double counting and a 68% return rate, resulted in a current collaborative project to revise and update the MDS.

Method: An action research approach was utilised for the study as it is a group activity that focuses on the partnership between researchers and participants, all of who are involved in the change process (Waterman et al 2001). A purposive sampling approach was used to invite key stakeholders including the multidisciplinary specialist palliative care services involved in the completion of the MDS from across England and Wales (Polit and Beck 2006). 38 respondents attended 3 workshops, where each section of the MDS were discussed and revised. Revised sections were then returned to the participants for review and comments.

Results: There was a consensus that the MDS did not completely reflect the current patient workload, the extent of services provided or the development of integrated palliative care services. Additionally with the development of regional Cancer Network Groups (CNG) some data was more appropriately collected regionally by the CNG.

Conclusion: An action research approach enabled a national consultation process to be completed effectively. The involvement of a wide sample of stakeholders ensured the revisions were made based upon a national consensus of opinion and met the changing provision of specialist palliative care services. Further information regarding the action research process, the changes made to the MDS and the second stage of the action research cycle piloting the revised MDS will be presented.

Recommended reading:
Polit DF, Beck CT (2006) Essentials of Nursing Research Methods, Appraisal and Utilization (6th edition) Lippincott Williams and Wilkins Philadelphia

Waterman H, Tillen D, Dickson R, de Koning K (2001) Action research: a systematic review and guidance for assessment Health Technology Assessment 5 (23)

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Assessing the evidence for the effectiveness of complementary therapies in life-limiting conditions

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Abstract:
This three year project involved the appraisal and review of the research evidence on complementary therapies in the NHS priority areas as defined by Government policy prior to the start of the project. These areas were: cancer, mental health, heart disease and stroke and chronic conditions (arthritis, asthma, chronic back pain, diabetes, multiple sclerosis). The therapies included in the project were acupuncture, Alexander technique, aromatherapy, chiropractic, homeopathy, herbal medicine (specific products), hypnotherapy, massage, meditation, osteopathy, reflexology and yoga.

Aims: To carry out a detailed review and critical appraisal of the published research on specific complementary therapies

To make this information available to health care professionals, researchers and the public via the Internet

To maintain an evidence-based information resource that reflects current research evidence

Methods: The scale and complexity of the project required a range of processes and methods to be developed and tested. The methods used for each of the reviews involved comprehensive searches of electronic databases which were followed by the filtering and categorising of articles according to the study design. Basic methodology of relevant articles was appraised, and commentaries provided by clinical specialists. Reviews were sent for external comment and then either submitted for publication in peer-reviewed journals with a summary on the CAMEOL (Complementary and Alternative Medicine Evidence OnLine) database, or published in full on CAMEOL.

Results: This project has succeeded in bringing together a wide range of research literature on complementary therapies in chronic and life-limiting illnesses in a short space of time. The main outcome is a new resource, the CAMEOL database, which provides access to summaries and full details of the research on each topic including. An example of the evidence-base for a number of complementary therapies in cancer and mental health will be presented. www.rccm.org.uk/cameol

Recommended reading:
Richardson J., Smith J., McCall G., Pilkington K. (2006). Hypnosis for procedure-related pain and distress in paediatric cancer patients: A systematic literature review Journal of Pain and Symptom Management 31(1):70-84

Pilkington K., Kirkwood G., Rampes H., Richardson J. (2005) Yoga for depression: a systematic review of the research evidence. Journal of Affective Disorders 89:13-24

Richardson J., Smith J., McIntyre M., Thomas R., Pilkington K. (2005) Aloe vera for preventing radiation-induced skin reactions: A systematic literature review Clinical Oncology 17(6):478-484

33

How does a family history of cancer affect the care needs of palliative care patients?

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Abstract:
Background: It is now known that around five to ten percent of cancers are associated with an inherited genetic predisposition to cancer. This has received widespread media coverage. Patients with a family history of cancer are more likely to develop cancer at a younger age than normal and/or to develop multiple primaries: furthermore they may have experienced the death of other family members from the same disease (Skirton & Patch 2002, Kirk 2004). There has, however, been very little research into how this affects the care needs of patients and their families in a palliative setting.

Aims, Methodology and Methods: This is a phenomenological study that aims to explore the meaning of a family history of cancer for palliative care patients. Data has been collected through recorded semi-structured interviews with twelve hospice patients and ten nurses working in palliative care. Sampling was purposive. The data has been transcribed and coded, using an iterative approach, into themes that arose from the participants' experiences.

Findings: Four themes that emerged from the data will be discussed. These are

1) Sequential death: Its affect on patients and families

2) Complex Communication Matrices: within families

3) Future focus: to patient and family care needs

4) The Missing Link: The need for improve awareness of cancer genetics within palliative care

Discussion and Conclusion: There has been very little research into the affect that the increased awareness of predisposition to cancer is having on the care needs of palliative care patients and their family. The results of this study show that there are new and complex challenges for palliative care services to provide appropriate care for this client group

Recommended reading:
Skirton H, Patch C (2002) Genetics for Healthcare Professionals: A lifestage approach BIOS Scientific Publishers: Oxford

Kirk J (2004) The family history of cancer – a common concern in palliative care Progress in Palliative Care 12(2) 59-65

Lillie AK (2006) Exploring cancer genetics and care of the family: an evolving challenge for palliative care International Journal of Palliative Nursing 12(2) 70-74

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A study to explore palliative care services provided by a Scottish Hospice from patient, carer and professional perspectives

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Abstract:
Background: The principal of patient focused services was identified in Partnership for Care (SEHD 2003), and has been accepted across health care in Scotland. However, within palliative care, limited evidence exists. Therefore current services are not based on empirical research of patient needs, patient perceptions or patient experiences at the end of life. Therefore, the Hospice concerned identified the need to review its current services and consider how it would ensure optimal palliative care delivery in the future, thereby commissioning this study.

Aims:

• Establish current understanding of the provision of palliative care delivered by the Hospice, from patient, carer and professional perspectives.

• Identify any gaps in the provision of palliative care.

• Determine the potential for future palliative care services.

• Identify any educational or development issues for Hospice personnel.

Methods: This was a nine month qualitative study using face-to-face interviews, focus groups, and review of relevant epidemiological data. Data was analysed using thematic content analysis.

Sample Size: Patients (N=11), Carers (N=7), Hospice Professionals (N=44), Key Stakeholders (N=28). Purposive sampling in keeping with inclusion criteria was used.

Results: Thematic analysis yielded 8 main themes: Needs of Individuals, Carer / Family Support, Services Provided, Rural Issues, Volunteers, Continuing Professional Development, Information and Communication Technology and Visions for the Future. These themes and sub-themes will be explored in greater depth in the presentation.

Discussion and Conclusions: The study highlighted the importance of exploring service use and development from patient, carers, and professionals' perspectives. The study identified that the Hospice provides a comprehensive service, although a number of gaps in relation to psychosocial care, care planning, and caring for people with non-malignant disease do exist. To this end, recommendations were made for future practice. These will be explored in depth in the presentation.

Recommended reading:
Scottish Executive. 2003. Partnership for Care. Scottish Executive, Edinburgh.

Theme: Chronic disease management/primary care and public health

35
A survey of fatigue in multiple sclerosis

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Abstract:
Background: Multiple Sclerosis (MS) is the commonest neurological cause of disability in young people. Fatigue reportedly affects over 90% of MS patients, seems to be due the disease, and commonly is debilitating and disabling.

1 Fatigue in MS is exceedingly poorly understood and may represent several different phenomena.

2 It reportedly is unrelated to disease severity or duration.

3 No anatomical fatigue centre has been identified. Although MS induces fatigue, no causative mechanism has been confirmed.

There is no established clinical test to substantiate the problem in any individual patient either. Furthermore no test yet distinguishes fatigue of MS from normal fatigue.

Aim: The aim of our study is to survey that which people with MS understand in their everyday experiences by the term "fatigue;" and correlate their fatigue reports with fatiguing phenomena such as muscle exhaustion, aerobic and cognitive activities. The study has several objectives including comparing reports between people with MS who experience abnormal fatigue with those who do not and also with normal controls, all age and gender matched. The study explores the influence of sensory stimuli and includes a placebo arm. Another objective is to determine whether the autonomic nervous system contributes to MS fatigue. We also are investigating symptomatic visual fatigue. The study also is assessing a novel fatigue assessment tool.

Eighty four subjects will be questioned and undergo a battery of physical and cognitive tests.

Validation: The project has been independently assessed by a neurophysiologist, a neurologist with expertise in clinical assessment tools, a chronic fatigue specialist, a neuropsychologist, a statistician, all of whom have consultant &/or professorial status, and by a member of the MS Society's research network who has MS and has been trained to assess the value of research projects to people with the disease.

Recommended reading:
Freal JE, Kraft GH, Coryell JK (1984) Symptomatic Fatigue in multiple sclerosis. Arch Phys Med Rehabilitation. Vol 65. pp 135 - 138.

Chaudhuri A & Behan PO. (2005) Fatigue in Neurological Disorders. The Lancet. Vol 363, Iss 9413, pp 978 – 989.

Iriarte J, Katsamakis G, de Castro P. (1999) The Fatigue Descriptive Scale (FDS): a useful tool to evaluate fatigue in multiple sclerosis. Multiple Sclerosis. Vol 5: pp 10 - 16.

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Nurses, mothers and the public health nursing service

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Abstract:
The nurse/client relationship is known to be fundamental to public health nursing as through the relationship, assessments are made; problems identified and plans for health implemented. There is evidence that relationships between Public Health Nurses (PHNs) and mothers of vulnerable families are not participatory. The primary aim of this study was to investigate if there were similarities in perceptions of participation between PHNs and mothers. A questionnaire was designed to investigate the needs identified by mothers and PHNs, and the help provided. Satisfaction with the level of involvement and response from both perspectives was also measured. A convenience sample of PHNs and mothers (n=44 dyads) was selected from two community areas. There were similarities between mothers and PHNs in relation to what they both believed were the needs of the mothers and their satisfaction with the level of involvement and the level of response. The closeness in perceptions in these areas all indicate that the relationship between mothers and PHNs in this study were highly participatory. Findings also indicate how accurate PHNs were in identifying the support, information, technical skills and decisional control required by mothers. However there were significant differences between PHNs and mothers in relation to meeting of needs. This suggests that PHNs may be too quick to assume identified problems have been addressed when in the mother's view they have not. The closeness in perception in terms of what is required in the relationship, satisfaction with each others responses and level of interpersonal involvement was a very positive finding, and points to a close connection between participants. However the findings also show that PHNs may be too quick to assume that they have dealt with all the needs identified jointly. PHNs need to avoid making assumptions that they have met mothers' needs and instead build on the participatory relationships they have.

37
Knowledge of caregivers regarding minor illnesses

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Abstract:
Health literacy is defined as the cognitive and social skills, which determine the motivation and ability of individuals in ways that promote and maintain good health; it relates to the achievement of a level of knowledge, personal skill and confidence to take action to improve personal and community health. Knowledge is considered as a proxy to measure health literacy. The presentation reports on rural caregiver's knowledge of minor illnesses. The knowledge of caregivers has been explored due to the leading role of the caregiver in health related matters in the household. Health literacy, or the lack thereof, is believed to be as a major obstacle in the successful implementation of many health programmes. Health care workers possibly underestimate the degree and influence of low health literacy as well as the relation between low income and an increase in chronic health problems. A quantitative survey was done using a pre-tested questionnaire. The target population was the patients who visited the Phelophepa train as a primary health clinic in seven towns during 2003. The sampling was convenient and purposive. Data was gathered during the consultation process, using an interpreter when necessary. Data analysis was done with descriptive statistics. The results of the study indicate low health literacy and a high prevalence of chronic conditions. The chronic duration of the symptoms, even for communicable diseases such as pulmonary tuberculosis and sexually transmitted infections, is a major factor in the perpetuation of communicable diseases. The results show that the majority of caregivers (91%) do no know what is wrong with them or the children in their care or what the cause of the health problem was. Several possible reasons will be presented to explain the lack of knowledge of the patient.

Recommended reading:
BROWN, E.R. 1991. Community action for health promotion: A strategy to empower individuals and communities. International Journal of Health Services, 21(3):441-456.

CHO, R; PLUNCKETT, B; WOLF, M; SIMON, C & GROBMAN, W 2005: Health literacy and patient understanding of first and second trimester screening for aneuploidy and neural tube defects. American Journal of Obstetrics and Gynecology, 193 (6):S108.

JACKSON, R 2006: Parental health literacy and children's dental health: implications for the future. Pediatric Dental Journal. 28(1):72-75.

38
Does socio-economic status affect the diet of individuals with Type 2 Diabetes?

Mary McMenamin, Nursing, University of Ulster, Magee, Northern Ir, United Kingdom
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Abstract:
Background: The main aim of current nutritional guidelines is to improve the effective management of all people with diabetes, and thus enhance their quality of life (Diabetes U.K., 2003). Dietary advice for people with diabetes has undergone considerable changes in the last few decades. More recently Connor et al, (2003) produced consensus based nutritional advice for individuals with diabetes, to clarify the provision of nutritional guidance. Despite these guidelines it is imperative to remember that the determinants of an individual's health are complex, diverse and multi-faceted, encompassing demographic and hereditary factors, including lifestyle behaviours, community networks, cultural, environmental and socioeconomic conditions (Marsh et al; 1999).

Aims: To investigate the associations between dietary behaviour, knowledge, perceived mastery and socio-economic status of individuals with Type 2 Diabetes (T2DM).

Design and Methods: The study was conducted in a large acute hospital trust in Northern Ireland. This study is a cross-sectional survey of

patients, identified from the hospital database. A representative stratified random sample of patients (n=541) with T2DM was selected from this hospital diabetes register. 322 Males (57.5%) and 243 Females (42.5%) participated in this study. The mean age of the sample population was 65.93 years (M) and 66.84years (F).

Results: Pearson's correlations reveal that there were significant correlations (p<—0.01) between level of knowledge, higher socio-economic status and diet. Mastery was associated with an increased income, increased knowledge and a better diet.

Conclusions: Diet is the cornerstone of diabetes management yet these results show that lower socio-economic status has an adverse effect on dietary behaviour. Although the same diabetes service is available to all in the locality and healthy food is not necessarily more expensive, social factors have an important impact on self-management behaviour. (299)

Recommended reading:
Connor, H., Annan, F., Bunn, E., Frost, G., Mc Gough, N., Sarwar, T., Thomas, B. (2003) The implementation of nutritional advice for people with diabetes. Diabetic Medicine, 20,786-807.

Diabetes U.K. (2003) Eating Well: Food and Diabetes. London. Diabetes UK.

Marsh, A., Gordon, D., Pantazis, C., Heslop, P.(1999) Home Sweet Home? Impact of poor housing on health. Bristol: The Policy Press.

39

Colonic irrigation as a management option for chronic functional bowel disorders: A qualitative study

Angela Tod, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom
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Abstract:
Background: The management of severe, chronic bowel dysfunction (e.g. faecal incontinence and constipation) is not well understood. People experience symptoms which can seriously impact upon quality of life. Surgical and lifestyle treatments have proved limited in their success. More recently, colonic irrigation has been piloted as a self-management method.

Aim: To explore patients' experience of severe, chronic functional bowel disorders (CFBD) and colonic irrigation as a treatment option.

Methods: A qualitative study using semi-structured interviews of 11 patients attending a nurse-led colonic irrigation clinic. Framework analysis techniques were used. Interviews were conducted between May and July 2006.

Results: The results reveal a background of physical and psychosocial suffering for people with severe CFBD. The participants all had long histories of bowel problems (4 to 32 years) that resulted in a notable symptom burden, including pain and restrictions in physical and social activity. The bowel problem profoundly impacted upon their self-esteem, confidence and had a negative impact on family functioning. All participants had experienced previous unsuccessful attempts to manage or treat the problem either from health services or by self-management. Participants had previously relied heavily on large amounts of laxatives which in turn created unwanted and unpleasant side-effects. Only one of the participants did not continue with colonic irrigation. Others considered colonic irrigation a "lifesaver" that relieved symptoms, improved quality of life and helped them effectively manage the CFBD.

Discussion: People with CFBD can experience extreme symptoms and poor quality of life for years without treatment. Colonic irrigation provided a successful self-management option for the participants and gave people control over their illness. The results and their implications are discussed in relation to nurse-led service development and delivery, and to future research. Conclusions: Colonic irrigation has potential role in the treatment of CFBD. Further interventional evaluations are required.

Recommended reading:
Briel. M.D., Schouten, W.R., Vlot, E.A., Smits, S. van Kessel, I (1997), Clinical Value of Colonic Irrigation in Patients with Continence Disturbances, Dis. Colon Rectum, vol40, no 7, pp 802-805

Gardiner, A., Marshall, J., Duthie, G. (2004), Rectal Irrigation for the Relief of Functional Bowel Disorders, Nursing Standard, vol 19, no 9 pp39-42

Richmond, J.P. Devlin, R. (2003) Nurses Knowledge of Prevention and Management of Constipation, British Journal of Nursing, vol. 12, no. 10, pp600-609

40

A systematic review of the use of complementary and alternative medicines in the treatment of diabetes mellitus

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Abstract:
Background: Over the last 10 years there has been an increasing interest in the use of complementary and alternative medicine (CAM) for the treatment of diabetes mellitus (DM). Several systematic reviews have addressed the efficacy of herbal medicines. However, the effects of several frequently used complementary therapies on diabetic control and in the treatment of micro and macro complications are unclear and there has been limited systematic review of the evidence related to these therapies and their therapeutic effect. Aim To systematically review and critically appraise the evidence related to the efficacy of CAMs in relation to treatment of the symptoms and the complications of DM.

Methods: Six databases were searched. Selection and appraisal of controlled studies was carried out by 2 researchers independently. Relevant data were also extracted independently using a specially designed template. Results Studies on 5 therapies were identified: acupuncture, yoga, massage, homeopathy and moxibustion. These studies encompassed both Western medical and Chinese medicine traditions. All studies reported an improvement in a measurable parameter. The studies of yoga addressed the metabolic control and general well being with several studies reporting a reduction in HbA1c and improvement in well-being. Acupuncture was employed for the treatment of micro or macro complications, specifically for the symptoms diabetic neuropathy and studies reported a reduction in pain and an increase in function. Conclusions Acupuncture and yoga have been the focus of more clinical trials than the other therapies addressed. Positive results are reported for both therapies for a range of outcomes but due to the diversity of the methods used firm conclusions cannot be drawn. Few, if any, studies were located on the other therapies. The general efficacy of CAMs in the treatment of DM is dependant on the therapy and the extent to which it targets symptoms or general well-being.

Recommended reading:
KERR D et al 2002. An Eastern art form for a Western disease: Randomised controlled trial of yoga in patients with poorly controlled insulin-treated diabetes Practical Diabetes International,19 (6) pp.164-166

GONG J. 1990. Clinical observation on treatment of 96 cases of diabetes mellitus with moxibustion International Journal Clinical Acupuncture 1(1) pp.47-52

DILLON R S et al. 1983. Improved serum insulin profiles in diabetic individuals who massaged their insulin injection sites. Diabetes Care 6 (4) pp. 399-401

Theme: Professional issues

41

The use of email in a mentoring relationship

Sarah Stewart, Centre for Online Health, University of Queensland, Brisbane, Australia
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Abstract:
Background: E-mentoring is a strategy has been developed for supporting health practitioners which overcomes the barriers of geographical isolation and scarcity of suitable mentors (Waters, Clarke, Ingal & Dean-Jones, 2003).

Aims: This research aimed to find out whether it was feasible to carry out mentoring by email. A further aim was investigate the experiences of the participants who were mentor and mentees.

Methods: A pilot study was carried out March – June 2006 in which one New Zealand midwife mentored two graduates using a secure store-and-forward email system. Details of mentoring interactions were collected from emails and analysed according to recurrent patterns and themes. The mentor and mentees were also asked about their satisfaction with e-mentoring.

Results: The themes of the email interactions were debriefing and reflection, clinical queries, provision of information and discussion of professional issues. All participants appreciated the flexibility of electronic communication. The mentor was concerned that her emails might cause offence in the way she asked critical questions of the mentees. She was unable to judge how her email messages were being received. Alternatively the lack of face-to-face interaction was beneficial to one mentee because it afforded her a sense of anonymity that she would not otherwise feel. This gave her freedom to articulate her feelings and thoughts. The participants valued the experience and

are continuing with their e-mentoring relationships.

Discussion: The email system allowed the e-mentor to fulfil many elements of mentoring. At the very least, e-mentoring compliments traditional face-to-face clinical support. In areas where health professionals receive no mentoring because of geographical isolation or a scarcity of mentors, e-mentoring may prove to be a vital tool for support and professional development.

Conclusion: This pilot study has shown that e-mentoring is a feasible option for health professionals and warrants further investigation.

Recommended reading:
Waters, D., Clarke, M., Harris Ingall, A., and Dean-Jones, M.,2003 Journal of Advanced Nursing, 42, 516-526.

Posters

On display Thursday 3 and Friday 4 May 2007

Theme: Mental health and learning disabilities

1

Nursing continuing education in spiritual care for long-term care in Ppychiatric unit in Taiwan

Chun-Tien Yang, School of Nursing, Nottingham University, Nottingham, United Kingdom
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Abstract:
Background: The lack of knowledge of spiritual care and awareness of spirituality of human life are the common reasons for the inadequate attention to spiritual care in clinical practice. In Taiwan, the spiritual care usually focuses on terminal illness, but psychiatric nurses still do not have confidence to provide spiritual care.

Aim: To promote psychiatric nurses' knowledge, attitudes and skills in spiritual care for residents in a mental hospital in Taiwan.

Method: Twenty eight psychiatric nurses attended the lecture and study. The use of personal and social events led nurses to understand what the meaning and value of life are. The Stoll's framework of spirituality (1989) was used as a strategy to assess residents' spiritual needs during hospitalization. The group discussion, structured questionnaire and open-ended questions were used to establish the effectiveness of continuing education.

Results: Before the lecture, 85.71% nurses completely had no confidence to provide spiritual care to residents. But after lecture, 92.8% nurses thought the lecture was helpful for the spiritual care for residents. The benefits of the lectures were: nurse participants derived a clear definition of spirituality and how to assess spiritual needs of residents (71.5%); understood what common spiritual needs for residents were (85%); knew what interventions can be used in clinical practice (78.5%), and nurses were confident in providing spiritual care (64.2%). At least seven items spiritual needs of residents were assessed and presented in group discussion. Spearman's correlation test showed that the statement "the course brings me to think my life and spirituality" positively related to the statement "I have the ability to retrospect my spiritual nursing process".

Conclusion: The results confirm that lecture is effective in enabling nurses to develop knowledge and attitudes for spiritual care. It specifically helps nurses to promote hope and meaning of life for residents in mental hospital.

Recommended reading:
Stoll RI (1989). 'The essence of spirituality' in Carson VB (eds) Spiritual dimensions of nursing practice. W.B. Saunders Company: Philadelphia.

Shih FJ, Gau ML, Chen CH& Lo CH (2001). Empirical validation of a teaching course on spiritual care in Taiwan. Journal of Advanced Nursing, 36 (3), 333-346.

2

The psychiatric nurses' perspectives of the role in spiritual care in Taiwan

Chun-Tien Yang, Lecturer, Taken University and Doctural Student, Nottingham University, Nottingham, United Kingdom
Co authors: Aru Narayanasamy, Davina Porock
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Abstract:
Background: As part of nurse-patient relationship, the nurse is expected to consider patient's needs, including spiritual need. In Taiwan, spiritual care is a relatively recent development in the last five years. Some literature only described the interventions of spiritual care in terminal illness, but there is lack of evidence to evaluate the concept of the role of spiritual care in psychiatric nursing.

Aim: It aims to understand the psychiatric nurses' roles in spiritual care.

Methods: A purposive sample was drawn from the potential participants. A total of 128 psychiatric nurses took part to complete demographic information and the five-point questionnaire. Data were analysed by descriptive and inferential statistic with SPSS (14.0).

Results and discussion: The findings showed that if nurse participants have received degree level education, including education about spiritual care, and felt the importance of spiritual care, they might sensitively recognised nurses' roles in spiritual care. Moreover, the observing and respecting patient's personal spiritual objects and religion, respecting patient's beliefs, assessing patient's relationship with his/her relatives, friends and spiritual coping patterns were prominent features of their roles in spiritual care. Factor analysis showed that nurse participants very recognised the role of "helping patients to find coping and inspiring ways in order to enhance the meaning of spirituality".

Conclusion: The results suggest nurses have to develop an awareness of assessment for patient's spiritual needs, and take an effective role in facilitating patients to cope with their spiritual pain. Finally nurses should show greater caring and respect for patients rather than being impersonal in the approach.

Recommended reading:
Baldacchino D (2003). Spirituality in illness and care. Preca Library: Malta.

3

The Caring and Life Management (CALM) study. A case study analysis of findings from an RCT of CMHN-led support for carers of people diagnosed with schizophrenia

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Abstract:
The presentation focuses on a case study analysis of RCT findings and includes the following:

Background: In the UK, health policy directives and clinical standards indicate that nurses should provide support to carers. However, the nature of effective support for carers of people diagnosed with schizophrenia is unclear, with few studies providing evidence to support nursing practice. The CALM study included an RCT study evaluation of a newly developed intervention for carers of people diagnosed with schizophrenia, compared to support normally provided by CMHNs. A key question was the extent that each intervention impacted on subjective burden. While the RCT indicated significance of results, it did not indicate why. Case study was carried out to analyse this. Key question What factors are associated with the success or failure of the new nurse-led support intervention?

Method: Case study analysis was carried out with a purposive sample of carers (n=7) and the CMHN's who delivered support to them. Within the RCT study, burden scores indicated three distinct categories of carers: Those reporting; an increase, a decrease or no change in burden scores between baseline and 12 weeks. Each of these three categories represented a mutually exclusive case for analysis. Data comprised of key demographic and outcome data derived from the RCT study, and semi structured interviews with a purposive sample of carers selected from each of these three groups.

Findings: Five key contextual areas emerged from analysis. These are the carer, patient, support, session and service contexts.

Discussion: A number of themes emerged within each contextual area, and these are discussed in relation to the RCT results and wider literature. A number of recommendations are made for future practice and training, service provision and research in the area of CMHN-led support of carers. Data were gathered between Jan 2005 and April 2006.

Recommended reading:
Yin R.K. (1994) Case study Research; Design and Methods. 2nd ed. Sage Publications. London

National Schizophrenia Fellowship (Scotland) (1998) Survey of service users' and caregivers' expererience of hospital discharge.Edinburgh.

Provencher, H, L. & Perreault, M. et al. (2003) "Predictors of psychological distress in family caregivers of persons with psychiatric disabilities". Journal of Psychiatric & Mental Health Nursing. 10. 592-607

4

The introduction of mental health nurse supplementary prescribing services

Alison While, Florence Nightingale School of Nursing & Midwifery, King's College London, London, United Kingdom
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Abstract:
Background: Supplementary prescribing by mental health nurses represents a new technology in clinical care in mental health services. Its introduction inevitably challenges existing organisational structures and processes which contribute to the reality of the healthcare context.

Aims: To explore the context for establishing mental health nurse supplementary prescribing services drawing upon Lewin's Field Force Model (Iles & Sutherland 2001). Objectives: 1. To describe potential driving forces for establishing mental health nurse prescribing 2. To describe resisting forces against establishing mental health nurse prescribing 3. To describe the perceived impact of mental health nurse supplementary prescribing upon users, mental health nurses and their professional colleagues and mental health services.

Method: A postal questionnaire survey of non-medical prescribing leads and directors of nursing providing mental health services in England (n=51 Trusts) yielding a response rate of 61% (n=35) in 2005.

Results: Most services were located in mental health Trusts with some in PCTs or Care Trusts. A range of disorders (schizophrenia, dementia, depression, bi-polar disorder, substance abuse, anxiety and epilepsy) were managed through the new services with schizophrenia being the most frequently identified. A range of reasons were given for establishing the services including: better use of resources and improved access to medication. These often provided a key driving force in addition to legislative and policy changes and key individuals. Resisting forces varied across Trusts and included lack of a non-medical prescribing champion, other priorities and local factors. The services were reported to have a positive impact upon service provision and the professionals involved.

Discussion and conclusions: Nurses are prescribing across mental health services. Service innovation requires local leadership to be successful and has the potential to improve service delivery.

Recommended reading:
Isles V & Sutherland K (2001) Managing Change in the NHS: organisational change. London: NCCSDO

5

Assessment and management of distress for patients with a learning disability receiving general hospital care – Findings from a pilot evaluation of the effectiveness of the DisDAT tool to support general hospital care

Matthew Hayes, Centre for Research on Families and Relationships, University of Edinburgh, Edinburgh, United Kingdom
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Abstract:
DisDAT (Disability Distress Assessment Tool) has been developed to assess and document a wide range of signs and behaviours of distress and contentment in patients with profound and multiple learning disabilities (PMLD), something that has been described as the 'language of observable communication' (Regnard et al 2003). For such patients, communication impairment has been identified as a major risk factor when they are in general hospitals (NPSA 2004). In this qualitative study we aim to evaluate the use of DisDAT within a general hospital setting in order to determine its effectiveness in supporting the assessment of distress in people with PMLD and subsequent influence on delivery of care. Recruitment is ongoing until end of January 2007 and data analysis is being carried out concurrently. During the remaining months of the study, further evidence will be added from interviews with hospital staff and carers, a special case study with a patient and a focus group with hospital staff from NHS Tayside who have used DisDAT, and can provide comparative evidence of the tool's use. Analysis of current data has identified the following themes:

• Nurses recognising how a lack of experience and skills affects their confidence when communicating with a person with PMLD and making clinical decisions related to a person's distress and pain.

• DisDAT may be appropriate for planned admissions, but possibly not in relation to an emergency admission.

• Family carers are concerned about hospital staff's ability to recognise the needs and distress of those they care for, concurring with previous findings (Brown et al 2005). These early findings already show clear implications for practice, and the need for collaborative working between clinicians in Learning Disability and Acute Services, to address the issues raised by the study. The final results of the study will be presented at conference.

Recommended reading:
Brown M, MacArthur J, Gibbs S (2005) A new research agenda: Improving General Hospital Care for People with Learning Disabilities: The Findings of a Conference and Working Day held at The Chancellor's Building, The Royal Infirmary of Edinburgh 11th October 2004 ISBN 1-900852-03-9

National Patient Safety Agency (2004) Understanding the patient safety issues for people with learning disabilities. England, National Patient Safety Agency

Regnard C, Mathews D, Gibson L, Clarke C (2003) Difficulties in identifying distress and its causes in people with severe communication problems International Journal of Palliative Nursing 9 (4) 173-176.

6

Health facilitation in learning disability services

Catherine Whitehead, Institute of Health and Social Care, University of Salford, Salford, United Kingdom
Email: C.G.Whitehead@pgr.salford.ac.uk

Abstract:
Background: People with learning disabilities have been found to have greater health needs than the rest of the population whilst using health services less (NHS Executive 1998), and experience considerable inequalities in gaining access to and treatment from mainstream services (Disability Rights Commission 2006). The 'Valuing People' document published in 2001, introduced the concept of health facilitation as a means of working with primary care teams, community health professionals, and staff involved in delivering secondary health care services and supporting people with learning disabilities to access the health care they need.

Aims: The study aimed to identify, describe and understand the subjective interpretation of health facilitation by health facilitators within the field of learning disability. Study design – This was a piece of qualitative research that drew on a phenomenological approach to enquiry, which was concerned with clarifying and comprehending experiences rather than arriving at definitive explanations.

Methods: The study sample was purposive in nature and involved 16 participants in semi-structured interviews after Foucault's theory that, the power of social policy should be investigated at its extremities. In addition data was gathered via a reference group and an interactive web-site. A thematic analysis of transcripts was conducted in order to systematically highlight the and associated meanings presented.

Initial Findings: Have demonstrated a wide variation in interpretation of the health facilitator role influenced by: The professional background, age, years of experience, and level of education. Terms of employment contracts. Management issues. Lack of role clarity and direction. A lack of power and authority to influence changes to practice within mainstream health services. Further analysis is currently being undertaken and will most definitely be completed by May 2007

Recommended reading:
Department of Health, (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century

NHS Executive (1998) Signposts for Success

www.drc-gb/healthinvestigation. Disability Rights Commission (2006) Report of the DRC Formal Inquiry Panel to the DRC's Formal Investigation into the inequalities in physical health experienced by people with mental health and people with learning disabil

Theme: Methods and methodological issues

7

Records management NHS Code of Practice (2006): Exploring it's applications to nursing research

Naomi Reay, School of Healthcare Studies, University of Leeds, Leeds, United Kingdom
Co authors: Jill Firth, Jackie Hill. Claire Hale
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Abstract:
Use of patient records is a common part of nursing research. These records are commonly used as a source of data for analysis or as a means of identifying potential research participants. The use of patient records is governed by many acts of legislation such as the Data Protection Act (1998) and the Research Governance Framework (Fontenla and Rycroft-Malone 2006). In order to synthesize legislation and examples of best practice relevant to the management of health care records, the Records Management NHS Code of Practice (2006) has recently been published. This comprehensive document covers not only electronic and paper held records but extends to more modern means of communication giving guidance on management of records such as e mail, images, audio and video tapes, the content of text messages and all registers. The implications of the Records Management Guidance (2006) for NHS managers is clear, in that they need to 'be able to demonstrate positive progress in enabling staff to conform to these standards'. It is made clear that the guidance is to cover all NHS employees, however there are key issues which are unclear regarding use of these records for research and this needs to be addressed. The key issues include the practical implications for NHS researchers in their management of patient records, how this guidance may apply to those non-NHS researchers using NHS patient records and how these guidelines match with the Data Protection Act (1998) which offers specific exemptions to certain types of research data. This presentation overviews the Records Management Guidance document and seeks to explore these key issues. Exploration of these issues highlights questions of if, when and how this guidance may be adopted within nursing research.

Recommended reading:
Records management: NHS Code of Practice Part 1 (2006) Department of Health. London. HMSO

Data Protection Act (1998) – Department of Health. London. HMSO

Fontenla M, Rycrot-Malone J (2006) - Research governance and ethics: a resource for novice researchers. Nursing Standard. 20 (23): 41-6, Feb 15-21

8

Nursing relationships in ethnographic research: What of rapport?

Julie McGarry, School of Nursing, Nottingham University, Derby, United Kingdom
Email: Julie.McGarry@nottingham.ac.uk

Abstract:
In a traditional sense ethnographic accounts have focused on the study of the unfamiliar, for example, the now classic anthropological texts of Malinowski's Argonauts of the Western Pacific (1922) and Evans-Pritchard's The Nuer (1940). More recently however, as Savage (2000) highlights, the attention of many contemporary western ethnographers has shifted to encompass more familiar surroundings. Moreover, ethnography as research method has been increasingly utilised across a range of disciplines, including nursing and those allied to health care. What of rapport? Rapport, in essence imbuing the researcher with claims to understanding, authenticity and authority has been a central trope within traditional ethnographic accounts (Marcus 2001). Rapport as a concept engenders notions of trust, empathy, understanding, mutual respect and possibly friendship. Springwood & King (2001) however ask if rapport is possible or even desirable if the ethnographer and study participants do not share values, views and attitudes and suggest that rapport, in the traditional sense of its perceived attributes, may not adequately define the changing nature of field relationships as ethnography encounters new arenas. This sentiment is echoed by Marcus (2001) who also suggests that rapport may no longer suffice as ethnography alters from its traditional focus. These observations arguably have particular resonance for ethnography within nursing research as the gaze moves to engage study participants critically as well as, or instead of, empathically. Based on examples drawn from the literature and own research the aims of the presentation are as follows: - To consider what participants and ethnographic researchers understand to be the basis and formation of research relationships - To explore the inherent tensions presented through the particular stance that ethnography adopts in terms of the proximity of the researcher to the researched - To discuss notions of 'rapport' and whether this remains an appropriate trope as field relationships move from the unfamiliar to the familiar

Recommended reading:
Marcus G.E. (2001) From Rapport Under Erasure to Theaters of Complicit Reflexivity. Qualitative Inquiry. 7(4), 519-528

Savage J. (2000) Ethnography and healthcare. British Medical Journal. 321: 1400-2

Springwood C.F. & King C.R. (2001) Unsettling Engagements: On the Ends of Rapport in Critical Ethnography. Qualitative Inquiry 7(4), 403-417

9

Surviving ethical review – The LREC experience

Julie Douglas, Nursing and Midwifery, Keele University, Staffs, United Kingdom
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Abstract:
Presenting work to Local Research Ethics Committees is an integral part of any researchers work. As MPhil/PhD students navigating the system we found discrepancies and, on occasions, lack of clarity regarding the process. Completing the LREC (www.corec.co.uk) form itself was fairly painless though time consuming with several versions and constant re-visiting. The R & D form was again fairly painless to complete but then the headaches began. Where does all the information go? When can the form be locked? When can I go to the ethics committee? Who signs what? The list of queries and questions seemed to go on forever. Each of us was registered at a different university and although the LREC form and process is nationally recognised the experiences gained of each individual was very different. On reflection (Atkins & Murphy 1994) there seemed to be a need for a simplistic, user-friendly and uniform approach from initiating the LREC application to the final decision. Utilising interpretive phenomenology (Smith & Osborn 2003) this poster aims to share the experiences of three individuals in the journey to LREC approval and pass on our experiences to others at a similar stage of their research careers.

Recommended reading:
Atkins, S. and Murphy, K. (1994) Reflective Practice. Nursing Standard 8(39) 49-56.

www.corec.co.uk accessed 18th September 2006

Smith, J.A. & Osborn, M. (2003) Interpretive phenomenological analysis in Smith, J.A. (Ed) (2003) Qualitative Phenomenology Sage Publications, London

10

The Barthel Index: Exploring the inter rater reliability between nurses and doctors

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Co author: Denis O'Mahony,
Email: i.hartigan@ucc.ie

Abstract:
Background: Functional abilities are often not accurately assessed by health professionals (Pinholt et al. 1987). The barthel index is an ordinal scale measuring functional ability. Since its inception, several modifications have increased its accuracy in measuring functional ability. Information required for scoring the index can be collated by a variety of methods, each of these approaches has strengths and limitations. From the literature reviewed there was discordance in recording the barthel index between various health care professionals (McGinnis et al. 1986, Ranhoff and Laake, 1993) prompting the researcher to explore this area.

Aims: The primary aim of this study was to explore the inter-rater reliability between doctors and nurses in scoring the barthel index. The secondary aim was to calculate the degree to which two or more independent raters differ when scoring the index. Methods A prospective study of 65 elderly patients with a mental test score of ----->7 consented to participate. Two doctors and two nurses administered the index on different occasions within five days of admission. The guidelines and brief training were provided to enhance the accuracy in recording the index. Measurements of inter-rater reliability were calculated.

Results: The scoring by doctors was higher than that by the nurses (mean difference 0.554 vs. -0.015). Intra class correlation showed good agreement in all ADL, only grooming and bathing demonstrated bias error. The introduction of the guidelines minimised misclassifications and standardised the method of administration of the index between doctors and nurses, however the results demonstrated that the index is highly reliable when recorded by nurses with low inter-rater variation.

Conclusion: There are discrepancies in recording the index between doctors and nurses and without the presence of the guidelines and structured training the information learned from each method of assessment may vary considerably.

Recommended reading:
Pinholt, E.M, Kroenke, K., Hanley, J.F., Kussman, M.J., Twyman, P.L., Carpenter, J.L. (1987) Functional assessment of the elderly: a comparison of standard instruments with clinical judgment. Arch Int Med. 147: 484–8.

McGinnis, G.E., Seward, M.L., Dejong, G. and Osberg, J.S. (1986) Program Evaluation of Physical Medicine and Rehabilitation Departments Using Self-Report. Archive Physical Medical Rehabilitation. 67:123-5.

Ranhoff, A.H. and Laake, K. (1993) The Barthel ADL Index: Scoring by the Physician from Patient Interview is not Reliable. Age and Ageing. 22:171-174.

11

The challenges of recruiting patients from vulnerable groups: experiences from the DisDAT Study

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Abstract:
The study is investigating the use of the Disability Distress Assessment Tool (DisDAT) in the assessment and management of distress for patients with profound learning disability receiving general hospital care (Regnard et al 2003. It employs qualitative methods involving recruitment of 10 patients with the key research informants being professional and family carers rather than the patients themselves. Given the nature of the study the patients come under the terms of the Adults with Incapacity (Scotland) Act 2000 that stipulates conditions under which adults unable to consent can take part in research (Scottish Executive 2000). Research can only be done if: it could not be carried out with people who can consent it is about the cause, diagnosis, care or treatment of the person's illness it is likely to produce a 'real and substantial benefit' for the person, or to bring understanding that will help other people with the same condition. Although ethical approval was granted at the outset of the study, the Research Team have encountered some unforeseen issues when embarking on recruitment, which has centred on the need for next of kin to hold formal Welfare Guardian status. This led to a significant delay in starting recruitment and meant that potential subjects 'slipped' through the recruitment window in terms of their hospital admission. This paper will focus on the challenges associated with recruiting research subjects from vulnerable groups and the lessons learned from this study. Opening with an overview of the relevant aspects of the Adults with Incapacity (Scotland) Act 2000, the presentation will focus on ethical and operational issues for research practice. It will also outline the barriers and routes for including people with a learning disability in research recently highlighted in the Let me in – I'm a researcher! Report (Department of Health 2006)

Recommended reading:
Department of Health (2006) Let me in – I'm a researcher! Getting involved in research

Regnard C, Mathews D, Gibson L, Clarke C (2003) Difficulties in identifying distress and its causes in people with severe communication problems International Journal of Palliative Nursing 9 (4) 173-176.

Scottish Executive (2000) Adults with Incapacity Act (Scotland) 2000: Part 5 Medical Treatment and Research

12

Validating a new instrument to improve the measurement of wounds

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Abstract:
Background: Wound measurement has been limited by the lack of simple pragmatic tools. The surface area of wounds have been calculated using tracings which is time consuming and potentially can increase the risk of infection and pain for the patient. Some electronic devices can be used to calculate the surface area, but are expensive to purchase, and. they have not been fully evaluated. We have developed a new instrument that allows nurses to take measurements of wounds quickly and easily. The instrument is a sterile, flexible measuring device made of medical grade plastic and wound measurements are taken by following simple instructions which are used in an algorithm to calculate the wound surface area.

Methods: The instrument has been preliminarily validated in N=42 patients' wounds with each being measured by 2 independent raters. Patients with open wounds were recruited and had their wound measured twice by the research nurse, firstly tracing the outline of the wound and secondly measuring it using the measuring device, which is called the Clini-Rule. A second nurse repeated the measurements using the Clini-Rule

Results: A high level of rater reliability was observed for all wound measurements (Kappa = 0.78, p<0.001). Comparison of surface areas measured by tracings and wound measurement devices with surface areas calculated using the Clini-Rule, showed almost perfect correlations (r=0.98, p<0.01) between the methods.

Conclusion: The Clini-Rule has been demonstrated to be a quick and simple effective method for measuring wounds.

Recommended reading:
Keast DH, Bowering C, Evans AW, Mackean GL, Burrows C, DSouza L (2004) MEASURE A proposed assessment framework for developing best practice recommendations for wound assessment. Wound Repair & Regeneration 12;3:S1-S17

Metcalfe, A.M, Tohill, S, Williams, A, Haldon, V, Brown, L, Henry, L. (2002) Developing a pragmatic tool to measure second-degree perineal tears. British Journal of Midwifery 10, 7:412-17.

13

Clinical research training for Scotland

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Abstract:
With start up funding from the NHS Education Scotland, the Wellcome Trust Clinical research Facility (WTCRF) Education Programme was launched in January 2003 and has organised ~45 seminars and 40 training courses in clinical research. These have been very well attended, multi-professional (40% medical/30% trials coordination/20% nursing/10% AHP) and well received (>85% of attendees rating above average or excellent), supporting our original hypothesis that there is a major need for such activity. The highly successful evening seminar programme is now videoconferenced to centres in Aberdeen, Dundee, Dumfries, Lanarkshire and the Orkney Islands. People are increasingly travelling from further a field to attend the training courses (e.g. Inverness, Aberdeen, the Borders). Without high quality research, we cannot build sound evidence on which to base effective healthcare (Scottish Executive 2005, Scottish Executive 2006). Some of the challenges faced by researchers include lack of NHS resources (including space and staff assistance), competition for research grants, complexities of ethics regulations, extensive form/application filling, time constraints and general lack of support. A national practice-based education programme would go some way to alleviating these constraints. Subsequently, the WTCRF Education programme has been funded by NHS Education for Scotland to extend our programme nationally to enable clinical researchers throughout Scotland to improve their skills and collaborate with colleagues throughout the country. As a result of a unique educational development the WTCRF will now act as a national resource for all clinical research training in Scotland. Future opportunities exist for linking face-to-face with web-based learning resources, a database of all research training opportunities and the development of a range of teaching materials to allow individuals to progress from being 'research aware' to fully 'research active' at their own pace. These developments should strengthen the capacity and capability of research in Scotland and thereby, ultimately, enhance patient care.

Recommended reading:
Scottish Executive (2005) Making Choices, facing challenges. Developing your research in nursing, midwifery and the allied health professions. Scottish Executive. Edinburgh

Scottish Executive (2006) Research Governance Framework for Health and Community Care. Scottish Executive. Edinburgh

14

Is it bullying or just being bossy?

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Abstract:
The high turnover among midwifery staff has been attributed to a culture of bullying, which in Kirkham (2002) found, took the tone of over-supervision of work, attacks on an individuals competence and undermining their autonomous decision-making process. My main concern was that the literature seemed to be highlighting, as deviant behaviour, something I would consider a common supervisory style within the profession, and it is this that led me to my research question, 1. "is it bullying and when is it just being bossy?" and 2. "how can managers charged with the task of investigation tell the difference?" If an older sister or brother 'rules the roost' why, for some siblings, is this just perceived as being bossy and ignored as nothing more sinister, yet those same activities in later life, become an issue in the workplace. Is the perpetrator at fault or does the individual who perceives the offence have some responsibility? This is where the gap in knowledge currently lies; around the area of intention and the perception of intention in the context of midwifery. Initially, 180 midwives registered with a Nurse Agency will be surveyed, and in order to reduce the chance of self-selection bias, 44 midwives will be pre-selected from set age ranges which should indicate levels of experience. If any of the pre-selected individuals agree to be followed up, they will be taken to the second step of data collection of a semi-structured qualitative interview and a Q-sort. For a Q-sort respondents are required to place a number of predetermined statements along a scale similar to a Likert scale. The value and strength of this method, is that the information is delivered from a point of self-reference (Baker et al., 2006) and not the researcher's perspective and it will submit to statistical analysis.

Recommended reading:
Baker, R., Thompson, C & Mannion, R. (2006). Q methodology in health economics. Journal of Health Services Research & Policy. 11(1), pp 38-45.

Kirkham, M. (2002). Why do Midwives Leave. London:RCM

Theme: Children, young people and their familes

15

Childhood obesity affects self-esteem: Implications for public health nursing

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Abstract:
Background: Whilst the cost of obesity on children's physical health is widely recognised, its impact on psychological well-being is less so (Wardle & Cook, 2005). Although obesity has been found to be associated with low levels of self-esteem (Strauss, 2000), the nature of this relationship with regards to specific dimensions of self-esteem is less clear. Furthermore, the extent to which other variables like gender and the socio-political environment in which children grow up is likely to be important and warrants further investigation.

Method: 266 children aged 8-9 years attending affluent (n=107) and deprived primary schools (n=87) in Northern Ireland (defined as an environment of poverty and/or political violence) and deprived primary schools in Scotland (n=72) (defined as an area of poverty only) provided measures of body mass index (BMI). Children also completed the Self Perception Profile for Children (Harter, 1985), which assesses self-esteem in a number of domains. Results Overall greater BMI was associated with lower athletic competence (r = -0.22), perceptions of physical appearance (r = -0.342) and global competence (r = -0.142). Significant relationships for these dimensions were observed in boys (r = -0.32; r = -0.44; r = -0.24 respectively), whilst for girls it was only present for physical competence (r = -0.192). Significant negative relationships (p< 0.01) were found for all three dimensions in the deprived Northern Irish children, in addition to low perceptions of social acceptance. Significant relationships were found for athletic competence (r =-0.24) and physical appearance (r = -0.346) in the lower class Scottish children.

Conclusions: These findings suggest that obesity is a significant factor that is related to certain dimensions of self-esteem, which may inhibit children from participating in physical activities that promote long-term well-being. Health practitioners should consider physical, social and psychological factors when assessing school aged children and implementing interventions.

Recommended reading:
Harter, S. (1985). Manual for the self perception profile for children. Denver, CO: University of Denver

Strauss, R.S. (2000) Childhood obesity and self esteem. Pediatrics, 105,1, Art. No eWardle, J., & Cooke, L. (2005) The impact of obesity on psychological well-being. Best Practice & Research Clinical Endocrinology & Metabolism, 19, 3, pp 421-440.

16

Partnership in the hospital clinic: Is it achievable for children with asthma and their carers?

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Abstract:
Background: Partnership with patients and shared decision-making between doctors and patients has become embedded in health policy rhetoric over the last two decades (DH 2004). Despite the appeal for the greater involvement of children in decision-making about their health, observational studies of outpatient clinic interactions have shown that there is little participation of children (Tates & Meeuwesen 2001). Examining partnership in health care for child patients highlights the complexity of the child-parent-doctor triad and the power issues involved. The organisational and legal context of the hospital clinic and the different perspectives of each participant may also affect interactions between the doctor, child and carer (Gabe et al. 2004).

Aims: The aim of this ethnographic PhD study is to examine how children with asthma and their carers are involved in decision-making about their asthma in a NHS respiratory outpatient's clinic in Central London in order to explore if health policy changes have resulted in more involvement in their health care for children and their carers.

Methods: Twenty children with asthma, aged between seven and eleven years, and their carers are observed by the researcher at their outpatient appointment, followed by separate semi-structured interviews with the children and carers in their own homes from January 2006 until January 2007. Participatory techniques of photo elicitation and decision-making charts are used to explore the children's meanings during the interviews. Twelve healthcare professionals working in the clinic are also interviewed.

Results: The organisational context of the clinic and the perspectives of the people involved, particularly about the competence of children to make decisions, has an impact on the dynamics of the child-carer-doctor triad and affects the level of shared decision-making achieved.

Conclusions: Although the shared decision-making model has been adopted by health professionals in this clinic and for some families, partnership is achieved between children, carers and health professionals, in other families the child-carer-doctor triad is more complex and these complexities will be discussed in this paper.

Recommended reading:
Department of Health (2004) National Service Framework for Children, Young people and Maternity Services. Department of Health, London.

Gabe J., Olumide G., & Bury M. (2004) 'It takes three to tango': a framework for understanding patient partnership in paediatric clinics. Social Science and Medicine 59, 1071-1079.

Tates K. & Meeuwesen L. (2001) Doctor-parent-child communication. A (re)view of the literature. Social Science and Medicine 52, 839-851.

17

Learning to manage chronic childhood illness: The experiences of children and families

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Abstract:
Introduction: Advances in health care have led to an increasing emphasis on family involvement in the day-to-day care of children with chronic renal disease, but if families do not become competent in this it can negatively influence the child's management.

Aims and methods: Using a modified version of grounded theory proposed by Strauss and Corbin (1990) data were collected and analysed in two phases (retrospective and prospective). Phase one aimed to uncover the issues that eight children and/or their parents identified as important in learning about the condition since diagnosis in the preceding four years. In phase

two, a longitudinal approach (building on phase one analysis) involving six families and key professionals, allowed detailed exploration, over eighteen months, of learning events that arose following referral to a Children's Kidney Unit.

Findings: A focus on learning as social participation in care was identified. A novel, substantive theory, the social theory of learning in childhood chronic renal disease is proposed comprising three categories: the processes of assessing; interacting and synthesising. Assessing is the process by which families and professionals learn through assessing the disease course as well as each others' ability and social positioning. Interacting is the process whereby families and professionals learn through sharing knowledge, earning and maintaining trust and engaging jointly in decision making. Synthesising is the process whereby families' and professionals' learn through a new, shared understanding based on knowledge of each others' communities of practice, cultures and patterns of learning. Three patterns of learning also emerged from the data (parallel, integrated and synthesised).

Conclusions: This study develops and modifies Wenger's (1998) social theory of learning and Gibson's concept of participatory competence (1995) and contributes an innovative perspective to the growing body of knowledge around childhood chronic disease. Testing and further development of the theory and its use in child health is indicated

Recommended reading:
Gibson, C. H. (1995) 'The Process of Empowerment in Mothers of Chronically Ill Children', Journal of Advanced Nursing, 21(6) Jun, pp. 1201-1210.

Strauss, A. and Corbin, J. (1998) Basics of Qualitative Research: Techniques and procedures for developing grounded theory. 2nd edn. Thousand Oaks: Sage.

Wenger, E. (1998) Communities of Practice: Learning, Meaning and Identity. Cambridge: Cambridge University Press.

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Factors related to quality of life for adolescents with asthma and their parents

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Abstract:
Purpose: Asthma affects 12% of American children and 9% of Icelandic children. Limited research has addressed how families of adolescents manage asthma or how adolescents themselves manage the illness, and how it impacts their health-related quality of life. The purpose of this pilot study was to determine what demographic, personal, and interpersonal factors affect asthma quality of life of adolescents, as rated by both the parent and adolescent in the United States and Iceland.

Methods: This descriptive, cross-sectional study included adolescents (ages 13-17 years), primarily recruited from pediatric practices, who were diagnosed with asthma for at least 6 months and their parents (N = 30 dyads; n = 15 dyads from Kentucky; n = 15 dyads

from Reykjavik, Iceland). The majority of the adolescents (46.7% males; 53.3% females) from the U.S. were Caucasian with a mean age of 14.1 years. The majority of the adolescents (73.3% males; 26.7% females) from Iceland were Caucasian with a mean age of 14.8 years. Seven pencil-and-paper questionnaires were administered to the adolescents and four to the parents. Descriptive and multiple regression analyses of the responses to the questionnaire items were conducted.

Results: Results will be presented and discussed. In addition, implication for practice and future research will be listed. Having a small sample size is a possible limitation to this study and the collection of data by self-report may have affected the reliability and validity of the data.

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Support for parents who have lost a child to cancer

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Abstract:
The presentation focuses on the data sources and findings from a study investigating support for bereaved parents. Data collection is complete. Full findings will be available before the conference. Background About 1/600 children develops cancer before age 15 (Cancer-UK 2004, UKCCSG 2006), and approximately 30% of children with cancer die. Research on medical treatment and the needs of children with cancer are extensively reported in the literature. However, there is little knowledge to guide professionals about how best to support bereaved parents. Research Questions What support is available to parents, and what is needed, following the death of a child from cancer? Which elements of available support are helpful or less effective? How does the degree and effectiveness of support for bereaved parents vary over time? Method An ethnographic approach was taken. A purposeful sample of bereaved parents was recruited through a national support network: The Compassionate Friends (TCF). Recruitment of participants was restricted to parents who had lost a child aged 16 or less to cancer in the past 5 years. Data was collected during 2005 and 2006 through written narratives from bereaved parents, passive analysis of a TCF support website, direct contact with bereaved parents attending conferences, and the local TCF support group, supplemented by observation and reflective field notes. Data analysis was based on an adaptation of Roper and Sharpria's (2000) strategy for ethnographic data analysis, aided by use of NVivo. Preliminary Findings Parents needed continued contact with professionals who cared for their dying child: support which was perceived to end abruptly. Professionals attending the funeral and sending cards on the anniversary were seen as valuable sources of support. Information from professionals about such groups as TCF would help. Parents need truthful information about treatment choices and likely success rates of those treatments to avoid false hope.

Recommended reading:
Cancer-UK (2004) Childhood Cancers1996-2004. http://www.cancerindex.org/clink44thtm (accessed 09/09/04)

Roper J, Sharpria J (2000) Ethnography in Nursing Research. London: Sage Publications.

United Kingdom Children's Cancer Study Group (2006) Children and Cancer. http://www.UKCCSG.org/ (accessed 31-05-06).

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Planning a research-focused approach to implementing "Health for All Children" (Hall 4) in relation to children under the age of five years

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Abstract:
Background: Health visiting practice is currently moving from child health surveillance and screening to supporting parents in their role using multi-agency and community development approaches, as recommended by "Health for All Children" (Hall 2003).

Aims: To work with parents, health visitors and other key stakeholders to identify interventions to support families with young children based on evidence, practitioner knowledge and user involvement.

Methods: Ten focus group discussions have been held with parents, health visitors and other relevant professionals between May and August 2006 (22 parents, five health visitors and 10 other professionals). All participants were then invited to a conference that used the Delphi research techniques to achieve consensus on the priorities for interventions. A literature review was conducted to assess the evidence base for the interventions suggested by both professionals and parents during the data collection.

Results: Parents expressed a need for increased informal social support, information about topics of relevance to parents and local resources, and a rolling programme of one-off interventions about issues of relevance to parents. Professionals highlighted the need for more multi-agency working and better understanding among professionals of different agencies' roles. More collaborative working among senior personnel in agencies was considered necessary. The consensus conference findings suggest that a community development approach would best meet the needs of parents but that professionals find it difficult to envisage how to develop and evaluate services.

Purpose and implementation of results: The findings will be used to develop services for families, in particular by a public health nursing taskforce which has been set up to identify and resolve current tensions surrounding the role of health visitors.

Presentation: The study process will be described with a focus on the implications for practice and on the evidence that suggests that a "whole-systems" approach to change, with skilled facilitation at a local level, needs to be adopted.

Recommended reading:
Hall D, Elliman D (2003) Health for All Children. Oxford: Oxford University Press.

Theme: Treatment/intervention

21

A new treatment in the invasive radiology unit- vertebra stabilization using vertebroplasty

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Abstract:
Technological innovations in radiology are not only for diagnosis, but also for treating. An example for that is the vertebroplasty which is a therapeutic method whose aim at stabilize the vertebra body without surgery. A needle is inserted under x-ray to the vertebra body, and substance that stabilizes and strengthens the vertebra is injected. This technique is quickly catching on particularly in treating back ache stemming from vertebra collapse from osteoporosis and metastasis diseases. The procedure is safe, quick and allows rehabilitatio. The aim of the survey was to identify the effects of the vertebroplasty treatment on the level of pain and general well being among 62 patients. The findings were gathered by a short interview. The participants average age was 75.8 years. The reasons for the collapse among older participants embedded in osteoporosis and among younger participants there were metastasis to the vertebra. All participants had suffered from acute back pain prior to the procedure. Their movement and functioning were severely impaired. Data-analysis indicated that 74% of the participants identified their health status as better than before the intervention. 62% reported that the procedure relieved the pain significantly until defeating it completely. 77.4% reported they would repeat this procedure again in future if necessary and 80.6% would recommend about it to friends who suffer from the same problem. The survey findings may increase the nurses' awareness to vertebroplasty, its process and advantages. Promote involvement of nurse's in choosing the suitable population for intervention and to take an active part in follow-up as well as guidance, before, during and after the procedure.

Recommended reading:

Gross, K.A. (2002). Vertebroplasty: a new therapeutic option. Orthopedic Nursing, 21(1), 23-30.

Ventura, K.A., Szigeti, E. (2002). New advances in treating osteoporotic compression fractures. Medsurg Nursing, 11, 251-255.

22

Exploration of the prevalence of anxiety experienced by patients having plastic and vascular surgical procedures under local and regional anaesthesia.

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Abstract:
Many would support the view that illness, it's treatment and the potential need for hospitalisation are closely associated with the experience of fear and anxiety (Grieve 2002, Schuldman et al., 1995, Teasdale 1995). More and more patients are undergoing surgical procedures under local or regional anaesthesia as this contributes to the effective and safer management of the patient, shorter hospital stays and efficient use of hospital beds. The prospect of undergoing surgery whilst awake in such an alien and technical environment as an operating theatre may result in the patient experiencing a heightened perception of anxiety. The research study aimed to explore retrospectively the prevalence of pre-, intra- and post-operative anxiety experienced by patients having plastic and vascular surgery whilst awake. The plastic and vascular surgical specialities have been selected for the study because they were particularly important and interesting in terms of anxiety prevelance. Many of the procedures patients undergo within these specialities are complex, lengthy and performed whilst the patient is awake and non-sedated, which may be particularly likely to result in the patient experiencing anxiety. To acheive a representative sample, a power calculation showed 213 patients were required. Patients were randomly selected from operating theatre registers a couple of weeks following their surgery and sent an information sheet and questionnaire pack through the post. The pack contained three questionnaires described as follows. Spielberger State-Trait Anxiety Inventory, to ascertain the patient's experience of pre-, intra- and post-operative anxiety; Eysenck Personality Questionnaire to determine personality trait and the potential effect that may have on the perception of anxiety; A questionnaire entitled 'Attitudes and Experiences of Previous surgery', developed by the researcher including a Visual Analogue Scale to assist the patient to rate the anxiety they experienced at all stages of the perioperative event. Additionally, the researcher developed questionnaire explores other past surgical experiences the patient may have had, in order to determine the potential impact on the experience of anxiety. The prevelance of anxiety experienced by the patients studied will be reported and discussed.

Recommended reading:

Grieve, J.R. (2002) 'Day surgery pre-operative anxiety reduction and coping strategies' British Journal of Nursing 11 (10): 670-677

Schuldham, C.M., Cunningham, G., Hiscock, M., Luscombe, P. (1995) 'Assessment of anxiety in hospital patients' Journal of Advanced Nursing 22: 87-93

Teasdale, K. (1995) 'The nurse's role in anxiety management' Professional Nurse 10 (8): 509-512

23

Fluid optimisation using a peripherally inserted central catheter (PICC) following proximal femoral fracture: Lessons learnt from piloting a randomised control trial

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Abstract:
Background: Fluid depletion in older adults with proximal femoral fracture is common. They are often dehydrated on arrival, frail and have poor venous access. In perioperative studies of fluid optimisation this group of patients required significantly increased fluid volumes (Price 2004). This pilot study helped to develop knowledge and practice by exploring the issues of feasibility surrounding the role of PICC's in fluid optimisation.

Aims: To test all aspects of the study design.

Methods: Fourteen patients were randomised to three groups: i) usual care, insertion of short peripheral intravenous cannulae and normal fluid prescription; ii) PICC insertion by a vascular access specialist nurse and normal fluid prescription; iii) PICC insertion by a vascular access specialist nurse and guided fluid prescription based on measurements of central venous pressure. A range of outcome measures were used, including: volume of fluid administered, missed intravenous drug doses, phlebitis, mental health, delirium, pain, a standing balance measure and blood results. Two focus groups with ward staff and interviews with the research nurse and vascular specialist nurse were undertaken to ascertain views concerning the implementation of the study.

Discussion: We will present the practical issues affecting the feasibility of this study which fell into three broad groups: i) the physical and psychological frailty of the patients, proxy consent, difficulties measuring outcomes, unsuccessful PICC placement due to aged veins, intolerance to lines; ii) staff concerns relating to patient vulnerability, competent use of new technology, limited resources and work capacity; iii) researcher concerns regarding the practical and emotional management of the trial.

Conclusion: Most aspects of the trial were made more difficult due to the frailty of these patients. Practical concerns of the staff were compounded by lack of research knowledge and experience. For the researchers, lessons learnt about trial design encompassed more than just the protocol itself.

Recommended reading:

Harris R. Dyson E. (2001) Recruitment of frail older people to research: lessons learnt through experience. Journal of Advanced Nursing 36(5), 643-651.

Price J.D. Sear J.W. & Venn, R.M (2004) Perioperative fluid volume optimisation following proximal femoral fracture. The Cochrane Library, Issue 3.

Janes M. Kaln A. Pinelli J.& Pacs B. (2000) A randomised trial comparing peripherally inserted central venous catheters and peripheral intravenous catheters in infants with very low birth weight. Journal of Pediatric Surgery 35(7), 1040-4.

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Use of catheter maintenance solutions for the management of long-term indwelling urinary catheterisation: A systematic review of the evidence

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Abstract:
Background: Catheterisation is commonly used for the management of people in long-term care settings. Nearly half of all patients with an indwelling catheter will experience

problems with catheter blockage due to the formation of encrustations on the surface of the catheter (Getliffe 1992, Kohler-Ockmore 1996). Blockage of an indwelling catheter is traumatic for both patients and their carers as it often causes pain and distress. Current practice in the management of catheter encrustation and blockage varies but is largely dependent on the use of catheter maintenance solutions (Pomfret 2004). There is much debate however about this particular practice.

Aim: The purpose of this review is to determine if certain washout regimes are better than others in terms of effectiveness, acceptability, complications, quality of life and economics for the management of long-term indwelling urinary catheterisation in adults.

Methods: Studies were identified from the Cochrane Incontinence Review Group's specialised register of controlled trials. In addition a number of electronic databases, including MEDLINE, CINAHL and EMBASE were searched using appropriate free text and MeSH terms. The titles and abstracts of all studies identified from this search strategy were assessed for relevance to the research questions by two researchers and the full paper obtained where appropriate.

Results: To date this search strategy has identified over 500 papers, of which the full text of 42 of these articles has been obtained. Assessment of the methodological quality of these studies and data extraction is underway.

Discussion/ conclusion: Currently, there is much controversy surrounding the effectiveness of washouts for managing catheter encrustation and blockage. This systematic review of the evidence regarding the use of catheter maintenance solutions may have important implications for both clinical practice and future research.

Recommended reading:
Getliffe, K.A. 1992, "Encrustation of urinary catheters in community patients", PhD Thesis University of Surrey.

Kohler-Ockmore, J., Feneley, R.C.L. 1996, "Long-term catheterization of the bladder: prevalence and morbidity", British Journal of Urology, vol. 77, pp. 347-51.

Pomfret, I., Bayait, F., Mackenzie, R., Wells, M., Winder, A. 2004, "Using bladder instillations to manage indwelling catheters", British Journal of Nursing, vol. 13, no. 5, pp. 261-7.

25

Pain in spinal cord injury patients: Does hardiness make a difference?

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Abstract:
Background: Among spinal cord injury (SCI) patients, prevalence of pain ranges from 46%-90%; a major problem not being adequately addressed by nurses. Persons evidencing high hardiness have greater resilience under stress and more positive coping and health outcomes (Kobasa). High-hardy managers/nurses experience less stress (Judkins; Rich & Rich). Whether synergistic effects exist between hardiness and nurses and their patients had not been studied. Aims: This exploratory pilot study examined associations between levels of hardiness in SCI patients and nurses and perceptions of effective pain management.

Method: A descriptive, cross-sectional correlational design was employed. A convenience sample of 31 patients/44 nurses participated in the study. Patients completed the Health Related Hardiness Scale (Pollock); nurses completed the Hardiness Scale (Bartone et al). Patient's subjective estimate [1(worst)-10(best)] of effective pain management was taken at the end of every shift (3)/day, for 5 consecutive days. Medication records were also reviewed for type/amount/frequency of pain medication(s), and response to pain medication given per nurse.

Results: The majority (68%) of patients were high-hardy; 15% of nurses were high-hardy. Patient hardiness scores were inversely correlated (p<.05) with length of injury (LOI); nurse hardiness scores were inversely correlated (p<.05) with age; no significant associations were determined for variables of hardiness (patient/nurse) and pain management. Discussion: Although a seemingly appropriate variable, hardiness was not a strong indicator of patient perception of pain management. Among this sample, patients who had their SCI longer were not as hardy as those with shorter LOI. Younger nurses in this sample were hardier than older nurses. Conclusions: SCI patients may find their injury more stressful the longer the LOI. Nurses with mean ages ---->42 may find working among SCI patients more stressful than those <----42 years old. We recommend further research to find stronger predictor variables of stress associated with pain management.

Recommended reading:
Kobasa SC 1979, 'Stressful life events, personality, and health: An inquiry into hardiness', Journal of Personality and Social Psychology, Vol. 37, pp. 1-11.

Judkins SK 2004, 'Stress among nurse managers: can anything help', Nurse Researcher, Vol. 12, no.2, pp. 58-69.

Rich V & Rich A 1987, 'Personality hardiness and burnout in female staff nurses', IMAGE: Journal of Nursing Scholarship, Vol. 19, 63-69. Journal of Nursing Scholarship, Vol. 19, 63-69.

26

Use of Rapid Urease Test for the presumptive diagnosis of Helicobacter pylori infection

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Abstract:
Introduction: Helicobacter pylori has been shown to cause most of the gastroduodenal ulcers, so its eradication is important for the correct treatment of these ulcers. The test that is used in our hospital is the Rapid Urease Test. It consists in pushing a sample biopsy inside a yellow gel, which will change colour to orange or red indicating the presence of H. pylori. The instructions book recommends recording a positive reaction as soon as the gel changes colour. The test can be read between 24 or 72 hours. The aim of this study is to determine if asking patients to wait 1 hour for the quick results is useful.

Methods: A cross-sectional study was carried out on a sample of 304 tests. The statistical analysis was interpreted by the SPSS 10.0 program.

Results: Of the 304 samples analyzed, 58'1% were positive after 72 hours, 45'5% after 1 hour and 56'9% after 24 hours. The samples that turned to positive during the first hour had been registered as having an unknown pathology (n=49), or duodenitis (n=48) or ulcer (n=34). In this case, patients had taken no previous medication as proton pump inhibitors (n=114), and others had taken omeprazol (n=11). After 24 hours, 68 samples were found with no associated pathology, 56 duodenitis or 42 ulcer after 24 hours. Patients had taken no medication (n=140) or just omeprazol (n=17). Finally, after 72 hours, 3 more samples turned to positive, one of which the patient had taken previously omeprazol, and 2 with associated pathology.

Discussion: We have obtained quick positive results (in 1 hour) in 78'4% of those positive after 72 hours. So we recommend that our patients wait for an hour after the procedure to obtain quick positive results. We believe this is an easy way to reduce waiting time in the next visit to the hospital.

Recommended reading:
Barajas Gutierrez MA, Herrer Mauricio P. Patología Digestiva. In: Atención Primaria. (Elsevier ed.).- Madrid, 2003. p 1349.

Theme: Professional issues

27

Freedom to nurse accountably

Linnette King, Institute of Nursing and Midwifery, University of Brighton, Brighton, United Kingdom
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Abstract:
A qualitative study set out to explore nurses' perceptions of professional accountability. There is considerable literature on accountability but little to note of nurses own understanding of this multifaceted abstract concept from their day-to-day experience. Much is written to explain its requirements and to provide definition; a concept that is integral to professional practice although appears infamously when things go wrong in health care. The aim of the study was to garner an understanding of how nurses perceive professional accountability in their everyday interactions and interventions and to go on to generate a theory from nurses' perceptions through their discourses. As befits a subject where little is known an exploration of the meanings and social construction of the concept by nurses, from their day-to-day experience, was planned. Method was guided by symbolic interaction theory, Gademerian Hermeneutics and constant comparative approach for data analysis; a blend of methods which accommodates the researcher's ontology and the research subject. Sampling was from autumn 2005 to end of autumn 2006. An initial convenience sample that then became purposive, of fifteen nurses attending further professional development education at university were individually interviewed. The recorded conversations were transcribed and analysed following a constant comparative process. Scrutiny of data was a search for emergence

of initial codes and categories. Data collection and analysis continued with questions of the data and looking for comparisons, differences and diversity. An initial phenomenon has emerged where the individual freedom to nurse accountably was perceived to be expanding and also to be inhibited; categories of 'responsibility and rights', 'relationships', 'knowledge and autonomy', and 'values like goodness, trust, honesty and justice' have been found. These categories were seen to be interconnected and interdependent along with a variety of fears and constraints that limited the nurses' freedom to nurse accountably.

Recommended reading:
Department of Health. 2000. The NHS Plan; a Plan for Investment, a Plan for Reform; London, The Stationery Office

Doyal, L. Cameron, A. 2000. Reshaping the NHS workforce; Necessary changes are constrained by professional structures from the past. British Medical Journal; 320:1023-4

Tilley, S. Watson, R. 2004. Accountability in nursing and midwifery. London, Blackwell Publishing

28
Japanese head nurses roles: A focus more on administrative duties than on supervising nusing practice

Sosai Den, Faculty of Health sciences, Department of nursing, Kobe University School of Medicine, Kobe, Japan
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Abstract:
This study aims to explore Japanese head nurses' roles by obtaining fundamental data and clarifying the actual condition of Japanese head nurses' work for future comparison to Chinese head nurses' roles. Methodology: From October to December 2003, at Y University hospital, the researcher observed 5 head nurses and 1 vice head nurse activities, and interviewed them individually. The data obtained from observation field notes and interview transcripts. These data were analyzed using a publication: "head nurse job evaluation manual" as a reference to clarify the real conditions of Japanese head nurses' work. Ethical consideration: participants received explanation about the research, and signed a consent form before the research started. Results: Five Japanese head nurses' roles were clarified: First, concerning nursing goal establishment and evaluation, head nurses allow staff to participate independently in making decisions. Second, head nurses decide each staff's work load and content after talk with the vice head nurses, then head nurses can distribute information about work load, contents and work shift schedule. Third, with regard to patient care, head nurses assess patient's data individually, then assign and guide the staff nurses to provide appropriate nursing care. Fourth, patients' voices are considered and being relayed to staff regularly. Finally, fifth, the head nurses maintain a safety and risk management system and work as a risk manager. In conclusion, Japanese head nurses roles focuses more on administration work, such making staff nurses' work shift, staff education and safety management, rather than guiding or providing nursing practice.

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Factors influencing compliance of nutritional standards in different hospital settings

Jean Bell, Research & Development Support Unit, NHS Dumfries & Galloway, Dumfries, United Kingdom
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Abstract:
Background: The effective delivery of nutritional care is a priority, with NHS Quality Improvement Scotland issuing national standards for assessing, managing, preparing and delivering appropriate nutritional care (NHS, QIS, 2003). Central to effective delivery is the assessment of nutritional status and prompt implementation of an appropriate care plan. Nurses play a pivotal role in both stages. This study compares awareness and compliance with standards in medical and surgical settings.

Aims: To monitor compliance of the NHS QIS Food, Fluid and Nutritional Care in Hospitals, Standard 2. To compare compliance in different hospital settings i.e. medical and surgical. To identify and explore factors influencing compliance with nutritional standards.

Method: A mixed methodology, in 3 stages, was used Compliance assessed via audit of 100 case notes (50 surgical and 50 medical) 212 Questionnaires were returned from nurses working in medical and surgical wards In-depth focus groups (one medical and one surgical) explored awareness of standards and factors influencing compliance with standards.

Results: 27% of staff always nutritionally assessed patients, 63% sometimes assessed and 10% never assessed. Not all patients are routinely assessed on transfer to another ward or after 7 days in hospital Emergency medical patients are more often assessed than elective surgical patients

Discussion: Although many nurses were aware of the NHS QIS standards, and aware of the importance of nutritional status on patient outcome, there appeared to be a lack of clarity on who was responsible for re-assessment of patients. Compliance with standards was influenced by awareness of assessment procedures, time of admission, number of transfers and support from other members of the multidisciplinary team.

Conclusion: Education and awareness sessions highlighting roles and responsibilities in the implementation of the standards is ongoing. Compliance will be re-assessed on completion of training.

Recommended reading:
NHS Quality Improvement Scotland (2006) Food Fluid and Nutritional Care in Hospitals: A short guide to our findings, NHS QIS Edinburgh

Effective Practice Bulletin (2003) Nutrition Screening & Assessment: Does It Really Work In Hospital? Issue 33 May 2003

Scottish Executive Health Department (2006) A National Framework for Service Change in the NHS in Scotland: Building A Health Service Fit for the Future. Scottish Executive Health Department Edinburgh

30
Evaluating the impact of a leadership development module on service improvement in UK

Gillian Janes, School of Health and Social Care, University of Teesside, Middlesborough, United Kingdom
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Abstract:
Background: The National Health Service (NHS) is undergoing unprecedented reform and developing effective leadership at all levels of the organisation is crucial for successful modernisation (DH, 2000; DH 2004). In response, a plethora of leadership development programmes have emerged. However despite the challenges, robust evaluation is a vital component of any educational initiative, particularly in terms of impact in practice.

Aim: To evaluate the perceived impact of a leadership development module in practice from a range of perspectives in order to inform future provision.

Design: A descriptive, qualitative study exploring the lived experiences of individuals using an Action Orientated Evaluation

Methodology: Population, sample and setting: A purposive sample of 4 students plus a chain referral sample of 3 practice mentors/ line managers. All participants were female registered nurses working in one of two large acute NHS Trusts in the North East of England.

Methods: One-to-one, semi-structured tape-recorded interviews and thematic analysis of the data using an adaptation of Burnard (1991). Ethical and research governance approval was secured for the study.

Findings: All participants reported a positive impact following module attendance with students and practice mentors/line managers identifying very similar themes. The usefulness of leadership development during personal or organisational transition and potential benefits of this for the organisation were unexpected findings. Further themes emerging from the data indicated significant impact on students' attitudes and skills including changed attitudes toward leadership and its relevance for them and improved skills such as communication, assertiveness and self-awareness. In addition, an enhanced ability to influence, motivate, support and value others was frequently reported. Finally, there was clear evidence of the application of learning in practice through the implementation of service improvement projects.

Conclusions: Despite its limitations, the study suggests that this leadership development module was perceived as an effective tool for enabling service improvement in today's NHS.

Recommended reading:
DH (2000) The NHS Plan. London: Crown

DH (2004) The NHS Improvement Plan: Putting people at the heart of public services. London: Crown

Burnard, P. (1991) A method of analysing interview transcripts in qualitative research Nurse Education Today 11 pp 461-466

31

How do nurse and allied health professional consultants affect changes in practice?

Ann Humphreys, Faculty of Health and Social Work, University of Plymouth, Plymouth, United Kingdom
Co authors: Jo Billyard, Janet Richardson, Elizabeth Stenhouse, Mary Watkins
Email: ahumphreys@plymouth.ac.uk

Abstract:
Background: The role of nurse and Allied Health Professionals (AHP) consultants was introduced in the NHS plan in 2000 in order to provide an opportunity for experienced practitioners to function at a senior level whilst maintaining clinical responsibilities. The role specifically focuses on four domains: expert practice, leadership, education and research.

Aims: The aim of this study was to assess the activity of nurse and AHP consultants over a specific period of time within the four domains of the post.

Methods: The participants were six nurse and AHP consultants employed in acute, primary care and mental health settings. Discussions with the consultants and their managers were subjected to thematic analysis which identified 55 independent activities classified under the 4 pillars and used to construct an activity diary. The consultants completed the diary over a one-week period. Results Patterns of work were different for each consultant. The diversity of the role can also be seen in the different work patterns on different days for individuals. Analysis of multiple coding revealed that within a small time–frame, consultants have the capacity to function on all four pillars simultaneously. An in-depth case analysis of one example of multiple coding provided further support for the complexity of the role and its influence on clinical practice with respect to unmet need. This is an aspect of non-medical consultant work not previously captured, and provides an indication of the level at which they are capable of working.

Conclusion: The activity analysis demonstrates that the consultant role is fluid and dynamic. Furthermore, multiple coding reflects the depth and breath of activities they are able to undertake simultaneously, whilst functioning across all pillars of the role and affecting clinical practice.

Recommended reading:
Humphreys A., Johnson S., Richardson J., Stenhouse E. & Watkins M. Evaluating the effectiveness of nurse, midwife/allied health professional consultants: a systematic review and meta-synthesis. Journal of Clinical Nursing. in press

Manley K. (2001) Consultant Nurses: redefining the concept; clarifying the process and outcomes. Royal College of Nursing Institute, London.

Guest D., Peccei R., Rosenthal P., Redfern S., Wilson-Barnet., Dewe P., Coster S., Evans A & Sudbury A. (2004) An Evaluation of the Impact of Nurse, Midwife and Health Visitor Consultants. Kings College London (unpublished report)

32

To be sure or not to be sure? Moving uncertainty management from covert to overt via integrated care pathways

Helen Close, Centre for Clinical Management Development, University of Durham, Stockton on Tees, United Kingdom
Co authors: Susan Carr, Sharyn Maxwell
Email: h.j.close@durham.ac.uk

Abstract:
This paper explores the dimensions of uncertainty and risk (experienced by children and adults with long term conditions (LTCs), and clinical staff), drawing on findings from two studies, and their implications for the utility of pathway approaches to care. The studies respectively adopted a) a grounded theory approach to the lived experience of LTCs (Close, 2005), and b) a phenomenological approach to the construction and meanings of risk held by community staff and student nurses on community placements (Carr et al, 2001). Boundaries of responsibility in dealing with uncertainty and risk are poorly understood and rarely negotiated (Brashers, 2001). This gap in the clinical and experiential landscape can be a barrier to understanding and supporting both clinical and patient decision-making. Focusing on the patient journey from hospital to community, this paper describes the construction and meaning of uncertainty and risk held by children and adults with LTCs (n=26) and family carers (26) (Close, 2005); and clinical staff (n=7) and student nurses (n=7) (Carr et al, 2001). Using examples from each study, this paper will demonstrate how:

• uncertainty is created and maintained in an organisational and environmental context and experienced by both nurses and patients, but is only dealt with explicitly as 'risk' that must be eradicated or minimized.

• people with LTCs, family carers and experienced nurses deal with lack of recognition of uncertainty by creating their own covert management techniques (Carr et al, 2001; Close, 2005). A framework approach to the overt management of uncertainty is discussed as a method of interrogating the use of integrated care pathways to negotiate clinical boundaries of responsibility. Adopting explicit management of uncertainty in this way has implications for the training of student nurses, the management of transition from novice to expert, and the support given to people with LTCs.

Recommended reading:
Carr S., Pearson P.H., Watson D.W. (2001) To be sure or not to be sure: concepts of uncertainty and risk in the construction of community nursing practice Primary Health Care Research and Development 2, 223-233

Close H. (2005). Roles and responsibilities in understanding, accepting and adapting to an uncertain chronic illness trajectory. Unpublished Thesis Northumbria University

Brashers D.E. (2001) Communication and Uncertainty management. Journal of Communication. Sept, 477-497

33

Restructuring in health and education in Europe and the implications for the professional knowledge of nurses and teachers (ProfKnow)

Caroline Norrie, Education Research Centre, University of Brighton, Brighton, United Kingdom
Co authors: Ivor Goodson,
Email: c.norrie@brighton.ac.uk

Abstract:
Background: This is an EU-Commission, 6th Framework-funded research project examining how the professional knowledge of nurses and teachers has been affected by restructuring across Europe. The research group is made up of teams from universities in England, Ireland, Finland, Sweden, Portugal, Spain and Greece.

Aims: Countries across Europe are restructuring their Health and Education systems – usually along the lines of contracting out, decentralisation, deregulation and privatisation justified by consumer choice. As a consequence professional positions and demands on professional competencies in these institutions are in transition. At the same time European societies are changing in different ways, e.g. in terms of a "knowledge society" as well as in demographic and cultural changes. Professionals such as nurses and teachers are meeting these changes in their work. The aim of this project is to examine these processes in various contexts in Europe and the implications of these changes on the professional knowledge of nurses and teachers.

Methods: A mixed methods approach was undertaken which included a literature review, case-studies, surveys, interviews and observations. Interviews were carried out using an intergenerational, life-history approach. By examining different cohorts of nurses and teachers, the aim is to see how restructuring has affected different generations and their professional identities and personas. Results: Early findings will be outlined, highlighting changes in attitudes between countries and age cohorts and the extent to which these point to globalisation issues.

Discussion and conclusions: This research contributes to the knowledge of globalisation and comparative European welfare states and implications for nurses and teachers. It raises issues about integrating and segregating tendencies in Health and Education in Europe and how these affect professional knowledge.

Recommended reading:
BEACH, D. (2006) Welfare Restructuring in Education and Healthcare, Gothenberg Available: http://www.profknow.net/fs-results.html

POLLOCK, A. M. (2005) NHS plc The Privatisation of Our Health Care, London, Verson.

TADD, W. E. (2004) Ethical and Professional Issues in Nursing. Perspectives from Europe, NY, Palgrave Macmillan.

Theme: Nursing education

34
Why are student nurses leaving pre registration nurse training? A qualitative study exploring the reasons given by students for leaving the course.

Pat Hosgood, Faculty of Health, Edge Hill University, Liverpool, United Kingdom
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Abstract:
Background: There has been a steady increase in the number of student nurses withdrawing from pre registration courses in the UK. In 2002 the Department of Health set an attrition target of 13% (DH, 2002), however in 2006 there was an average attrition rate of 28% (Waters 2006). This has several implications including; the potential loss of workforce, and financial constraints imposed upon the Higher Education Institutions where funding for nurse lecturers is linked to student numbers. Although studies have been published around this topic, there is limited literature exploring the issue from the perspective of students after they have withdrawal (Last and Fulbrook 2003).

Methodology: A qualitative methodological approach using semi structured tape recorded telephone interviews was adopted for the study. A purposive sampling approach that included all students who had voluntarily withdrawn from the course within the previous year was utilised. Data was analysed using a thematic content analysis approach.

Results and Discussion: All 38 students who had withdrawn from the course were invited to participate in the study (although it is unclear if addresses were current) and nine agreed to be interviewed. The results indicated there was no one single factor caused them to withdraw from the course, rather a combination of factors. Reasons included: financial factors, having to travel to placements, the volume and level of academic work, the nature and experiences they had of clinical placements and a lack of support. Interestingly seven of the respondents reported the branch (ie child, adult, mental health, learning disability) they were on was not their first choice. This paper will discuss the findings including the issues surrounding data collected at the exit interview. Suggestions will be made as to how they could be addressed to potentially reduce student attrition rates.

Recommended reading:
Department of Health (2002) Recruitment & Progression - Minimising attrition from NHS funded Pre-registration Healthcare Courses. (Consultation document) London: DH

Last, L and Fulbrook, P. (2003) Why do student nurses leave? Suggestions from a Delphi study, Nurse Education Today, 23, 449-458

Waters, A. (2006) What a waste. Nursing Standard. 20, 23, 14 - 17

35
Support during year one study - an evaluation of undergraduate nursing students

Claire Chalmers, School of Health, Bell College, Hamilton, United Kingdom
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Abstract:
Background: Within higher education, effective student support strategies can tackle the serious problem of attrition by facilitating retention (Longden 2001). There is however, little consensus on what aspects of support are most effective (Johnston 2001), and many strategies are devised and implemented with little certainly of success, particularly at local level (Roberts et al 2003).

Aims: The aim of this work was to identify student's views on effective student support.

Objectives: To identify the current student support strategies available to year one student within the institution To explore how students utilised these strategies To determine the effectiveness of these and other strategies in improving attrition/ facilitating retention

Methods: A full population survey (n=150) was carried out, utilising a mixed methodological approach. Data collection involved the delivery of a series of questionnaires (combining both open and closed questions) to a cohort of year one nursing students over a year-long period (August 2005-August 2006).

Results: The study identified that in the early stage of year one study, students engaged heavily in staff-led student support strategies, but did not always see this involvement as contributing to their successful retention/ progression. Halfway through year one of study, students had become disengaged from many of the systems dedicated to offering student support, and instead identified "local" teaching staff as key personnel who could offer effective support. By the end of year one, peer support had become key to student retention, offering students both pastoral and academic support.

Discussion Student support does have the ability to facilitate student retention and improve retention. It cannot however be a "one-size-fits-all" approach.

Conclusions: The challenge now is how to further develop those support mechanisms which students find effective, giving consideration to the use of more targeted approaches.

Recommended reading:
Longden B (2001) Leaving College Early: a qualitative case study. Report Commissioned by Higher Education Funding Council for England

Roberts CA, Watkin M, Oakey D, Fox R (2003) Supporting Student Success: What Can We learn from the Persisters, Extract from Education in a Changing Environment Conference proceedings, 17-18 September

Johnston V (2001) Developing strategies to improve student retention. Reflections from the work of Napier University's Student Retention Project, Paper presented to SPHE Conference, Cambridge, December

36
The long-time influence of nursing teachers on nursing students and their growth after graduation

Miyuki Shibutani, Department of Nursing, Kobe University Faculty of Health Sciences, Kobe, Japan
Co authors: Yumi Tamura, Naomi Yamamoto, Yuichi Ishikawa, Yu-hak Lim, Sachiyo Tsuji,
Email: miyuki@kobe-u.ac.jp

Abstract:
Aim: The purpose of this study is to understand the influence of their nursing teachers on nursing students and their growth after graduation.

Method: This study is based on the methodology of the life story research. We sent request letters for participation to 238 nurses and received acceptance of 35 nurses in various hospitals. Furthermore, among those 35 nurses, ten nurses, who recognized being influenced by their nursing teachers, participated in this research as narrators. They have 8 to 25 years experiences as a clinical nurse. Their stories covered the period from their student time to the present. We analyzed the stories by narrative analysis focusing on the relation between the experience of their student time and after the graduation.

Result: The characteristics of nursing teachers who were told by 10 nurses were as follows: justice; sincerity; having strong faith of nursing view; having the belief of student potentials; resolute action based on her/himself view of nursing; full commitment to nursing; engaging with each individual student; native attitudes to students.

Discussion: The narrations focused on how nursing teacher's values and attitudes influenced on the narrators life as nurse. Also, as students narrators were more affected by the nursing teacher's ordinary behavior and attitude rather than by the contents which were learned in the lectures. Specifically, in the long-time the narrators learned the identity of nursing, attitudes toward patients and developed a sense of missions for their nursing practice.

Conclusion: These results suggested the possibility of educational effects through the unexpected manner by nursing teacher. It was also thought that the influence of nursing teacher was a part of the "hidden curriculum" in nursing education.

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Patient safety in an English pre-registration nursing curriculum

Moira Attree, School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, United Kingdom
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Abstract:
This paper critically explores how healthcare practitioners develop the knowledge and skills required to promote patient safety through the presentation and discussion of research findings. Background The need to improve patient safety has been recognised, both nationally and internationally. Evidence about how patient safety is addressed in healthcare professional education and how organisations develop safe healthcare practitioners is limited. Patient safety is not an explicit theme of healthcare professional education and can

only be improved if healthcare practitioners understand safety culture and as a result, report adverse events so they can be analysed and learned from (DoH & NPSA 2001; Maddox et al 2001). Aims The study explored how patient safety is addressed in a pre-registration nursing curriculum at one Higher Education Institute in England, and how aspects of the organisation affect learning about patient safety. Methods Illuminative Evaluation (Parlett & Hamilton 1972) was adopted to facilitate a holistic evaluation of the curricula and educational context. Content analysis revealed what aspects of patient safety featured in the formal pre-registration nursing curriculum. Multiple qualitative methods, informed by Cultural Theory (Douglas 1992) were used to illuminate the underlying organi-sational culture of the School to reveal how the culture of the educational organisation affects learning about patient safety. Interviews were conducted with students (n=15), lecturers (n=10) and key education stakeholders (n=6) at various levels of the organisation. Results Patient safety was not explicit in the formal curriculum, but was integrated in teaching, which required students to identify the themes and make the connection themselves. Students reported gaining most knowledge and experience from clinical practice. Discussion & Conclusions Findings fit with the limited extant literature. Patient safety needs to become an explicit theme in healthcare professionals' curricula. Curricula and teaching, learning and assessment strategies need revision in order to focus explicitly on patient safety.

Recommended reading:
Department of Health & The National Patient Safety Agency (2001). Doing less harm: Improving safety and quality of care through reporting, analysing and learning from adverse incidents involving NHS patients - Key require-ments for health care providers. London: Stationary Office.

Douglas M (1992) Risk and Blame: Essays in Cultural Theory London: Routledge

Parlett M. & Hamilton D. (1972) Evaluation as Illumination: A New Approach to the Study of Innovatory Programme Occasional Paper No 9. Scotland: University of Edinburgh, Centre for Research in Educational Science.

Concurrent session abstracts

Tuesday 1 May

13.30 Concurrent session 1

1.1
Theme: Young people and families

1.1.1
Working with vulnerable children and their families: Attitudes and skills needed to make a positive impact on metting their needs

Jo Corlett, Postgraduate Co-ordinator, School of Nursing and Midwifery, University of Dundee, Dundee, UK.

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Co authors: Julie Taylor

Abstract:
The results of a study commissioned by Aberlour Child Care Trust as part of the Scottish Executive's initiative promoting the mental health and well-being of vulnerable families are presented. An illuminative research methodology (Sloan 2001) guided by the Donabedian model (Keating 2006) was used to achieve the study's aim of identifying key indicators of good practice amongst project leaders working with vulnerable children and their families. Two parenting classes and a nurture group for children were studied at one centre. Qualitative data was collected by videoing project leaders during classes, taking clips of significant points and using this to interview the leader about the skills used to facilitate the group. Focus groups with parents identified perceptions of whether the class was benefiting them, or their children. Individual qualitative interviews were conducted with health, social care and education professionals associated with the centre. A total of 17 interviews were conducted. Quantitative data in the form of self-esteem indicators was also collected from children (n=12) participating in the nurture group at the start and end of the course (10 weeks) and subjected to t-testing using SPSS, demonstrating a significant increase in children's self-esteem pre and post test. Qualitative data was analysed using NVivo. A key theme was the way in which project leaders developed trusting relationships with families based on concepts of openness, honesty, inclusion, empathy and genuine interest in the families they were working with. These attitudes were demonstrated via the verbal and non-verbal skills utilised. The results of this study contribute to the development of health care practice by identifying key skills and attributes needed by health workers in making a positive impact on meeting the needs of vulnerable children and their families.

Recommended reading:
Keating S.B. 2006 Curriculum development and evaluation in nursing. Lippincott Williams and Wilkins, Philidelphia USA

Sloan G 2001 Illuminative evaluation: evaluating clinical supervision on its performance rather than applause. Journal of Advanced Nursing 35 (5) 664-673

1.1.2
A health mentoring project: Promoting the health of families of children with disabilities

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Co author: Linda Goddard

Abstract:
This paper will discuss the research processes and outcomes of an innovative health promotion intervention which has been developed to identify and address the health needs of families who have a child with a disability.

Background: Research demonstrates that the parental responsibility of caring for a child with a disability has the potential to result in depression, social isolation, and other physical and mental health problems.

Aims: To improve the health and health promoting activities of families with children with disabilities; and also to enhance nursing student's learning through participation in the health mentoring process.

Methods: Action research provided the methodological framework for introduction of the health mentoring processes. This approach involves a cyclical process of planning action, taking action, and reflection on action with the aim of generating change. Two cycles of the action research process have been implemented, in 2004 and 2005, with a third in progress in 2006. Purposive sampling was used to attract participants to the study with each cycle of the research involving participation of five families, ten final year Bachelor of Nursing students, and two nurse academics.

Results: Health strengths and problems were identified by the families and in collaboration with students families prioritised goals for action on health promotion. Students assisted families to engage in health promotion practices. Families reported enhanced levels of wellness and coping.

Discussion: Evaluation indicates that the health mentoring process was effective in positively influencing the health status of the participating families. This approach to health promotion shows promise in improving the health status of the families with children who have disabilities. Additionally, this study introduced a novel approach in the clinical education of nursing students which developed their skills in building social capital and community capacity.

Conclusions: Ongoing development of the health mentoring project through repeated phases of the action research cycle will lead to the development of a prototype health mentoring program that can be utilised in other settings and health education contexts to increase community capacity and empower families with children with disabilities through education and access to resources.

1.1.3
Mental health service user involvement in the education of student nurses: a catalyst for transformative learning

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Abstract:
This presentation describes research exploring how involving mental health service users as teachers in a School of Nursing enabled students to undergo a process of transformative learning with a positive impact on their practice. Thus the study contributes to knowledge on user involvement and transformative learning.

Background: User involvement is desired by mental health service users and expected by policy makers (Hanson and Mitchell 2001) but research in this area is limited. Aim: To investigate the impact of user involvement on students' clinical practice, and the contributory mechanisms and contexts.

Methods: The research design was informed by Mezirow and Associates (2000) Transformation Theory, and Pawson and Tilley's (1997) Realistic Evaluation. A purposive sample of 26 student nurses and 12 service users participated in semi-structured interviews, transcribed and analysed using NVivo.

Results: Twelve students were identified as undergoing transformative learning and all reported examples of actions or insights resulting from the service user sessions. Five mechanisms that together contributed to the students' learning, were hearing the lived experiences of the service users, the emotions which arose as a result of this, the reversal of roles for students and service users, the students' reflection and the support received by the service users. The findings also showed how learning from service users in the classroom was qualitatively different from learning in mental health placements. Discussion: Despite recent curricular emphasis on clinical placements, the vital and transformative contribution of service users in the classroom clearly emerges from this study.

Conclusions: Service user involvement in the classroom acts as a catalyst for transformative learning provided that due consideration is given to the mechanisms and contexts which support this process. Mental health service user involvement in the classroom should not be viewed as an 'optional extra' but should be embedded in nurse education curricula.

Recommended reading:
Pawson, R., and Tilley, N., 1997. Realistic Evaluation. London: Sage Publications

Mezirow, J., and Associates, 2000. Learning as Transformation: Critical Perspectives on a Theory in Progress. San Francisco: Jossey-Bass

Hanson, B., and Mitchell, D.M., 2001. Involving mental health service users in the classroom: a course of preparation. Nurse Education in Practice, 1, 120-126.

1.2
Theme: Professional & management issues

1.2.1
Development and testing of a Context Assessment Index (CAI)

Geraldine McCarthy, Professor and Head of School of Nursing and Midwifery, University College Cork, Cork, Ireland.

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Co authors: Brendan McCormack; Alice Coffey

Abstract:
Background: A paucity of research exists on the context within which care is delivered and the dimensions of context, which might promore evidence, based practice. Thus a 2-year all Ireland study identified the contextual indicators that enabled or hindered effective evidence based continence care in rehabilitation settings for older people. Based on this the CAI was developed to enable practitioners to evaluate context within which care is provided.

Aims: To discuss the development, psychometric evaluation and utility of the CAI.

Methods: Two study sites - an 80-bed rehabilitation unit in Southern Ireland and a 78-bed rehabilitation unit in Northern Ireland participated. A case study comprising of 2 phases will be described. In Phase 1 the Royal College of Physician Audit (n= 220 patients with incontinence participated), staff knowledge questionnaire (n=97) Nursing Work Index (n=133) semi structured observations (16 hours) of practice and focus groups (n-26) were used to develop statement of context. In Phase 2 a number of procedures were used to construct the 40-item CAI including principal components analysis, exploratory factor analysis, varimax rotated extraction, internal consistency reliability and test retest for reliability, stability and homogeneity.

Results: Five factors – collaborative practice, evidence informed practice, respect for persons, practice boundaries and evaluation explained 64% of the variance. The internal consistency reliability of the total CAI was.93, and the subscale reliabilities ranged from.78 to.91. Items within each of the scales will be profiled and some compararisons made with the work of Aiken et al (2000).

Conclusions: Context is a multidimensional phenomenon comprised of collaborative practice, evidence informed practice, respect for persons, practice boundaries and evaluation. The CAI has initial reliability and validity. It has extended knowledge on practice context and will continue to be tested within diverse practice context areas.

Recommended reading:
Aiken e, Patrician P, (2000) Measuring organisational traits of hospitals; the revised nursing work index. Nursing Research 49(3) 146 - 153

1.2.2
Increasing hardiness among nurse managers: A longitudinal training approach

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Co authors: Leslie Furlow; Terryl Kendricks

Abstract:
Background: Hardiness has been determined to be a resilience factor with stress (Kobasa). Hardy individuals recognize they have options to exercise judgment (control), opportunities to become actively involved in various life activities (commitment), and ability to perceive change as beneficial (challenge) (Pollock). Links of hardiness to decreased stress may be helpful to nurse managers. Previous studies have determined that hardiness can be learned and sustained (Rowe).

Aims: To determine effects of longitudinal hardiness training among nurse managers in an acute-care hospital; to compare hardiness and turnover rates among nursing staff.

Methods: This longitudinal descriptive study examined hardiness among a convenience sample of 12 managers attending a hardiness training program (HTP) in 2006. Using a pre/posttest format, pre-testing occurred after 2.5 days of initial training. Post-testings occurred after initial training (post 1), after 6 weekly 2-hour sessions (post 2), and after a 2-hour session at 5 months (post 3). In addition, turnover rates were compared to the 5-months prior to and following hardiness training. The Hardiness Scale was used to measure hardiness (Bartone, et al.).

Results: Paired samples t-test revealed a significant (p$\leftarrow$.05) increase in hardiness levels pre [M=2.08(.17)] to post 1 [M=2.12(.13)] and no significant changes post 1 to 2 [M=2.1(.24)], nor post 2 to 3 [M=2.2(.27)]. No significant correlation was determined between hardiness levels and turnover rates.

Discussion: Hardiness scores were increased and sustained over a 5 month time period after attending hardiness training. Although not significant, turnover rates did decrease 6.8% by the end of the 10 month training period.

Conclusions: Attending a longitudinal HTP may increase and sustain hardiness among nurse managers, thus proving invaluable to healthcare organizations as resiliency against workplace stressors is increased. Further, increasing hardiness has the potential to positively influence workplace culture when dealing with burnout, productivity, job satisfaction, and absenteeism.

Recommended reading:
Kobasa SC 1979, 'Stressful life events, personality, and health: An inquiry into hardiness', Journal of Personality and Social Psychology, Vol. 37, pp. 1-11.

Pollock SE 1989, 'The hardiness characteristic: a motivating factor in adaptation', Advances in Nursing Science, Vol. 11, no. 2, pp. 53-62.

Rowe MM 1999, 'Teaching heath-care providers coping: results of a two-year study', Journal of Behavioral Medicine, Vol. 22, no. 5, pp. 511-527.

1.2.3
Transition phase in diabetes service redesign

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Co authors: Grace Lindsay, Lynsey Wilcock, Kathryn McPhail, Malcolm Brown

Abstract:
The Glasgow Diabetes Project was introduced in 2003. Previously people with type 2 diabetes attended secondary care on an annual basis for a screening review for diabetes complications. The change in service was that people would have all their care delivered in primary care, through their GP and attend secondary care only on referral for specialist services. A funded evaluation study was undertaken in one of the 15 Local Health Care Co-operatives to determine the effects of the service redesign. This paper reports on the effects of the change of service redesign while it is in the transition phase and its impact on service delivery. The LHCC had a population of 1402 people with type 2 diabetes. A random sample of 138 people, every 3rd person on the 14, GPs registers, consented for their clinical data to be collected and their case notes accessed for missing data. Data was collected at the beginning of the change in service delivery and again at 2 years after its introduction. National standards indicate that people with type 2 diabetes receive an annual screening assessment. The new service assumed that there would be a change from this being conducted in secondary care to primary care. However, this was not found to be the case. People attended their GP for annual care more frequently than expected while also attending primary care more frequently. It would appear that these individuals actually received almost double care during this time span. Results will be presented and potential reasons for this hypothesised. The change in service and the transition period therefore has economic effects evident from this duplication of effort and workload. This is not normally costed into any service changes.

1.3
Theme: Family health care/Special needs

1.3.1
Family health nursing in Scotland (1998-2006): An analysis of its development and significance

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Abstract:
In 1998 World Health Organisation (WHO) Europe outlined their vision of a new community-based nurse called the Family Health Nurse (FHN). The envisaged role of the FHN was multifaceted and included helping individuals, families and communities to cope with illness and to improve their health. Scotland was the first European country to enact the role through a two phase pilot project in remote and rural areas (2001-2006). The second phase also included limited piloting of the role in an urban context. This paper will present an explanatory analysis of the development of family health nursing in Scotland, and examine its signifi-

cance from an historical perspective. Through: documentary analysis; empirical research into policy, education and practice; and application of relevant theoretical perspectives, the following questions will be addressed:

• Why family health nursing?

• How did family health nursing develop in Scotland?

• Why did it develop in this way?

• What is the significance of this development?

This explanation will be of general value to clinicians, educationalists and researchers with an interest in how ideas develop from initial formulation at policy level through to enactment in practice. Moreover, this explanation should be of particular value to community/primary care nurses with an interest in very topical debates about the relative merits of generalism and specialism.

Recommended reading:
Macduff, C (2006) A follow-up study of professionals' perspectives on the development of family health nursing in Scotland: a questionnaire survey. International Journal of Nursing Studies 43; 345-356.

Macduff, C and West BJM (2005) An evaluation of the first year of family health nursing practice in Scotland International Journal of Nursing Studies 47-59.

Macduff, C and West BJM (2004) An evaluation of an educational programme to prepare family health nurses. Nurse Education Today. 24; 575-583.

1.3.2
Family-centred health care: The contribution of family health nurses in Scotland

Barbara Parfitt, Professor/Dean of School of Nursing, School of Nursing, Midwifery and Community Health, Caledonian University, Glasgow, UK.

Co authors: Lesley Whyte; Flora Cornish

Abstract:
Background: According to current WHO Europe (2006) and Scottish Executive (SEHD, 2006) policies, the delivery of health care must shift away from an acute, hospital-focused service, and towards a community-based service. Family Health Nursing offers a possible model for the delivery of community nursing services. Family Health Nurses (FHNs) are skilled generalists, addressing disease management and health promotion across the lifespan. The model has been piloted in Scotland.

Aims: This presentation reports on the evaluation of a 6-month pilot of FHN in an urban setting, and a follow up after 3-4 years in remote and rural parts of Scotland. The evaluation aimed to understand the impact of the role and factors influencing the process of implementation.

Methods: Twenty-eight FHNs completed a postal questionnaire with open-ended questions addressing their experiences. Twenty service users and carers were interviewed about their experience of the FHN. Thirty-one professional colleagues of FHNs completed questionnaires about their attitudes to the FHN role.

Results: Service users and carers were positive about the FHN role, valuing the FHNs' accessi-

bility, availability, their holistic perspective, and their role as a networker. FHNs claimed that the generalist model had enabled them to pick up on health issues which 'fell between the cracks' of existing services. Building relationships with families required significant time which was challenging in a context of large caseloads. The main barrier reported by FHNs was a lack of support from some colleagues. Data from their colleagues revealed mixed opinions about the value of the FHN role.

Conclusions: The FHN model is highly acceptable to service users, and valued by the FHNs themselves. The full implementation of the model requires whole systems change to a family-focused model of care that is rooted in the needs of families. Manpower modeling research is required to assess feasibility of the model.

Recommended reading:
WHO Europe (2006) The report on the evaluation of the WHA multi-country Family Health Nurse pilot study. Copenhagen: WHO Europe. Unpublished.

SEHD (2006). Listening to individuals, carers, families and communities. The Review of Nursing in the Community in Scotland. Edinburgh: SEHD

1.3.3
Hopes and fears concerning service provision: A study of the views of parents and family carers of people with learning disabilities

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Co authors: Robert Jenkins; Ian Mansell

Abstract:
Background: Parents and family carers of people with learning disabilities should be involved in strategic planning to ensure that policy and service developments reflect their needs and priorities (Learning Disability Implementation Group, 2006). This study was thus commissioned in 2005 by a local authority and a parent forum alliance to inform this process. The presentation will report upon key findings and the implications for health and social care provision.

Aims: The study aimed to address the question 'What are the views of parents and family carers within the Unitary Authority regarding current and future service developments?'

Methods: 29 participants took part in focus groups (n=4) and semi structured interviews were held with a further 4 participants. Focus groups and interviews were taped, the data transcribed and transcripts read by two members of the research team to identify emerging themes. NVivo data analysis software was used to assist with coding and retrieval.

Findings: Participants had varying knowledge, and experience, of service provision. Whilst positive aspects were commented upon difficulties were also highlighted. In particular a lack of information, the need to be proactive and the feeling of having to fight for service provision were noted. Similar experiences have been noted elsewhere (Redmond and Richardson, 2003; Swain and Walker, 2003). Participants had some difficulties in identifying their hopes for the future but their fears often centred on

what would happen to their relatives after they were no longer able to provide support. Views concerning the effectiveness of current methods of involving parents and family carers in service planning were mixed.

Conclusions: Whilst progress is evident further development is needed if services are to meet the support needs of parents and family carers of people with learning disabilities. Developing effective mechanisms for seeking their views needs to be central to this process.

Recommended reading:
Learning Disability Implementation Advisory Group (2006) Proposed Statement on Policy and Practice for Adults with a Learning Disability, Cardiff: Welsh Assembly Government

Redmond,B. Richardson,V. (2003) Just getting on with it: Exploring the service needs of mothers who care for young children with severe/profound and life threatening intellectual disability, Journal of Applied Research in Intellectual Disabilities, 16, 20

Swain, J. Walker, C. (2003) Parent- professional power relations: parent and professional perspectives, Disability and Society, 18 (5) 547 - 560

1.4
Theme: Stroke care/Clinical judgement

1.4.1
The process of clinical judgement by critical care nurses

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Abstract:
The critical care environment is a complex arena in which clinical judgements of the ventilated patients pain state are made over the course of their surgical trajectory. The presence of the critical care nurse at the bedside is the key to informed judgement in this unpredictable and fragile situation. Moreover, the skilled clinical judgement by critical care nurses in the context of the ventilated patient in pain in the immediate six hours post cardiac surgery is silent and invisible and requires articulation. The purpose of this naturalistic case study was to collect two sources of evidence i.e. concurrent think-aloud data (n = 30 critical care nurses) and researcher-observation (n = 30 ventilated patients) to provide a view of reality that was important to study participants rather than the researcher. Moreover, this case study utilised modified analytic induction to engage in within-case analysis and cross-case analysis in order to examine a preformulated hypotheses i.e. critical care nurses use a pattern of cues to make a judgement that the ventilated patient is in pain in the immediate phase post cardiac surgery. The analysis was guided by the theoretical model, namely the 'Lens Model', utilising the cognitive side of the model. The criteria utilised for assessing the truth value of this naturalistic case study was operationalised in various ways such as within-method triangulation, maintaining a chain of evidence, 'naturalistic generalisation' and a reflective journal. Tentative conclusions are afforded which are as follows: a judgement structure is employed by critical care nurses, comprised of a pattern of primary cues and

secondary cues, which are combined in order to make a final judgement of the ventilated patient's pain in the immediate phase post cardiac surgery. The pattern of cues conveyed by the ventilated patient may be influenced by many factors in an unpredictable and delicate surgical trajectory and chief among these factors is haemodynamic instability. Moreover, the critical care nurse must make sense of all of this to gain access to the pattern of fallible cues.

1.4.2
Nursing triage of acute stroke in Oxfordshire, England

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Co authors: Aravind Manoj, Susan Brook, Alastair Webb, W. Muangpaisan, James Kennedy, Alastair M. Buchan

Abstract:
Acute stroke is an emergency as therapy is time dependent (Brous, 2005). Prompt nursing triage is essential for diagnosis, treatment and reduction of long term disability (Domier and Wagner, 2004). Similarly, to conserve resources, patients not likely to benefit from aggressive management also need to be identified early. Acute illness can present to the hospital via the Accident and Emergency (A&E) department or to a Medical Assessment Unit (MAU).

Methods: This prospective audit of 332 patients with suspected stroke looked at nursing triage times in one Trust. We investigated if the nursing triage time and the time first seen by a doctor differed between patient arrival in A&E and MAU.

Results: The mean age was 76 years and the majority of patients were female (54%). Prior to admission 33 % of patients lived alone, 90% were living in their own home, and 17% had a carer. Approximately 65% of patients arrived at A&E while 33% came into the MAU. Irrespective of arrival place the majority of patients (89%) arrived to the hospital by ambulance. There was no significant difference in the mean nursing triage time of patients arriving at A&E (14 minutes) compared to patients arriving in MAU (19 minutes). There was a significant difference in the mean time from nursing triage to the patient being seen by a doctor if the patient arrived in A&E (49 minutes) compared to MAU (84 minutes) [t = -3.468, df = 77.567, p<.001].

Conclusions: These results are encouraging. Nursing in at least one trust see suspected stroke as an emergency and triage the majority of patients very quickly. Further investigation into the reasons for the delay in physicians seeing acute stroke patients is warranted (Jahnke et al., 2003).

Recommended reading:
Brous, E. (2005) Journal of Emergency Nursing, 31, 580-582.

Domier, R. and Wagner, C. (2004) Air Medical Journal, 23, 28-31.

Jahnke, H. K., Zadrozny, D., Garrity, T., Hopkins, S. and Frey, J. L. (2003) Journal of Emergency Nursing, 29, 133-139.

1.4.3
The impact of spasticity in stroke on quality of life. The development of a needs based quality of life scale

Stephen Barker, Staff Nurse, Neurological Rehabilitation Centre, Mid Yorkshire NHS Hospitals Trust, Wakefield, UK.

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Abstract:
Introduction: Spasticity is a significant consequence of stroke, which has substantial management cost implications to the NHS and the individual. (Tennant, 1997). Existing measures focus on the person's impairment or disability, with little regard to the individuals quality of life, (Bowling,1997). In order to address this, a quality of life instrument, derived from the needs based model was developed. (Hunt, 1997).

Methods: Themes from semi structured in-depth, interviews with 40 people with stroke were used to construct a questionnaire. The face validity and clarity of the questionnaire was tested on a different 30 people. The revised measure was sent by post to a further 300 people with stroke. In order to test the psychometric properties of the tool, Rasch analysis was performed on the data, including Differential Item Functioning (DIF), and other tests of fit including Item-trait interaction and Person- Item distribution. As a result of this analysis, items in the questionnaire were reduced. A test-retest postal survey was then used to assess reliability and internal consistency, from which a final questionnaire was refined.

Results: Interview responses generated 10 themes and 150 items were selected. The first postal questionnaire was completed by 35% of the target sample. Rasch analysis produced a scale of 50 items. On test-retest this was further reduced by DIF to 30, confirming unidimensionality. Item-trait interaction demonstrated an excellent fit to the model at (2 = 0.733). Person –item distribution demonstrated good measurement range with items well targeted to the sample.

Conclusions: The needs based Stroke Impact QoL. is a 30 item scale. It will be a useful tool in assessing the impact of spasticity in terms of the needs individuals wish to fulfill. Its results may form a basis for appropriate planning and evaluation of treatment.

Recommended reading:
Bowling,A. (1997). Measuring Health. Oxford. Oxford University Press.

Hunt, SM. (1997). "The Problem of Quality of Life". Quality of Life Research 6: 205-212

Tennant,A., etal (1997) Outcome Following Stroke. Disability and Rehabilitation, 1997. 19(7): 278-284

1.5
Theme: Workforce/Methods

1.5.1
A longitudinal study of stress and psychological morbidity in nurses and nursing students

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Co authors: Ian Deary; Helen Gibson

Abstract:
The aim of this study was to investigate how differences in self-esteem, life events and stress contribute to psychological morbidity in nurses and nursing students. Nurses and nursing students experience stress due to the nature of nursing which can be physically, mentally and emotionally demanding. Stress is associated psychological morbidity which is in turn associated with negative outcomes for individuals in terms of absence from work, leaving the profession and leaving programmes of study. This is taking place against a global shortage of nurses. A longitudinal study using four time waves was conducted between 1994-1997. Measures were taken of stress, life events, psychological morbidity and self-esteem in addition to a range of demographic data. Data were analysed using descriptive statistics, linear modelling and mixed-effects modelling. Stress levels, self-esteem, psychological morbidity and life events are all associated within time and across time. Self-esteem at baseline, life events and stress contributed significantly to psychological morbidity. The pattern of psychological morbidity differed in nursing students and nurses with a high level in nursing after qualifying and starting their career. Stress, individual traits, adverse life events and psychological morbidity are all inter-related. This may have negative outcomes for the retention of nursing students in programmes of study and nurses in the nursing workforce. We explain how mixed-effects modelling is useful in analysing longitudinal data on stress and psychological morbidity in nurses and nursing students. Future lines if enquiry should focus on the transition between being a nursing student and becoming a nurse.

Recommended reading:
Deary, I. J., Watson, R., & Hogston, R. (2003). A longitudinal cohort study of burnout and attrition in nursing students. Journal of Advanced Nursing, 43, 71-81.

Jones, M.C., Johnson, D.W. (1997) Distress, stress and coping in first-year student nurses. Journal of Advanced Nursing 26, 475-482.

Ryan, D., Powell, S., Watson, R. (2005) Identifying the causes of stress in the workplace Occupational Health Review 115 (May/June) 20-23

1.5.2
Why do student nurses stay? The push-pull factors in pre-qualifying student attrition and retention

Lesley Lockyer, Senior Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, UK.

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Co authors: Pat Young; Margaret Glogowska

Abstract:
Background: Adult nursing courses recruit students from a range of social and educational

backgrounds. Attrition rates are also high with reports that up to 35% students do not complete. This paper reports on student nurses own experiences of the push-pull factors in retention and attrition. These results come from a larger study of student attrition undertaken between January and December 2005.

Aim: To undertake an in-depth study of adult nursing student attrition.

Methods: This study used multiple methods and sources. These were

- Interviews with 30 academic and 13 support staff,

- Interviews with 30 adult nursing students who have stayed on their courses despite feeling they should leave,

- Telephone interviews with 19 ex-students who voluntarily left their course,

- A survey of 184 second year adult nursing students,

- Secondary data analysis of the student database of 2765 adult nursing students.

This study was approved by the faculty research ethics committee The questionnaire was distributed to all second year student nurses, it was completed by 184 (73.4%). A convenience sample of 30 self-selecting interviewees was identified through a consent form returned to the research team if the student was willing to be interviewed.

Results: Over half (55.3%) of the respondents had wondered whether they were on the right course. Reasons for considering leaving were complex and included academic problems, placement issues, a perceived lack of personal support and financial issues. Reasons given for staying included commitment, determination, and enjoyment of nursing work.

Discussion and Conclusion: Higher education itself has remained largely unchanged in its demands and recommendations for improving the student experience and lowering levels of attrition begin with the recognition of the complexity of student's lives, the learning needs of a diverse student group and how these reflect on the varying demands the programme makes.

Recommended reading:
Glossop, C. (2002) Student nurse attrition: use of an exit-interview procedure to determine students' leaving reasons. Nurse Education Today, 22, 375-386

Last, L., Fulbrook, P. (2003) Why do student nurses leave? Suggestions from a Delphi Study. Nurse Education Today, 6, 449-458

Quinn, J., Thomas, L., Slack, K., Casey, L., Thexton, W., Noble, J. (2005) From life crisis to lifelong learning: rethinking working-class 'drop-out' from higher education, Joseph Rowntree Foundation www.jrf.org.uk accessed 14.02.2006

1.5.3
Retrospective chart review/ secondary data analysis

Joan Simons, Principal Lecturer, Faculty of Health & Human Science, Thames Valley University, Slough, UK.

Abstract:
Retrospective chart reviews can provide insight into the implementation of new therapies as well as evaluation of the cost effectiveness of current therapies, and detect previous anomalies or discrepancies in therapies. The use of large data sets is emerging as a legitimate method that can help facilitate the translation of knowledge to practice (Magee 2006). Although the use of existing data may shorten the time from question to answer, the research process remains the same. Using existing data sets offers nurse researchers a unique opportunity to ask and answer questions that can affect how nurses care for patients in a time effective and cost efficient manner. Aiken et al (2003) using multiple data sets demonstrated a decrease in patient mortality in hospital units where higher proportions of nurses holding bachelor's degrees were employed. Webb (2004) reviewed the 256 papers published by JAN in 2002. Only 2 articles used retrospective chart review as a method. Webb suggests that there is scope for the use of secondary data in the form of documents, or secondary data analysis. Examples will be given of two different retrospective chart review studies conducted by the author ten years apart. Firstly a study of 175 admissions charts of under 5s in A&E, and secondly a study of 175 drug and pain assessment charts of children in two hospitals. The first study yielded information on the lack of analgesic provision for young children when they attended A&E. The second study yielded information on factors influencing nurses' management of pain, prescription and administration patterns, and prescription/ documentation errors. The advantages and disadvantages of this method will be discussed and examples given of data sets that may be used for studies of secondary data analysis.

Recommended reading:
Aiken L,H., Clarke, S.P., Cheung, R.B., Sloane, D.M., and Silber, J.H., (2003) Educational levels of hospital nurses and surgical patient mortality. JAMA, 290. 1617 – 1623.

Magee, T., Lee, S., Guiliano, K.K., and Munro, B. (2006) Generating New Knowledge From Existing Data: The Use of Large Data Sets for Nursing Research. Nursing Research. 55(2) 550 – 556.

Webb, C. (2004) Editor's note: Analysis of papers published in JAN in 2002. 45(3) 229 – 231.

1.6
Theme: Methods

1.6.1
Theoretical and conceptual frameworks: Necessary in research or not?

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Abstract:
The use of theory within research is generally seen as essential (e.g. Downs 1994). However, should research be underpinned by a conceptual or theoretical framework? It was whilst undertaking my PhD studies - particularly in the transfer process - that I had to answer this question. This presentation considers the outcomes of my deliberations on a topic which does not appear to be extensively written about. It attempts to define the difference between a theoretical and conceptual framework, discusses the different opinions about whether theoretical or conceptual frameworks should be included in qualitative research and how they should be used. Should the framework be fixed from the beginning or should there be flexibility for it to change as the research proceeds? The presentation goes on to deduce that, whilst it's inclusion in a PhD proposal started off as a device to achieve the requirements of research supervisors, a conceptual framework has been worthwhile to frame my PhD project. However, there are questions about whether there is any agreement within the research community about what one is or where and when it should be used. Is it a tool to aid research or is it a fundamental part of the research process?

Recommended reading:
Downs F. (1994) Hitching the research wagon to theory. Nursing Research 43, 4, p195

Parahoo K. (2006) 2nd ed., Nursing Research: Principles, Process and Issues. Palgrave macmillan, Basingstoke.

Strauss A. & Corbin J. (1990) Basics of Qualitative Research: Grounded Theory, Procedures & Techniques. Sage Publications, Thousand Oaks, California

1.6.2
The implications of the Mental Capacity Act 2005 for adults who lack capacity to consent

Julie Clark, PhD Student, Community Nurse Learning Disabilities, Faculty of Health & Human Science, Thames Valley University, Slough, UK.
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Abstract:
In England, the government has shown a commitment to enhancing the contribution of research to health and social care (DoH, 2005). However, the safeguards that have been put in place to protect the rights, interests and safety of research participants have led to the exclusion of some people who lack capacity to consent to their participation (Lai et al, 2006). The International Association for the Scientific Study of Intellectual Disabilities (IASSID) has recognised that there is an urgent need for research into areas of importance to people with severe and profound intellectual disabilities (Dalton and McVilly, 2004). Research guidance has put 'informed consent at the heart of ethical research' (DoH, 2005) and this has presented particular challenges for researchers working with this group. The Mental Capacity Act 2005 (the Act) has set out requirements for research that aim to: 'strike a balance between protecting and respecting the interests, wishes and feelings of those who lack capacity with the need for appropriate research, regulated by strict requirements and safeguards' (Draft Code of Practice 2005) This paper will discuss the implications of the Act for an ethnographic research study which aimed to explore the intimate and personal care experiences of adults with severe and profound intellectual disabilities. This paper will discuss how the safeguards of the Act have been used to enable

the inclusion of people who lack capacity in research which affects an area of life that arguably is of importance to them. The requirements of the Act were met by using an original approach, which combined consent by proxies and assessment of implied assent and dissent to ensure that participation was 1) in the individual's best interests and 2) did not cause any harm or distress. A number of additional safeguards will also be discussed.

Recommended reading:
Dalton, A.J. and McVilly, K.R. (2006) Ethics Guidelines for International, Multicentre Research Involving People with Intellectual Disabilities. Journal of Policy and Practice in Intellectual Disabilities, 1(2), 55-70.

Department of Health (2005) Research Governance for Health and Social Care, Second Edition. TSO: London.

Lai, R., Elliott, D. and Oullette-Kuntz, H. (2006) Attitudes of Research Ethics Committee Members Toward Individuals with Intellectual Disabilities: The need for more research. Journal of Policy and Practice in Intellectual Disabilities, 3(2) 114-118.

1.6.3
Reflections on a literature review as a research method

Angela Grainger, Assistant Director of Nursing (Education and Research), Executive Nursing Practice Development Team, King's College Hospital NHS Trust, London, UK.
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Abstract:
Reflections on a research journey are an essential in-built requirement for a well-rounded and theoretically sensitive qualitative thesis; such reflections should not just centre on the researcher's feelings, but should include an honest appraisal of the methods and techniques used in the research process due to their overall impact on theory production. The need to provide scientific justification for an intended, and then actual work means that an initial literature search is an expected feature of a research proposal, and which later becomes an expanded and applied literature review forming a distinct thesis chapter. Incorporating relevant subject literature can prove problematic for qualititative researchers, particularly grounded theorists, due to the differing epistemological foundations and orientations that distinguish the respective characteristics of qualitative and quantitative work. In my presentation I will explore the nature of these differences and offer some personal reflections on why I consider a literature review should be treated as a method in its own right. Even within a qualitative framework, there is a tendency to judge the calibre of a literature review from the perspective of logical positivism, and I will illustrate how this tendency can be minimised by practical examples of how established literature and other works is woven into my grounded theory study.

Recommended reading:
Fink, A (1998) Conducting Research Literature Reviews. London: Sage

Hart, C (1998) Doing a Literature Review. London: Sage

Glaser, B and Strauss, A (1967) The discovery of Grounded Theory: strategies for qualitative research. Chicago: Aldine

1.7
Theme: Midwifery

1.7.1
Perceptions of space and sense of control in labour: A comparison of different types of maternity unit

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Co authors: Jeanette Paul, Maggie Butchart, Val Carr, Pat Dugard

Abstract:
Background: Pleasant environments may improve patient outcomes (Ulrich 1984); a sense of control is a vital feature of patient-centred care (DoH 2000). Having space available, and freedom to move, can encourage a sense of control for labouring women (Newburn & Singh 2003).

Aims: We sought the views of women in obstetric-led (OLU) and midwife-led units (MLU) concerning their sense of space and control over the environment. 559 women delivering in ten units (three OLU [n=238]; seven MLU [n=321]) were surveyed over a five-month period in 2004-5. Ethical approval was obtained.

Methods: Postal questionnaires derived from previous design-based studies, administered eight days postnatally. Unit plans were obtained, and a formal design evaluation of each unit made. Data were analysed in SPSS.

Results: Although OLUs generally had larger floor spaces, mothers felt less able to move themselves or the furniture around ($H[9]=66.4$; $p<.01$). OLU mothers also scored significantly lower regarding available storage space for belongings, and sense of security over these ($H[9]=73$; $p<.01$). Satisfaction scores concerning a) surroundings and facilities and b) perception of quality of care were significantly lower for those mothers who indicated that the OLU/MLU was cramped ($t=5.2$; $t=2.5$; both $p<.01$); similar responses were found for those indicating that the unit was cluttered ($t=4.4$; $t=2.7$; both $p<.01$). Mothers who self-rated as 'no' or 'low' risk and who scored consistently high on a range of comfort questions were more likely to have a normal birth ($2=8.6$; $p<.05$).

Discussion / Conclusions: The patient viewpoint is central to the design process (DoH 2000). However, there are many confounding factors in evaluating clinical and satisfaction outcomes, including perceptions of staff performance and involvement in decision-making. Establishing clinical outcomes based on specific environmental features would require a huge study. However, enabling a sense of control over the environment for the labouring woman is beneficial.

Recommended reading:
DoH [Department of Health] (2000) The NHS Plan: A plan for investment, a plan for reform. London: HMSO

Newburn M, D Singh (2003) Creating a better birth environment: Women's views about the design in maternity units. London: The National Childbirth Trust

Ulrich R S (1984) View through a window may influence recovery from surgery. Science, 224: 420- 466

1.7.2
Synthesising narrative and semiotic models to understand women during childbirth: A new framework for analysis

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Abstract:
This paper will explore a unique framework for qualitative analysis, which evolved from a study exploring the impact of choice of care on women's experiences of pregnancy, childbirth and early motherhood. Such a study required a methodological approach, which facilitated an understanding of women's unique biographies to generate and underpin a theory of choice in maternity care. Narrative interview data was collected from semi-structured interviews which adopted a conversational approach. Narrative analysis seemed to provide the ideal starting point for the interpretation of women's stories. However, application of existing models to the women's transcripts, revealed both difficulties and constraints. Immersion in the interview data suggested something more than a narrative approach would allow. The way that women referred to their fetuses in early pregnancy, suggested something important but unarticulated. The need for a framework which would go further than narrative approaches and access this unspoken aspect, led to experimentation with the data in order to access the obvious potential. This led to the development of a four step model, driven by the transcripts themselves. The resultant framework, which is a synthesis of narrative and semiotic models draws from the work of A.J. Greimas (Greimas & Courtes, 1982; Greimas,1983), in the field of structural semantics, and Rogers, Casey, Ekhert et al. (1999), in the field of interpretivist poetics. The application of the four step framework provided a method of revealing multiple and often binary identities present in women's maternity narratives. Further, it enabled access to the tensions inherent in those identities and revealed the significance of external influences (both human and non-human) in shaping and consolidating both those identities and women's contemporary maternity experiences. This framework could provide a useful tool for other researchers exploring complex phenomenon in the field of health.

Recommended reading:
Greimas, A.J. (1983). Structural Semantics: An Attempt at Method (R. Schleifer & D. McDowell, Trans.). Lincoln: University of Nebraska Press.

Greimas, A.J., & Courtes, J. (1982). Semiotics and Language: An Analytical Dictionary (L. Crist, D. Patte, J. Lee, E. McMahon, G. Philips, & M. Rangstorf, Trans.). Bloomington: Indiana University Press.

Rogers, A.G., Casey, M.E., Ekert, J., Holland, J., Nakkula, V., & Sheinberg, N. (1999). An Interpretive Poetics of Languages of the Unsayable. In R. Josselson & A. Leiblich (Eds.), Making Meaning of Narratives. Thousand Oaks, California: Sage.

1.7.3
The meaning of mentoring for midwives in New Zealand

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Abstract:
Background: Mentoring has come to describe a relationship that encourages growth and development (Vance & Olsen, 1998). Mentoring has been identified as a strategy that can strengthen the midwifery workforce in New Zealand by improving staff retention and job satisfaction (Greene & Puetzer, 2002; New Zealand College of Midwives (NZCOM), 2004). Aims The aim of the research was to investigate midwives' beliefs about mentoring.

Methods: The design was a descriptive survey using a postal questionnaire, carried out in 2004/2005. The sample was a group of registered midwives who belonged to NZCOM (n=1577) which was approximately 70% of the total midwifery population. The response rate was 44% (n=684/1577).

Results: Mentoring was seen mainly as a support mechanism for new graduates in the clinical setting. Participants believed that barriers to being mentored were unavailability of suitable mentors. The main barriers to being a mentor were the financial and time constraints, and lack of mentoring guidelines and education. The mentor's role was felt to provide professional support, hands-on clinical teaching, hands-on clinical support and a safe environment for reflection.

Discussion and Conclusion: Mentoring was seen primarily to be working with new graduates in the clinical setting, to develop and monitor competent clinical practice and skills. It was not considered to be a model for ongoing professional development. The barriers to being a mentor were time and financial constraints, which in turn impacted on the number of midwives willing to be mentors. Maybe an alternative model of clinical support should be developed that addresses the specific support needs of new graduates. The profession can then construct a mentoring framework that concentrates on providing opportunities for support and development away from the clinical environment which is accessible to all midwives.

Recommended reading:

Vance, C., and Olsen, R. 1998. Mentoring for career and self-development. In C. Vance and R. Olsen, eds. The mentor connection in nursing. New York: Springer Publishing Company, 11-19

Greene, M., and Puetzer, M. 2002. The value of mentoring: A strategic approach to approach to retention and recruitment. Journal of Nursing Care Quality, 17, 63-70.

New Zealand College of Midwives. 2004. NZCOM strategic plan for 2004-2006 (March04 to Dec06). Christchurch: New Zealand College of Midwives.

1.8
Theme: Cancer

1.8.1
Living with cancer cachexia: Exploring the perspectives of patients and their significant others

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Co authors: Hugh McKenna, Donna Fitzsimons, Tanya McCance

Abstract:
Background: Cancer cachexia occurs in up to 80% of all patients with cancer (Salacz, 2006). It is known to be a distressing problem for both patients and their families (Boddaert et al, 2006). Despite it prevalence there is a dearth of evidence into its nature, impact on patients and effects on their families.

Aim: To explore the lived experience of cachexia in patients with cancer and their significant others.

Method: Cancer cachexia was defined as: the involuntary weight loss of more than 10% of pre-morbid body weight within the last six months resulting from tumour induced metabolic alterations. A purposive sample of 15 patients / 12 significant others was recruited from a large teaching hospital in Northern Ireland. Each participant was interviewed once, using an unstructured interview about their / their significant other's experience of cancer cachexia. All interviews were recorded and transcribed verbatim for analysis. A dual stage approach to analysis, combining thematic analysis and interpretative phenomenological analysis, was used. All ethical requirements for this study were met prior to the study commencing.

Results: Analysis generated important themes, which reflect the holistic dimensions of the experience of cancer cachexia. The implications of weight loss and the reactions that manifest were key findings. Furthermore, the family dynamic, the focus on food consumption as an indicator of well-being, and the lack of insight and understanding of participants regarding food and its relationship to cachexia provide powerful messages for the health care professionals' caring for this client group. Discussion and

Conclusions: This study is distinctive in that it provides an in-depth understating of what cancer cachexia means for patients and their families, thus increasing professional understanding of this issue. Furthermore, it contributes to the present knowledge base in relation to cancer cachexia thus providing evidence for future development of nursing care that will positively impact on service delivery.

Recommended reading:

Boddaert, M.S.A., Gerritsen, W.R., and Pinedo, H.M. (2006). On our way to targeted therapy for cachexia in cancer? Current Opinion in Oncology. 18(4) 335-340

Salacz, M.E.,(2006) Megestrol acetate for cancer anorexia / cachexia. Journal of Palliative medicine. 9(3) 803-804.

1.8.2
Presentation journey to specialist care: The pre-diagnostic experiences of people with malignant melanoma

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Co author: Annie Topping

Abstract:
Background: The incidence of melanoma is rising at a rate faster than that of any other type of cancer (Cancer Research UK 2005) Health promotion campaigns advocating harm minimisation by covering up, using skin protection and adopting avoidance behaviour have been the mainstay of prevention. Melanoma is a curable malignancy and survival prospects are associated with early detection and thickness of tumour at time of diagnosis. When detected and treated early, melanomas usually have a highly favourable prognosis Nevertheless a substantial number of individuals present for treatment with extensive invasion of disease on diagnosis. There is limited evidence examining why presentation delay occurs - something this study sought to rectify.

Aim: To explore the pre-diagnostic experiences of individuals diagnosed with malignant melanoma, mapping the journey from problem awareness to diagnosis in order to illuminate the influences on delay.

Method: Qualitative conversational interviews with a purposive sample of individuals (n=35), diagnosed with malignant melanoma were undertaken, complemented by a theoretical sample of individuals with superficial tumours (n=5) who had described delaying at diagnosis. Interviews were audio-taped, transcribed and analysed using the Grounded theory approach described by Charmaz (2006). Constant comparison underpinned data collection and analysis. NVIVO 7 (Richards and Richards 2006) was used to support analysis.

Results: Three themes emerged which best conveyed the experience of informants. First, symptom interpretation described the presentation journey and the complexity of decision-making. Second, I'm not someone who gets skin cancer examined (mis)perceptions of risk and prevention strategies and third, portrait of a delayer provides a thick description of the characteristics of individuals who delay.

Conclusion: Delayed presentation is one of the major challenges in cancer care. This paper offers an interpretation of the experiences of individuals who present late with malignant melanoma and offers an understanding to inform effective health education.

Recommended reading:

Cancer Research UK (2005) Malignant Melanoma, London, Cancer Research UK

Charmaz, K. (2006) Constructing Grounded Theory- A Practical Guide Through Qualitative Analysis, London, SAGE Publications.

Oliveria, S., et al (1999) Patient Knowledge, Awareness and Delay in Seeking Medical Attention for Malignant Melanoma, Journal of Clinical Epidemiology 52 (11): 1111- 1116.

1.8.3
Methods of comunicating a primary diagnosis of breast cancer to patients: A Cochrane systematic review

Karen Lockhart, Lecturer, School of Nursing, Midwifery and Health Care, Napier University, Edinburgh, UK.

Co author: Isabel Dosser

Abstract:

Background: Anxiety and emotional responses of women receiving a diagnosis of breast cancer is well documented (Iwamitsu 2005, Greer 1991, Fallowfield 1991). Little is known however, about effectiveness of methods of communication used to deliver a primary diagnosis of breast cancer on psychological wellbeing, recall of information, patient's satisfaction, coping strategies, and quality of life.

Review Question: To assess the effectiveness of different methods of communicating a primary diagnosis of breast cancer.

Methods: Following a comprehensive search of 10 electronic databases, titles and abstracts of all studies were screened against the inclusion criteria. Full text articles for abstracts which appeared relevant to the review were obtained and independently assessed by two reviewers.

Results: This review found no RCTs of methods of communicating a primary diagnosis of breast cancer to women. A total of 2779 potentially relevant studies were identified and screened. The majority were excluded at this stage due to the study design or intervention. 27 studies were retrieved for further assessment but none met the criteria for inclusion.

Discussion: Of the studies reviewed 24 were excluded as they did not focus on method of communication at the time of diagnosis, 3 studies were not RCTs and a further 3 studies used simulation to investigate communication methods. Findings from these studies would indicate that patients find communication aids such as audiotapes, helpful for recall of information, but satisfaction with communication, mood state or quality of life may not be significantly influenced.

Conclusions: Whilst this review found no RCTs for methods of communicating a primary diagnosis of breast cancer to women the review has highlighted the methodological difficulties in designing an RCT at the time of diagnosis. Robustly designed observational studies may provide more appropriate evidence to support the effectiveness of methods of communication at the time of diagnosis.

Recommended reading:

Iwamitsu Y, Shimoda K, Abe H, Tani T, Okawa m, Buck R (2005) Anxiety, emotional suppression and psychological distress before and after breast cancer diagnosis. Psychosomatics. 46(1): 19-24

Greer S (1991) Psychological responses to cancer and survival. Psychological Medicine. 21: 43-49

Fallowfield L, Clark A. (191) Breast Cancer. London: Routledge

1.9
Theme: Evaluation

1.9.1
Evaluation of the nursing role of cancer care co-ordinators in Western Australia

Vicki Drury, Research Associate, School of Rural Health, Murdoch University, Mandurah, Australia.

Co authors: Dawn Freshwater, Chutarat Inma

Abstract:

Inequalities in health and lack of optimum care and treatment in regional Western Australia (WA) continue to be a point of debate for practitioners, health service providers and researchers alike. Despite the increase in funding and services available for cancer care, patients living in regional and remote areas, arguably, receive a diminished and under resourced service. New roles and structures have been developed in order to address this problem. One such nursing role, the newly implemented position of the Cancer Care Co-ordinators, have the specific remit of delivering seamless services to cancer patients in regional WA. This paper reports the findings of a funded comparative case study that utilised a mixed methods approach to evaluate the efficacy of the Cancer Care Co-ordinators roles. The case study was undertaken across 3 sites in WA. Site A being a regional centre without a Cancer care Coordinator while site B (rural) and site C (metropolitan) both have Cancer Care Co-ordinators. Data was collected through documentary analysis, observations and interviews with patients and relevant health care professionals. Data were subsequently analysed using thematic analysis. The author's will present findings from phase one of a three year comparative case study. This phase focused specifically on idenitfying factors enhancing cancer services through the newly implemented role of Cancer Care Co-ordinators. This phase of the study evaluated the recently introduced model of regional cancer care co-ordinators in Western Australia.

Recommended reading:

Hall, S., Holman, D.A., C., Sheiner, H., Hendrie, D., 2004. The influence of socio-economic and locational disadvantage on survival after a diagnosis of lung or breast cancer in Western Australia. Journal of Health Services Research & Policy 9, 10-16.

McGrath, P., Patterson, C., Yates, P., Treolar, S., Oldernburg, B., Loos, C., 1999. A study of post-diagnosis breast cancer concerns for women living in rural and remote Queensland: Part I - Personal concerns. Australia Journal of Rural Health 7 (1), 34-42

Rogers-Clark, C., 2002-2003. Living with breast cancer; the influence of rurality on women's suffering and resilience: a postmodern feminist inquiry. Australian Journal of Advanced Nursing 20 (2), 34-39.

1.9.2
Findings from a participatory evaluation study of nurse-led intermediate care

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Co author: Alison Rawle

Abstract:

Background: There is scant evidence concerning effectiveness of nurse-led intermediate-care. This study was designed with public, patient and staff involvement as co-researchers from the outset and in all subsequent stages of the research process.

Aims: This study aimed to evaluate a 14-bedded, nurse consultant-led intermediate-care service in a community-based hospital in Chesterfield PCT incorporating multi-stakeholder perspectives.

Methods: Individual/focus group taped interviews were held with theoretically-guided samples of patients and carers (9), community staff – GPs and district nurses (6), nurse-led service staff (39). Postal surveys to convenience samples of all nurse-led service patients (48) and carers (34), nurse-led staff (39) and a random sample of community staff that refer to the service (150). Data were collected between January 2006 and June 2006. Interview data were thematically analysed; survey data were analysed using descriptive statistics.

Results: Patients and carers were largely positive about the service although some viewed aspects of care to be lacking e.g. communication. Staff views that they worked actively with patients to plan their care and discharges were not always mirrored by patients/carers. GPs, district nurses and other staff who refer to the service were complimentary about the processes and quality of it and felt it met a previously unmet need. Nurse-led staff expressed concerns about their team's ability to deliver their preferred standard of care (e.g discharges, care of poorly patients), as a result of perceived staffing pressures and high patient activity.

Discussion: These findings directly informed an action plan for refinements to the service. Whilst a developing evidence-base exists for intermediate nurse-led care and its effectiveness, workload and organisational pressures are less reported factors that were perceived to limit the effectiveness of the service studied here.

CONCLUSIONS: Recommendations: review admission and discharge processes, address training needs, develop literature for patients and improve communication and feedback to patients/carers.

Recommended reading:

Steiner, A (2001) Intermediate care - a good thing? Age and Ageing, 30-S3, 33-39

Grant, JA and Dowell, J (2002) A qualitative study of why general practitioners admit to community hospitals, British Journal of General Practice, Aug 2002, 628-635

Roe, B; Daly, S; Shenton, G; and Lochhead, Y (2003) Development and evaluation of intermediate care, Journal of Clinical Nursing, 12, 341-350

1.9.3
A review of the activity and effects of nurse-led care in diabetes

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Co author: Molly Courtenay

Abstract:

Aims and objectives: To identify systematically, summarize and critically appraise the current evidence regarding the activity and effects of nurse-led care in diabetes

Background: The National Service Framework for Diabetes (DoH 2003) emphasises the role of the nurse in service delivery for diabetes patients and prescribing should optimise the role of these nurses (Hallworth 2004). There is some evidence (Carey and Courtenay 2006) that Nurse Independent/Nurse Supplementary Prescribing is used by nurses caring for patients with this condition. Primary studies have been conducted evaluating these models, but, review and synthesis of the findings from these studies has not been undertaken.

Method: Systematic searches of CINAHL, MEDLINE, and British Nursing Index from 1996 until June 2006. The searches were supplemented by an extensive hand search of the literature through references identified from retrieved articles.

Results: Twenty two relevant publications met the inclusion criteria. The evidence indicates that nurses are involved in specific areas of care including education, individualised care, patient safety, promotion of self-care, acquisition of physical skills and psychological support. Improved glycemic control, diabetic symptoms, cost effectiveness and decreased length of hospital stay are the main benefits of nurse led interventions in diabetes care. Disease management protocols are the main mechanism by which nurses adjust and titrate medicines for patients with diabetes. Patient evaluations of nurse-led care report improved self care and patient knowledge.

Conclusions: Findings of the review are generally positive. However, there are methodological weaknesses and under researched issues e.g. poor descriptions of the nurse interventions, the educational needs of nurses, and the prescription of medicines by nurses for patients with diabetes, that point to further rigorous evaluation. This review highlights the impact of this care and the issues that require consideration by those responsible for the development of nurse-led models of care in diabetes.

Recommended reading:

Carey, N. & Courtenay, M. (2006) An Evaluation of a Diabetic Nurse Specialist Prescriber on Service Delivery in secondary care. Pharmacoepidemiology and Drug Safety, 15, 281-290.

DoH (2003) National Service Framework Diabetes Department of Health

Hallworth, R. (2004) Supplementary nurse prescribing-how will it affect diabetes care? Journal of Diabetes Nursing, 8.

Concurrent session 2

2.1.
Theme: Young people/Research in practice

2.1.1
Lifestyles of young people

Barbara Elliott, Lecturer, Faculty of Health and Social Care, University of Hull, Hull, UK.

Co authors: Michael Sleap, Martha Paisi

Abstract:

Background: There is current concern regarding the impact on health of children's reported decrease in physical activity and increase in sedentary occupations (Hardman & Stensel, 2003). However the research into children's lifestyles, in particular children from more affluent backgrounds, is limited.

Aim: This small study, undertaken in a school in the North of England, was conducted to determine whether the pupils were meeting the Department of Health recommendations for physical activity (DoH, 2004), the types of activities undertaken and reasons for choice of activity.

Methods: Approval to conduct the study was granted by the school and ethical approval was granted by the University Research Ethics Committee. Information letters were sent to all parents and pupils and written consent was obtained. All pupils aged 8–15 years (662) were invited to complete a diary over 2 school days and 2 weekend days. Data from the diaries were entered into an SPSS data base for analysis. Factors influencing pupils' decisions about how they spent their time were explored in 7 focus groups, which were tape recorded, transcribed then analysed by qualitative content analysis.

Results: Two hundred and nineteen diaries were completed and returned (33%) and 65 children attended focus groups. The majority of children met current guidelines of 60 minutes moderate activity a day but a quarter of pupils did not. Television was important in their lives but most appeared to achieve a balance of activities. A wide range of factors influenced children's physical activity levels including family lifestyles, enjoyment, friends, pets and teachers.

Discussion: There are many myths and fears about how young people spend their time often fuelled by the media. Understanding young peoples' levels of, motivations for and barriers to physical activity are important in increasing understanding and determining appropriate methods for promoting healthy lifestyles.

Recommended reading:

Department of Health (2004) At Least Five a Week: Evidence on the Impact of Physical Activity and its Relationship to Health, HMSO London

Hardman AE, Stensel DJ (2003) Physical Activity & Health: The Evidence Explained. Routledge; London

2.1.2
All about me! Using photography as a social documentary in understanding young people's views about health and health & social care services that they receive

Jane Coad, Senior Research Fellow, Faculty of Health & Social Care, The University of West of England and University of Birmingham, Bristol, UK.

Abstract:

Background: Although historically, there was little formal research into children and/or young people (CYP) as photographers, more recently work has shown that photographs are fundamental to visual anthropology and cognitive learning (Denzin & Lincoln, 1998). Further, many CYP are keenly interested in pictures, including photographs, especially school age children & young people. Thus, photographs as a research tool are useful to meaningfully understand participant's views through their visual records (Morrow, 2001). However, in terms of CYP understanding of health and 'health care journeys', to date this has been an under-used tool (Hanna et al, 1995; Darbyshire et al. 2005; Coad & Needham, 2005). In the current user-led culture it is essential that research techniques are developed and critically evaluated in order to help participants, such as CYP, express their views.

Aim: The aim of this project was to undertake a series of pilot surveys, using photography as a social documentary, in order to explore groups of young people's perceptions about health and health & social care services that they receive.

Methods: The presentation will share two pilot surveys undertaken in 2005/6. Participants included two groups of young people, (13-18 years), across two large cities in England who used disposable cameras to take photographs. Purposive sampling included Group 1; n=80 and Group 2; n=25. Following ethical approval, participants were asked to photograph: How they viewed themselves & their worlds Health perceptions & experience of services

Findings: In-depth thematic analysis highlighted rich data about young people's views of health and services. It is envisaged this will assist service delivery and lead to a much larger regional study. Existing literature and the methodology used, including findings, will be shared with delegates. The innovative techniques and patient choice issues that emerged have much to offer all delegates faced with similar challenges.

Recommended reading:

Darbyshire, P; MacDougall, C; Schilller, W (2005) Multiple methods in qualitative research. Qualitative Research. Vol 5 (4). P417-436

Morrow, V. (2001) Using qualitative methods to elicit young people's accounts of community and neighbourhood: implications for health inequalities. Health Education Research: Theory and Practice. Vol 16; No 3; p255-268.

Hanna, K; Jacobs, P & Guthrie, D (1995) Exploring the concept of health among adolescents with Diabetes using photography. Journal of Pediatric Nursing. 10 (5) p.321-327.

2.1.3
Perceptions & experiences of critical care nurses in the use of research as the basis for practice

Jeffrey Ashley, Chief, Nursing Research Service, Great Plains Regional Medical Command & Brooke Army Medical Center, Fort Sam Houston, Texas, Nursing Research Service, Brooke Army Medical Center, San Antonio, T, United States.

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Abstract:
Purpose: To describe barriers and facilitators to research utilization (RU) as perceived and experienced by critical care nurses.

Background: The BARRIERS Scale has been used for 15 years to measure perceived barriers to RU. Barriers to RU by critical care nurses have not been explored.

Methods: A packet with a demographic questionnaire, the BARRIERS Scale, and Research Utilization Implementation Project tool was mailed to a stratified random sample of AACN nurses (clinicians, managers or clinical specialists). Of the sample (n=517), most participants were women (92%), mean age of 46. Mean years of nursing experience were 21 and critical care experience was 17. The majority had a BSN or higher (73%), were CCRN certified (69%), and attended 4.3 conferences in the last year. Descriptive statistics were used to analyze results.

Results: Six of the top ten perceived barriers to RU were related to the setting. Two related to nurse characteristics and two to how the research was presented. Barriers associated with the work setting were the most prominent regardless of subjects' role or education. Major facilitators were collaborative behavior, access to research, and applicability of research to practice. More than half of the sample reported never having experienced research utilization. Self-confidence in the transformation of knowledge into practice was absent or minimal in one-third of the respondents and increased with graduate education.

Conclusions: The setting is the major perceived barrier to RU, consistent with previous studies. More than half of the sample had not experienced RU. This sample represents a well educated and experienced nursing force with a significant exposure to the results of research. Strategies to increase RU need to address the major barriers. Interventions are needed that support translating research into practice.

2.2
Theme: Student nurses

2.2.1
Factors influencing student nurse attrition

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Abstract:
Background: The RCN in 2006 were concerned about the high attrition rates of student nurses in the U.K. Estimated figures by the nursing standard stated that up to a quarter of student nurses in the U.K quit their course before qualifying. Yorke and Thomas (2003) studied the economic implications of students failing to complete courses. This was perceived to be due to a mixture of poor academic ability and poor integration.

Aim of the study: This paper will discuss the findings of a research study undertaken as part of a Health Professions Wales research fellowship. The study undertaken was to explore student nurses perceptions of the course during the first year pre- registration BSC (Hons) Nursing degree programme.

Methodology: Qualitative research was undertaken using focus group methodology. It was a purposive sample as students who had completed the first year of the adult branch of the degree programme took part in the study. Two focus groups were undertaken, one with eight participants and the other with seven participants. Results. Statements taken from two tape recorded transcriptions were organised into themes. To ensure rigour and objectivity an experienced researcher supervised the analysed findings. A diary was also undertaken by the researcher throughout the research process.

Conclusions: The main issues discussed in relation to attrition were financial implications in particular for those students with dependents, and also academic workload pressures within the first year. Students were also concerned about competing demands on their time between work, home and academic expectations. There were also issues raised concerning timetabling of certain subjects and duplication of others. Support from peers, mentors, supervisors in practice and support from the academic institution varied. Recommendations will be made to address the issues raised as a result of undertaking this research fellowship.

Recommended reading:
Parmar.D and Trotter.E (2005) Keeping our students:Identifying factors that influence student withdrawal and strategies to enhance the experience and retention of first year students. Learning and Teaching in Social Sciences. 1. p.149-168

Waters.A (2006) High nursing student attrition rates cost U.K £57 million a year. Nursing Standard Online. www.nursing-standard.co.uk/ this week/news. date accessed 21/02/06

Yorke.M and Thomas.L (2003) Improving the retention of students from lower socio-economic groups. Journal of Higher Education Policy and Management. 25. p.63-74.

2.2.2
The exposure to verbal abuse of student nurses gaining placement experience

Terry Ferns, Senior Lecturer, School of Health, University of Greenwich, London, UK.

Co author: Liz Meerabeau

Abstract:
Background: Clinical placement experience has a key role to play in the socialisation and preparation of future members of the nursing profession. Aggression experienced by healthcare workers is currently receiving considerable attention and student nurses have been identified as a group vulnerable to experiencing workplace abuse (Little 1999).

Aim: The primary aim of the study is to gain a greater understanding of the nature, severity, frequency and sources of verbal abuse experienced by student nurses in health care settings in the south east of England, using as a definition, "the use of inappropriate words… causing distress" (Department of Health 2003).

Method: A convenience sample of 156 third year student nurses of all four branches of one pre-registration nursing programme in the south east of England was studied with questionnaires distributed retrospectively; 114 student nurses returned the questionnaires equating to a response rate of 73%. Results 46% of respondents reported experiencing verbal abuse, 39% had witnessed other students experiencing verbal abuse and 61% reported that they were aware of other students experiencing verbal abuse. Students reported experiencing threats to kill, racial abuse, sexually orientated verbal abuse and bullying while gaining placement experience.

Discussion and Conclusion: Student nurses are a high risk group for experiencing verbal abuse whilst gaining placement experience. In the literature, mental health and learning disability settings are viewed as high risk areas for experiencing aggression (Beech and Leather 2003); this study suggests that student nurses experience verbal abuse in a variety of settings and verbal abuse may be more prevalent on general medical and surgical wards than previously expected.

Recommended reading:
Department of Health (2003) Secretary of State Directions on work to tackle violence against staff and professionals who work or provide services to the NHS www.cfsms.nhs.uk

Beech, B and Leather, P (2003) "Evaluating a management of aggression unit for student nurses" Journal of Advanced Nursing 44 (6) 603-612

Little, L (1999) "Risk factors for assaults on nursing staff; childhood abuse and education level" Journal of Nursing Administration 29 (12) 22-29

2.2.3
Student's views on the facilitation of competence and confidence development through rostered placement

Lynda Sheaha and Caroline Murphy, Nursing Lecturers, Department of Nursing, Waterford Institute of Technology, Waterford, Ireland.

Co Autors: Suzanne Denieffe,

Abstract:
The development of clinical competence in undergraduate nursing programmes is an important area of educational knowledge. In Ireland nurse education has moved from a largely apprenticeship model to a four year undergraduate programme. In this new model, full time exposure to a clinical role, known as the rostered year, occurs at latter part of their educational experience. The aim of this research project was to explore the perceptions of a cohort of students completing the new BSc programme in nursing in one third level institution in Ireland. Data collection occurred in two stages; stage one consisted of the administration of a questionnaire, based on the Domains of Competency (An Bord Altranais 2000) to the entire undergraduate cohort (N=99, response rate 84%). Stage 2, focus group interviews, occurred following analysis of the questionnaire data. The results from the survey were depth explored through five focus group interviews with a sample (n=40) from the

cohort. The focus groups examined students' experience of the rostered clinical placement and the degree to which it contributed to their development of clinical competence. This data was analysed using a thematic approach which generated four principal themes; ccompetence and confidence; inter-personal relationships for learning; abandonment; learning through reflection. The significance of the results lies in knowledge ascertained from the students' perspective on learning while on rostered placement. These findings will impact on how clinical exposure is structured, particularly in the facilitation of reflective practice, and clarify and strengthen the links between the academic institution and the clinical sites.

Recommended reading:
An Bord Altranais (2000) Requirements and Standards for Nurse Registration and Education Programmes 2nd Edition. An Bord Altranais: Dublin.

Field D. (2004) Moving from novice to expert- the value of learning in clinical practice: a literature review. Nurse Education Today 7 (24) 560-565

Ohrling K and Hallberg I (2000) Student Nurses lived experience of preceptorship part 2, the preceptor preceptee relationship. International Journal of Nursing Studies 37 25-36

2.3
Theme: Children & young people

2.3.1
A short break service for children and young people with a shortened life-expectancy: A developmental evaluation

Veronica Swallow, Senior Lecturer, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle upon Tyne, UK.

Co authors: Tracey Forrester; Ann Macfadyen, Christine English

Abstract:
Background: In July 2003 a 'short break service' was opened in Newcastle upon Tyne to provide care for children and young people with a shortened life expectancy because of complex, chronic disorders. This paper will describe and discuss a developmental evaluation of the service (Ovretveit 1998).

Aims: To determine, from the perspective of children, families and professionals:

What difference the service makes to the children and families' lives

What factors contribute to making this a Specialist Service?

Methods: Data were collected through individual interviews with staff (n=25) and parents (n=8)

Telephone interviews with parents (n=4).

Focus groups with staff (x3), parents (x3) and young people (2)

Total =25

Data were analysed using Framework Technique (Swallow, Newton and Marshall, 2003). Four themes emerged from the interviews with the young people these included:-

• Choice

• Equipment

• Staff.

• Physical Environment.

Results: Three emergent themes and thirteen sub-themes emerged from staff and parent data. There was overlap with the young people, however, on the whole adult perspectives differed in priority. The three main emergent themes were: Accessibility and Communication, Needs and Boundaries, Shaping the Service. Overwhelmingly the participants were satisfied with almost all aspects of the service. Seeking the views of all those who use and work in a service is increasingly seen as the most effective way to inform on-going service development.

Discussion/**Conclusion:** We concluded that the short-break service makes a significant impact on the lives of children and young people (and their families and indeed the staff who work with them). What is most significant though is the fact that whilst the service supports and promotes a philosophy of family-centred care (DH 2003), children and young people's needs are paramount, indeed they are the central hub of the service and that is why the Short Breaks at St Oswald's have such a Big Impact on their lives!

Recommended reading:
DfES (2004) Every Child Matters-National Service Framework for Children, Young People and Maternity Services. Nottingham: Department for Education and Skills

Ovretveit, J. (1998) Evaluating Health Interventions. Buckingham: Open University Press.

Swallow, V., Newton, J. and Marshall, C. (2003) 'How to manage and display qualitative data using 'Framework' and Microsoft Excel', Journal of Clinical Nursing, 12 pp. 610-612.

2.3.2
Children with life limiting conditions: The impact on fathers

Nicola Eaton, Director of Children's Palliative Care and Complex Needs Research, Centre for Child and Adolescent Health, University of the West of England, Bristol, UK.

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Co authors: Ann O'Brien, Mary Lewis

Abstract:
Background

Fathers play an important role in the development of children. The changing roles of fathers in families, including the increasing involvement of fathers in childrens' day to day care, increase the need to understand the impact and associated coping styles of fathers with children with life limiting conditions (Anderson 1996). The evidence on the role of the father in the care of the child with non-cancerous life limiting conditions is limited and inconclusive. Fathers, in contrast with mothers or siblings of children with life limiting conditions, may face different stresses or experience common stresses in different ways (Wallender and Varni 1998). The voices of fathers on their own struggles and concerns are seldom heard (Chesler and Parry 2001). Little is known about how services might meet fathers' expressed need for 'practical information'. An understanding of the role of the father and the importance of that role is vital to enable professionals to

support the whole family in an evidence based way.

Aim: To investigate and describe the impact of fathers of having a child/children with a life limiting condition

Method: 125 fathers of children receiving care from a local children's palliative care service were invited to take part in an interview. 43 fathers responded and 17 agreed to be interviewed. Interviews, lasting approximately one hour, were conducted at a venue of the fathers' choice using a semi-structured interview schedule developed for this study. Fathers were also invited to complete the Impact on Family Scale and Parenting Stress Index questionnaires prior to interview.

Results: Data collection is complete. Analysis is about to commence and will be complete by December 2006. Outcomes of interviews and supporting quantitative information will be presented.

Discussion/Conclusion: The presentation will consider the implications of the findings for fathers, families and services.

Recommended reading:
Anderson, JM (1996) Home care management in chronic illness and the self care movement: an analysis of ideologies and economic processes influencing policy decisions. Advances in Nursing Science, 12, 171-183

Chesler, MA. and Parry, C (2001) Gender Roles and/or Styles in Crisi: An Integrative Analysis of the Experiences of Fathers of Children with Cancer. Qualitative Health Research, 11(3), 363-384

Wallander, JL and Varni, JW (1998) Effects of paediatric chronic physical disorders on child and family adjustment. Journal of Child Psychology and Psychiatry, 39 (1), 29-46

2.3.3
Perceptions of young people with cystic fibrosis as they transfer from paediatric to adult services in Southeast London: An exploratory study

Nicola Iles, Research Associate, Florence Nightingale School of Nursing and Midwifery, Kings College London, University of London, London, UK.

Co author: Karen Lowton

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Abstract:
Background: Numbers of adolescents and adults with Cystic Fibrosis (CF) in the UK are growing as survival age increases (Lewis et al 1999). Although guidelines have been provided regarding transitional care (RCN, 2004) little is known about the specific transition needs of adolescents with CF.

Aims: To gain insight into service users' and providers' expectations and experiences of transition services for young people with CF.

Methods: Cross sectional mixed-method design. Semi-structured interviews were undertaken during 2006 with 50 young people aged 13-24, registered with two London CF centres, and 22 staff providing CF care. Young people completed structured quality of life (QoL) and coping questionnaires.

Results: Young people expressed ambivalence about the transfer from paediatric to adult

care. Those attending paediatric CF services looked forward to the perceived freedom of the adult service, yet expressed worry about leaving familiar staff and the possibility of being admitted to a ward with older people. Those already transferred to adult care had all been offered orientation to the service, and generally felt positively about transferring. The majority of participants reported high satisfaction with the service they received and good QoL. However, concerns were expressed about aspects of adult CF such as having children, the possibility of needing an organ transplant, and shortened life expectancy, as well as its impact on future education, employment and relationships. Staff interviewed generally enjoyed working in a close multi-disciplinary team but had concerns about funding and the challenges of relating to adolescents with chronic illness.

Discussion and Conclusion: The findings suggest that professional assistance with managing psychosocial effects of CF is important, and reviews show some evidence that psychological interventions can improve emotional outcomes in people with CF (Glasscoe and Quittner 2006). However, challenges lie in resourcing consistent psychosocial interventions in adult services for people with CF.

Recommended reading:
Glasscoe C, Quittner, A. (2006) Psychological interventions for cystic fibrosis. Cochrane Database of Systematic Reviews (3).

Lewis PA, Morison S, Dodge JA, Geddes D, Coles EC, Russell G, Littlewood JM, Scott MT (1999) Survival estimates for adults with cystic fibrosis born in the United Kingdom between 1947 and 1967. Thorax, 54, 420-422.

Royal College of Nursing (2004) Adolescent transition care. Guidance for nursing staff. Royal College of Nursing.

2.4
Theme: Continuing & palliative care

2.4.1
The affective dimension of dyspnoea among patients with pulmonary fibrosis

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Co authors:, Janelle Yorke, Shakeeb Moosavi, Caroline Shuldham, Peter Barnes, Martin Cowie, Margaret Lau Walker, Paul Jones

Abstract:
Background: Patients with pulmonary fibrosis experiencing shortness of breath without any recourse are subjected to an intensely frightening experience. Dyspnoea is a subjective experience. It has sensory-intensity and affective dimensions (Elliot MW 1998). In clinical practice and research sensory-intensity is commonly the only measured dimension that fails to assess the overall experience (Carrieri et al 1996). The affective dimension of dyspnoea evokes distress and motivates behaviour that is often overlooked in clinical and research settings.

Aim: 1. To identify core affective descriptors used by patients with pulmonary fibrosis

2. To identify the association between dyspnoea sensory-intensity and affective- intensity

3. To identify the association between objective lung function measures and dyspnoea affective-intensity

Methodology: A multi-centre, descriptive research design was implemented. 100 patients with pulmonary fibrosis were given a list of 81 dyspnoea descriptors, of which 26 were affective descriptors. Participants indicated whether their experience for each descriptor was mild, moderate, severe or none.

Results: Principal components and correlational analysis will be used to identify: core affective descriptors, test for correlations between sensory-intensity and affective-intensity, associations between lung function measures and affective-intensity.

Discussion: The subjective nature of dyspnoea ensures differences in patients' emotional response to apparently similar sensory-intensity levels. This study provides greater insight into the relationship between patient's sensory-intensity and emotional response to the experience of dyspnoea. This will assist clinicians in the identification of 'inappropriate' perceivers of dyspnoea. It is also known that clinical measurements of lung function often do not match patients' self-reports. This study will provide greater understanding as to how the affective component may contribute to this discrepancy.

Conclusion: This paper, which is part of a larger study, highlights the issue that dyspnoea is a subjective experience, requiring a holistic approach. Assessment of the affective dimension should be part of routine dyspnoea assessment.

Recommended reading:
Carrieri-Kohlman V, Gormley J, Douglas M, Paul S, Stulbarg M (1996). Differentiation between dyspnoea and its affective components. Western Journal of Nursing 18(6); 626-642.

Elliot MW (1998). The language of breathlessness. Archives of Chest Disease.664-668.

2.4.2
Clinical nurse specialists' impact on cancer patients' pain

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Co authors: Hillier V, Williams A, Oldham J

Abstract:
Background: There has been an expansion in the number of palliative care teams based in the acute hospital setting. Although organization of these teams varies both in structure and approach, clinical nurse specialists (CNS) are one of the key members. Pain is reported to occur in the majority of patients with advanced cancer varying with tumour type, spread of disease and disease treatments (Bruera and Portenoy 2003). Pain control is one of the main reasons for referral to a hospital specialist palliative care team. Yet there is a paucity of research studies to demonstrate their effectiveness, and no studies that specifically focus on hospital based palliative care.

The aim of this study was to assess the effect of the CNS on cancer patients reported level of pain

Method: A non equivalent control group design using a quota sample investigated 100 cancer patients who had been admitted to a

UK University Hospital for symptom control. 50 patients received specialist hospital palliative care CNS intervention, compared with 50 patients receiving traditional care. Outcome was assessed using the Palliative Care Assessment (PACA) tool (Ellershaw et al 1995) on three occasions (within 24 hours of admission/diagnosis or referral to the palliative care team, day 3 and day 7) that measured patients reported level of pain.

Results and Discussion: The results indicated that cancer patients admitted to hospital had a significant improvement in their pain control. There was no difference between the groups on the initial assessment of pain, which allows comparisons to be made between the groups. The patients who had the additional input of the palliative care CNS demonstrated a statistically significant greater improvement than the control group (P<0.001). Potential explanations are made for the results including the enhanced knowledge and skills of the hospital palliative care CNS.

Recommended reading:
Bruera E, Portenoy R(ed)(2003)Cancer Pain Assessment and Management Cambridge University Press. Cambridge.

Ellershaw J, Peat S, Boys L (1995) Assessing the effectiveness of a hospital palliative care team. Palliative Medicine 9:145-152.

2.4.3
Palliative care: A positive outcome for patients?

Lize Maree, Head Department of Nursing Science, Pretoria Campus, Tshwane University of Technology, Pretoria, South Africa. Co author: Susan Wright

Abstract:
The development of palliative care, the involvement of the World Health Organisation in palliative care and the continuous development of treatment modalities available to cancer patients creates the expectation that the outcomes for the patient should also be positively influenced. The researcher initiated research to determine what the main problems of patients with advanced cancer was and whether these problems decreased in comparison with studies previously conducted. The design of the study was a quantitative survey. The population consisted of patients with advanced cancer receiving palliative treatment as out patients in radiation and medical oncology clinics in a provincial and private hospital the Tshwane Metropolitan area. The sample was convenient and the sample size was 148. Data was gathered by means of an interview and self report. Data analysis was done by means of descriptive statistics. The results of the study indicated that a high number of patients still experience problems that could have been prevented. The results of the study will be reported in terms of the incidence of the most common patient problems and will also be compared to the results of studies conducted in developed countries. The results will be discussed in terms of ways to improve patient outcomes.

Recommended reading:
POLIT, D.F. & BECK, C., T. 2004: Nursing research: Principles and methods. 7th ed. Philadelphia: Lippincott, Williams & Wilkins.

FARRER, K. 2001. In: Kinghorn, S. & Gamlin, R. (ed.) Palliative nursing: Bringing comfort and hope. Edinburgh: Bailliere Tindall.

TWYCROSS, R. 2003. Introducing palliative care. 4th ed. Oxon: Radcliffe Medical Press.

2.5
Theme: Older people/Moving & handling

2.5.1
Lay carers' experiences of caring for individuals suffering from dementia or with intellectual disability

Mei-Chun Lin, Doctoral Student, School of Nursing, Midwifery and Health Care, Napier University, Edinburgh, UK.

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Co authors: Maureen Macmillan, Norrie Brown

Abstract:
Background: The provision of UK health care policy for these with dementia or with intellectual disabilities has shifted policy from institutions to community (DoH 1990). Such impairments increase carers' burden and their autonomy is diminished (Braithwaite 1992).

Aim: Explore changes in caregiving experiences of relatives of individuals suffering from dementia or intellectual disability and its effect on carer's autonomy and health.

Method: Three phase interviews at 6 monthly intervals using grounded theory. A constant comparative analysis is used of taped and transcribed interviews using QSR NVivo. Sample: six relatives of dementia sufferers and seven relatives of those with intellectual disability.

Results: Phases 1 and 2 data show that relatives in both groups experience paradoxes of statutory services; health challenges; dilemma regarding autonomy; see alterations in the degree of sufferer's choice; have unfulfilled expectations; develop coping strategies; but also see benefits in caring. Both types of carers have life changes but these are more obvious in the elderly group. Carers of adolescents report that caregiver burden exist but the elderly find it increases. In the elderly group there is diminishing personhood with the younger group being as yet unable to identify or discuss it.

Discussion: The experiences of caring have both negative (Braithwaite 1992) and positive (Kramer 1993) dimensions and are consistent with earlier research. However, one of the most important new elements produced here is the idea of unfulfilled expectations, such as altered retirement plans or indeed the realisation that a longed for child will never be able to achieve what was hoped for. This brings its own demands of adapting or coping with this source of sadness while dealing with complex issues of autonomy.

Conclusions: Caring is a complex phenomenon. Clear changes are in degree of carers' health and autonomy. The support offered is problematic.

Recommended reading:

Braithwaite, V. (1992) Caregiver burden: making the concept scientifically useful and policy relevant Research on Aging 14 (1), 3-27

DoH (1990) Community care in the next decade and beyond: policy guidance London: HMSO

Kramer B J (1993) Expanding the conceptualization of caregiver coping: the importance of relationship-focused coping strategies Family Relations 42, 383-391

2.5.2
Nursing older people with delirium (acute confusion) in hospital: A critical discourse analysis

Irene Schofield, Research Fellow, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK.

Abstract:
Background & Aims: Studies indicate that timely diagnosis and structured interventions lead to positive outcomes for people who develop delirium. Surveys of how older patients experience care in acute hospitals however, suggest that people who develop delirium do not always benefit from the substantial knowledge base (Health Advisory Service,1998). The purpose of this paper is to present the challenges of using critical discourse analysis in a doctoral study to determine the meanings and motives underpinning nursing older people with delirium, and to highlight emerging findings.

Methods: The study is set in a social constructionist framework. Integral to constructionism is that meaning is not discovered as in positivist research, but that versions of knowledge are fabricated through interactions in daily life. The meaning of delirium therefore, emerges as nurses consciously engage with it and begin to describe it in the light of their experiences with patients in the healthcare context. Critical discourse analysis (Fairclough, 2003) underpinned by systemic functional linguistic theory (Halliday, 1994) was used to analyse the textual data, allowing important links to be made between the micro grammatical and lexical features of language used, and the macro social context within which it is produced. A particular challenge was the need to return to the basics of grammar, lexicon and semantics in undertaking the micro textual analysis. Other challenges included data selection and collection to incorporate a range of textual sources; these included transcribed interviews with nurses, and documents.

Emerging Findings: Nurses linguistically constructed people with delirium in terms of moving, running and falling bodies, potentially at risk of harm, and injury. Nurses' concerns were the need for continuous observation of patients and actions to contain them. Hegemonies of risk management, nurses' code of conduct and patients' relatives exert powerful influences on care, leading nurses to unwittingly adopt a custodial role.

Recommended reading:

Fairclough, N. (2003) Analysing discourse. London: Routlege.

Halliday, M. (1994) An introduction to functional grammar, 2nd edition. London: Edward Arnold.

Health Advisory Service 2000 (1998) 'Not because they are old'. London: Health Advisory Service.

2.5.3
Meeting rehabilitation patients' moving and handling needs

Rosie Kneafsey, Lecturer, School of Nursing, University of Salford, Salford, UK.

r.kneafsey@salford.ac.uk

Co author: Carol. Haigh

Abstract:
Background: To protect practitioners from physical injury, current guidance on safe patient handling recommends the avoidance of manual handling where possible in preference for using assistive devices to move patients (Smith 2005). However, it could be suggested that rigid adherence to such guidance impedes the practices of rehabilitation nursing. Indeed, recent evidence suggests that some nurses continue to move patients manually in the belief that patients need opportunities to 'try out' their own abilities and that manual approaches promote improved functional outcomes (Mutch 2004, Mitchell 2005). To explore these issues, a study was commissioned by the RCN Rehabilitation and Intermediate Care Nurses Forum. Research question: The study examined rehabilitation nurses' attitudes towards mechanical aids and manual techniques to move patients.

Method and Sample: A national survey was completed. 3205 questionnaires were distributed via the RCN Rehabilitation and Intermediate Care Nurses Forum and the Stroke Nurses Network national conference. 501 nurses responded, a response rate of 15.6%.

Key **Findings:** The majority of nurses stated that their Trust utilised a 'no lifting' policy and a third felt these interfered with rehabilitation processes. Equal proportions of nurses agreed that manually helping patients to stand or transfer helped them to regain more mobility than if an aid were used. However, nurses' indicated that this approach was more physically tiring and many admitted to putting themselves at risk to promote patients' rehabilitation.

Discussion: The implementation of rehabilitation patient handling represents the interface of two distinct paradigms - the safety culture paradigm and the rehabilitation practice paradigm. Achieving a balance between these dimensions presents challenges for the rehabilitation team.

Conclusion: This study provides insight into nurses' attitudes and practices in the handling of patients within rehabilitation settings. The presentation will provide an overview of the study and findings and make recommendations for practice, research and education.

Recommended reading:

Mitchell E., Conlon A., Armstrong M., Ryan A. (2005) Toward rehabilitative handling in caring for patients following stroke: a participatory action research project, Journal of Clinical Nursing, 14, 3a, 3-12

Mutch K. (2004) Changing manual handling practice in a stroke rehabilitation unit, Professional Nurse, 19(7), 374-538

Smith J. (eds) (2005) The guide to the handling of patients, published by Backcare in collaboration with the RCN and National Back Exchange, 5th edition

2.6
Theme: Women's health

2.6.1
Translation and adaptation of the childbirth self-efficacy inventory (CBSEI) from English to Arabic using the WHO process

Sanaa Abujilban, PhD Student, Nursing, University of Ulster, Jordanstown, Belfast, UK.

Co authors: Marlene Sinclair, George Kernohan

Abstract:
It is important for researchers who borrow instruments for use in different cultures and conceptually different contexts to ensure that these are tested for acceptability and practicality as well as linguistic/literal equivalence using a robust and transparent framework. The WHO (2005) have devised a framework for guiding researchers involved in the translation process that includes forward translation, expert panel, back translation, pre-testing and cognitive interviewing.

Aim: The purpose of this paper is to describe the translation and adaptation process using the WHO (2005) Framework to adapt Lowe's (1993) English version of the CBSEI into Arabic for use in Jordan.

Methods: Ethical approval, permission to use the CBSEI and access to pregnant women was obtained from the Ministry of Health in Jordan. A Convenient sample of 14 primiparous women was recruited from two MOH centres in Northern Jordan between June and July 2006. The WHO (2005) process of translation and adaptation of research instruments was used.

Results and **Discussion:** Pre-testing of the Arabic version showed that women found it difficult to differentiate between the four subscales of the CBSEI and found the questionnaire to be long and difficult. Therefore adaptations have been made and these have been agreed by the panel of experts and are currently being discussed with Lowe prior to conducting the main research study in Jordan. These include a shortened form of the Arabic-CBSEI that focuses on the whole labour process rather than two separate stages and 5 points for the Likert scale instead of 10 points.

Conclusions: Conceptual and cultural differences are important factors for consideration when using borrowed instruments regardless of their proven reliability and validity as demonstrated by the Jordanian women in this study. The process of adaptation and testing of instruments as suggested by the WHO (2005) has enhanced the transferability and rigour of the CBSEI.

Recommended reading:
Lowe, NK., 1993. Maternal confidence for labor: development of the Childbirth Self Efficacy Inventory. Research in Nursing and Health, 16(2):141-9.

WHO, 2005. Process of translation and adaptation of instruments [online]. WHO. Available from: http://www.who.int/substance_abuse/research_tools/translation/en/print.html [accessed 14 April 2005].

2.6.2
Immigrant mothers, language discordance and use of "Photovoice"

Catherine Hardie, Senior Lecturer, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada.

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Abstract:
The focus on language abilities as an explanatory model for the marginalization of immigrant women may, in fact, function as a way of obscuring the underlying racism of in society and serve as a convenient way to avoid addressing inequity based on ethno-racial minority status. Blackford (2003) speaks of the exclusionary culture of the health care system, where lack of English facility is but one condition marginalizing minority groups. On a broad social level, language remains a powerful instrument of cultural control, whereby the "imperial centre" installs English as the standard against all other variants (Kirkham, 2003). One of the purposes of this qualitative research study was to examine the major gaps in our understanding of how lack of English facility structured the pediatric hospitalization experience for mothers who were newcomers to Canada and members of ethno-racialized minority groups and the barriers these mothers report related to the quality of their English language skills, their accent or their inability to converse in or understand English within an inpatient hospital setting. Results suggest that the study mothers seemed more isolated, more financially strapped as a result of the child's illness, and less familiar with the way things were done and how the system worked. A great deal of their energy and focus was required to simply understand English conversations. Photovoice (defined as a participatory action research methodology (Wang and Pies, 2004)) was utilized in this research where study mothers where given a camera and asked to "capture" meaningful symbols in the hospital. This research tool proved useful in providing additional understanding of the women's experience "where the thin description of photos is combined with the thick description of written text to create meaning (Hastrup, 1992). The implications of the refracted gaze and visual imperialism are analyzed with reference to cross cultural research and utility with participants with limited English facility.

Recommended reading:
Blackford, J. (2004) Cultural frameworks of nursing practice: Exposing and exclusionary health care culture. Nursing Inquiry, 10(4)236-244.

Wang, C., Pies, C.(2004) Family, maternal and child health thorugh photovoice. Maternal and Child Health Journal, 8(2), 95-101

Riley, R., Manias, E. (2004) The uses of photography in clinical nursing practice and research: A literature review. Journal of Advanced Nursing, 48(4), 397-405.

2.6.3
Looking at the suitability of the current method of women receiving their cervical screening results using management processes: The nursing role central to service improvement

Megan Garnes, Senior Practitioner, Practice Nursing, Islington PCT, Partnership Primary Care Centre, London, UK

Abstract:
This session shows a report of how management processes can be used by the nurse to critically analyse and improve a service. It adapts and applies these processes successfully showing a different way for a nurse to work and illustrating that the nurse is in a central position to identify gaps in service and develop solutions to this.

Aim: The National Health Service Cervical Screening Programme (NHSCSP) states that all women should receive their cervical smear result in writing and the London Quality Assurance Reference Centre for Cervical Screening (QA) recommends that a Primary Care Organisation has a centralised system to disseminate all smear results. This report looks at whether women in Islington are receiving their smear results in writing and whether Islington PCT should take over the responsibility for sending out cervical screening result letters to women.

Methods: A risk assessment of how and if women were receiving their cervical smear results was undertaken among GP practices using Health & Safety Executive tools and an evaluation of those risks was performed using a LOOP (legal, occupational, organisational, personal) framework. Using other management tools, the resources that would be required if Islington PCT were to take over the sending of result letters were looked at along with the key people who would be involved with a change. A SWOT analysis was used to outline the internal strengths and weaknesses and the external opportunities and threats of the change and a force field analysis used to look at the driving and opposing forces for change.

Results: 10 practices were assessed; of these, 3 were not sending out any results in writing and a further 3 were sending out abnormal results only. The remaining 4 practices were sending out letters for all results. The content of the letters varied greatly in terms of the amount and accuracy of the information they contained.

Conclusions: The report concludes that not all women in Islington are receiving their cervical screening result in writing and that the PCT should take over the responsibility for sending out result letters. It also recommended that standard result letters are produced and if a practice decides to opt out of the centralised result sending then they should be audited on a 6 monthly basis. The barriers to the change could be overcome with effective planning.

Recommended reading:
ACT (2004) A Framework for the development of integrated multi-agency care pathways for children with life-threatening and life-limiting conditions ACT: Bristol

Noyes J and Lewis M (2005) From hospital to home – Guidance on discharge management and community support for children using long-term ventilation Barnados: Essex

Department of Health (2004) Achieving timely, "simple" discharge from hospital – A toolkit for the multi-disciplinary team Department of Health: London

2.7
Theme: Grounded theory

2.7.1
Grounded theory: Treading a fine line

Helen Godfrey, Principal Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, UK.

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Abstract:
In grounded theory the researcher begins with an area of study, systematically collects and analyses data and allows the theory to emerge (Straus and Corbin, 1998). Data collection, analysis and theory are intimately related and theories begin to develop from the data whilst the data is being collected and analysed. The analytical process in grounded theory is clearly articulated with a number of procedural steps being employed (Charmaz, 2000). However, despite this the process of theory generation seems obscure and is difficult to describe. Classically, the theory develops during selective coding, the process of integrating and refining categories which have emerged during the earlier coding procedures (Straus and Corbin, 1998). Selective coding involves explaining the relationships between categories. This presentation will focus on how the researcher engages in the process of integrating and refining categories in theory development. It will explore the challenges involved in moving from a list of themes which have emerged from the data to construct a theory which explains the phenomena in question. The analytical tools which can be used to facilitate the development of an abstract theoretical scheme from the data will be discussed. Insights into the analytic process will be revealed from a study exploring older peoples' experiences of long-term urinary catheterisation during theoretical sampling in the second phase of data collection. Although numerous analytic decisions are made by every qualitative researcher (Charmaz, 2000) during the research process they are not always made explicit. The final integration of concepts into an abstract theoretical scheme is considered difficult by novice analysts (Straus and Corbin, 1998) and involves creativity and moments of inspiration. "A fine line exists between inter-preting data and imposing a pre-existing frame on it" (Charmaz, 2006 p 68) and treading this fine line often feels uncomfortable. This pres-entation will discuss the challenges involved in theory generation and give an honest account of how tentative ideas developed into a theory of how older people reach acceptance of their catheter.

Recommended reading:
Charmaz K (2000) Grounded Theory Objectivist and Constructivist Methods in Handbook of Qualitative Research 2nd ed. Eds. Denzin NK and Lincoln YS. California: Sage Publications.

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

Strauss A and Corbin S (1998) Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory. 2nd ed. California: Sage Publications.

2.7.2.
A grounded theory study exploring the experiences of illicit drug users and nurses caring for them on medical wards

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Abstract:
Background: There has been a significant year on year increase in the use of illicit drugs since the 1980's. Consequently the rate of emergency admissions of people with physical complications of drug use to acute medical wards has increased. Negative attitudes held by health care staff towards illicit drugs users (McLaughlin et al, 2000) alongside repeated calls for education to better equip Adult registered nurses (Nkowane and Saxena, 2004) have largely gone unheard. This may ultimately contribute to inappropriate and ineffective care in non specialist secondary care settings.

Aim: This study sought to examine the everyday experiences of nurses delivering and illicit drug users receiving care in medical wards to reveal the primacy of care.

Method: A constructivist grounded theory approach was adopted for this study using the techniques and procedures described by Strauss and Corbin (1998). Semi-structured interviews were undertaken with a purposive sample of nurses (n=29) and illicit drug users (n=12) in a Northern NHS Trust. Data collection and analysis was undertaken using constant comparison and data capture was directed by theoretical sampling.

Results: Three categories and the core category that emerged from the data analysis will be presented. These were; knowledge to care, perceptions of distrust and detachment, and providing nursing care.

Discussions: These are integrated to form the core category 'dissonant care management of illicit drug users within medical wards' which describes the paradoxes inherent in care delivery for a client group whose behaviour was perceived by nurse informants as complex, disruptive and challenging.

Conclusion: This study reinforced the urgent need for education to enable RN's working in non-specialist settings to deliver effective care. It also highlighted the necessity for a coherent approach for supporting illicit drug users in order to reduce/avoid readmission and capitalise on the opportunity to facilitate entry to rehabilitation.

Recommended reading:
Nkowane, A. M. and Saxena, S. (2004) Opportunities for an improved role for nurses in psychoactive substance use: Review of the literature. International Journal of Nursing Practice. 10, 102-110.

McLaughlin, D. F., McKenna, H., Leslie, J. C. (2000) The perceptions and aspirations illicit drug users hold toward health care staff and the care they receive. Journal of Psychiatric & Mental Health Nursing. 7, (5), 435-41.

Strauss, A. and Corbin, J. (1998) Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. Sage, Thousand Oaks.

2.7.3
From one text book to the field: Adopting grounded theory in a study of disclosure of long term illness: Methodological challenges

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Abstract:
Disclosure of long term illness as a concept is poorly defined. I have elected to adopt grounded theory because it is suited towards generating knowledge of such areas requiring additional theoretical development. A recent review found Grounded theory to be the second most popular methodological approach in nursing (Schreiber and Stern, 2001). However there is a fierce methodological debate within grounded theory which is important to take into account: "Grounded theory methods have come under attack from both within and without" (Charmaz, 2000, p509) This paper will discuss how I made sense of these debates from the perspective of a PhD student making a decision as to which is the most appropriate "version" of grounded theory to study disclosure of long term illness. The two predominant approaches often termed as "Glaser versus Strauss" have recently been joined by Charmaz's (2006) "constructivist" grounded theory. Yet my literature review of the key texts highlights that the critiques are often conflicting and the differences and commonalities between different strands of grounded theory can be difficult to determine. For example, a key factor regarding which approach to select is the epistemological stance of the researcher. Yet, Strauss and Corbin do not explicitly state their epistemological position (Strauss and Corbin, 1990). This paper will assist other novice researchers within nursing research interested in adopting grounded theory get a handle on the key debates within grounded theory. The challenges of finding a critical perspective due to the complex and sometimes contradictory arguments within the literature on grounded theory will be discussed. Furthermore, the methodological challenges of using a constructivist approach and the impact which it will have on the data in terms of analysis and the researchers' interaction with the participants will be discussed.

Recommended reading:
Charmaz, K. Grounded Theory-Objectivist and Constructivist Methods. In: Denzin, N.K., Lincoln, Y.S., (Eds. (2000) (2nd Edition), Handbook of Qualitative Research, Thousand Oaks, Sage., pp.509-535.

Charmaz, K. Constructivist grounded theory. London, Sage.

Schreiber, R.S., Stern, P.N. (2001) Using Grounded Theory in Nursing. New York, Springer Publishing Company.

2.8
Theme: Outcomes

2.8.1
The impact in Italy of Aiken's research outcomes: National survey on nurse resources in surgical and orthopaedic wards

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Co authors: Tania Bertolano, Laura Regattin

Abstract:
Background: Aiken's work recently established that nurse resources could affect patient outcomes. In particular, when too few nurses manage patients, the risk of mortality in surgical patients, their failure to respond to cardio-pulmonary resuscitation and the risk of other complications within 30 days, increases. Italy needs around 100 thousand more nurses. Up to now there has been no monitoring system in place that demonstrates the results of this dramatic shortage of personnel. Using the studies done by Aiken to discover in practice how many nurses manage patients, allows estimations to be made of the risk to patients and the number of nursing staff necessary in Italy.

Objectives: The objectives were

a) to discover how many patients each nurse was responsible for in surgical/orthopaedic wards,

b) to compare these results with Aiken's observations, and

c) to estimate the number of nurses needed in Italy, the effect of understaffing on the patients and to estimate the economic impact on national health services.

Materials and methods: On a determined index day, in half the regions in Italy, the numbers of personnel and patients were calculated. The complexity of each hospital, its role as a teaching hospital and its size, was taken into account.

Results: All the surgical departments involved (50 hospitals/150 wards/departments) had fewer nurses employed than those observed by Aiken. This signifies that patients have a higher risk of receiving inadequate care. Understaffing is a big problem. Aiken estimated the risk of mortality and complications when there were insufficient numbers of nursing staff. Using his model may allow us to introduce a choice of important health policies.

Recommended reading:
Aiken LH, Clarke SP, Cheung RB, Sloane DM, Silber JH. Educational levels of hospital nurses and surgical patient mortality. JAMA. 2003 Sep 24;290(12):1617-23.

Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH.Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA. 2002 Oct 23-30;288(16):1987-93.

Aiken LH, Clarke SP, Sloane DM.Hospital staffing, organization, and quality of care: Cross-national findings. Nurs Outlook. 2002 Sep-Oct;50(5):187-94.

2.8.2
The impact of the nursing workforce on patient outcomes in intensive care

Elizabeth West, Post-Doctoral Fellow and Lecturer, Health Services Research Unit, London School of Hygiene and Tropical Medicine, London, UK.

Abstract:
Introduction: Evidence from studies conducted mainly in the US and mainland Europe suggests that characteristics of the workforce, such as nurse patient ratios and workload (measured in a number of different ways) may be linked to variations in patient outcomes across health care settings (Carmel and Rowan 2001). Few studies have tested this relationship in the UK thus questions remain about whether we are justified in extrapolating evidence from studies conducted in very different health care systems.

Objectives: To investigate whether character-istics of the nursing workforce affect patient mortality UK Intensive Care Units.

Data: Patient data came from the case mix programme, Intensive Care National Audit and Research Centre (ICNARC), while information about the units came from a survey of all ICUs in England (Audit Comission 1998). The merged data set contained information on 43,859 patients in 69 units across England. ICNARC also supplied a risk adjustment variable to control for patient characteristics that are often the most important determinants of survival.

Methods: Multivariate multilevel logistic regression.

Findings: Higher numbers of direct care nurses and lower scores on measures of workload (proportion of occupied beds at the time the patient was admitted and mean daily transfers into the unit) were associated with lower mortality rates. Furthermore, the effect of the number of direct care nurses was greatest on the life chances of the patients who were most at risk of dying.

Implications: This study has wide implications for workforce policy and planning because it shows that the size of the nursing workforce is associated with mortality (West et al 2006). Few studies have demonstrated this relationship in the UK. This study has a number of strengths and weaknesses and further research is required to determine whether this relationship between the nursing workforce and patient outcomes is causal.

Recommended reading:
Carmel S, Rowan K. (2001) Variation in intensive care unit outcomes: a search for the evidence on organizational factors. Curr Opin Crit Care. Aug;7(4):284-96.

Audit Commission. (1999) Critical to Success: The place of efficient and effective critical care services within the acute hospital. Oxford: Audit Commission Publications.

West, Elizabeth, Jill Maben and Anne Marie Rafferty. 2006. Nursing and Patient Outcomes: How can good employers provide the right environment for nurses to give high quality care? Harvard Health Policy Review 7(1): 64-85.

2.8.3
A critical analysis of employee engagement, turnover and retention in the nursing workforce: A case study of an inner London acute trust

Jill Maben, Lecturer and Post-doctoral fellow, Health Services Research Unit, London School of Hygiene and Tropical Medicine, London, UK.

Abstract:
Background: The NHS is the largest employer in Europe and until recently the prevailing view was that the UK did not have enough doctors and nurses to meet demand. Recruitment and retention were deemed particularly challenging in London which relies heavily on a young, transient and international staff pool (1). Large scale international recruitment in 2005/6 was used to plug workforce gaps yet in 2006 it was suggested that there is no longer a shortage of nursing staff. We have been here before and despite this shifting ground, I argue that focussing on the retention of nursing staff remains crucial.

Objectives: To determine what keeps nurses engaged in a hospital in London and what influences them to leave?

Methods: Case study methodology with an in-depth analysis of one inner London trust includes nurse commencement question-naires data (n=108); longitudinal data from an analysis of semi-structured interviews with newly recruited nursing staff (n=25) 2-6 and 12-16 months post-appointment; data from an analysis of interviews with stakeholders, and focus groups with matrons and ward managers. The post-appointment sample includes nurses trained in the UK and abroad, from junior staff nurses to ward managers.

Results: The key issues identified include the value of nursing, unmet expectations, the importance of: being well managed and having good relationships with managers, support with skills and personal development, feeling valued and part of the team and the need for good educational and training opportunities. These issues will be discussed in light of recent theory e.g employee engagement(2) and the psycho-logical contract (3).

Conclusions: This paper highlights the importance of a retention strategy to support and nurture all newly recruited staff preventing early departure and may have significance for other trusts and indeed other countries wishing to develop a high quality work environment in order to retain nurses in practice.

Recommended reading:
Buchan J, Finlayson, B and Gough P (2003) In capital Health: Creative solutions to London's NHS workforce challenges. London: King's Fund.

Robinson D, Perryman S and Hayday S (2004) The Drivers of Employee Engagement. Institute of Employment Studies report NO. 408

Guest D. and Conway N (2002). Pressure at work and the psychological contract. Research report. London: Chartered Institute of Personnel and Development (CIPD), London, UK.

2.9
Theme: Issues in qualitative research

2.9.1
Laughing with or laughing at patients? A qualitative study

Helen Iggulden, Lecturer in Nursing, Nursing, University of Salford, Manchester, UK.

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Abstract:
The use of humour by health care professionals and patients as a coping mechanism has emerged as effective therapeutic intervention in several recent studies.(Astedt-Kurki and Isola 2001, Astedt-Kurki et al 2001,Lockyer and Pickering 2001, Boyle and Joss Reid 2004). Aim This qualitative study aimed to explore the use of humour in nurse patient interaction on an acute medical ward in a district general hospital. Method The study took place in an acute 30 bedded medical ward of a small district general hospital. Data was obtained over 20 hours, using convenience and purposive sampling, through participant observation and taped interviews. Data analysis and findings Content analysis of the data showed that humorous interactions often took place in circumstances where patients felt fear, anxiety, boredom, depression, or embarrassment over bodily functions. Humour was used spontaneously, by both patients and nurses who trusted each other, to relieve uncomfortable feelings and to reframe and defuse difficult situations. The quality of the relationship between the patient and the nurse is identified is an important feature in the acceptable use of risky forms of humour such as sarcasm, irony and teasing. Laughter is often elicited by teasing, using mock insults and threats, giving people nicknames, using puns, exaggerating misfortune, mocking oneself, setting up practical jokes, using metaphors and witty remarks or is elicited simply by tone of voice and facial expression. Conclusions Despite the potential of these forms of humour to humiliate, offend and embarrass, participants felt they had tacit knowledge about when and how to use humour without causing offence and experienced an increased sense of well being in easy humorous exchanges. Although claims are made in published literature about the physiological benefits of mirth, measurement of physiological variables under controlled conditions remains inconclusive. However, this study shows that nurses use humour as an integral part of holistic nursing care and that there is an art in using it.

Recommended reading:
Astedt- Kurki P. Isola A. Tammentie T. Kervinen U. (2001) Importance of humour to

Astedt-Kurki P. Isola. A. (2001) Humour between nurse and patient and among staff:

Boyle G.J. Joss-Reid J. (2004) Relationship of humour to health: a psychometric

2.9.2
Qualitative theory testing and theory derivation: Mixing methods or muddling methodology?

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Abstract:
Traditionally mixed methods research is associated with combining quantitative and qualitative approaches in a study and thus juxtaposing divergent epistemologies. Similarly, this presentation will unite dichotomous social theory positions but by outlining a study that mixed methods by undertaking theory testing using qualitative methodology and theory derivation when examining the relationship between health promotion theory and nursing practice in an acute hospital setting. Thus, the focus is on the metatheoretical aspects of the research process and not on fieldwork methods. A deductive-inductive-deductive design (after the Theory-Research-Theory strategy of Meleis (1985)), was used to test, revise and develop for nursing established health promotion theory from outside the discipline using theory-testing criteria. The mixing of methodological processes also extended to using the theory (i.e. a health promotion taxonomy) both as a framework to map the findings and as a basis for synthesising and generating theory in a way more usually associated with interpretive inquiry. While inconsistent with the orthodox view linking theory testing with quantitative, objective epistemology, the process enables a theoretically robust health promotion framework for conceptualising and contextualisng practice to be advanced for consideration by nurses. Key words: Mixed methods research, qualitative theory testing, theory derivation.

Recommended reading:
MELEIS A I (1985) Theoretical nursing: development and progress. Philadelphia: Lippincott

PIPER S (2006) Qualitative theory testing as mixed method research. Journal of Research

2.9.3
The Delphi technique: methodological and practical considerations

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Co authors: Kate Gerrish; Azita Emami

Abstract:
The Delphi technique is a recognised research approach to gain consensus on an issue. A series of data collection rounds are used to capture and structure the knowledge and opinions of a panel of participants on a topic with which they are perceived to have expertise (Keeny et al 2006). The approach has been used widely in nursing research (Irvine 2005). The aim of this paper is to examine some methodological and practical issues in using the Delphi technique. Examples will be drawn from the presenters' experience of using the technique as a research approach to develop a consensus understanding of the core components of transcultural competence within a Swedish context. The study utilised three rounds. Semi-structured interviews were initially undertaken with a group of 24 nurse practitioners / researchers / educationalists considered to be experts in the area of transcultural competence. Subsequent rounds were undertaken by postal questionnaire. Consideration will be given to the methodological issues associated with the overall research design and adapting the technique in response to the specific research questions posed. This will include a critical account of the decisions made in identifying those considered to be experts in the field, determining the number of rounds, designing instruments for data collection, enhancing response rates, approaches to data analysis and the challenges of determining consensus. The paper will conclude with a summary of the strengths and limitations of the Delphi technique.

Recommended reading:
Keeney, S., Hasson, F., & McKenna, H. (2006). Consulting the oracle: ten lessons from using the Delphi technique in nursing research 53 (2), 205-212

Irvine, F. (2005). Exploring district nursing competencies in health promoting: the use of the Delphi technique. Journal of Clinical Nursing 14, 965-975

2.10
Theme: Public Health

2.10.1
Health care practices influencing health promotion in urban black women in Tshwane

Susan Wright, Senior Lecturer, Dept of Nursing, Tshwane University of Technology, Pretoria, South Africa.

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Co author: Lize Maree

Abstract:
Health promotion is a multifaceted activity. Women and children are particularly vulnerable regarding access to quality health care, with young African women reportedly the poorest and most economically marginalised and least educated sector in South Africa. Understanding the context and socio-cultural perspective within which a person lives is an essential component in the art and science of health education. Also, being taught in ways that are insensitive to a person's expectations and values will not result in changes in their health care practices. Understanding urban black women's health care practices will enable health promoters to develop successful interventions. The problem investigated was to gain an understanding of the health care practices of urban black women that could influence health promotion activities. The design was qualitative exploratory. The respondents were women living in an urban township in Tshwane, South Africa. The sampling method was convenient and purposive and the sample size was determined by saturation of the data. Data was gathered through semi-structured interviews using six specific themes and the analysed using open coding. The results indicated that the social environment created by the registered nurses in the primary health influenced the health care practices of the women negatively. There was also a difference in decision-making in terms of whether a child or adult needed health care. Depending on the situation, seeking health care for children would often be delayed for longer than for an adult. Specific symptoms used to evaluate the seriousness of the health problem will also be described. Practices regarding the seriousness

of a health problem suggest a possible reason for late admission of a person with a serious health problem.

Recommended reading:

1. Brink, H.I. 1996. Fundamentals of research methodology for health care professionals. Kelwyn: Juta.

2. Burns, N. & Grove, S.K. 2005. The practice of nursing research conduct: critique & utilization. Philadelphia: WB Saunders.

3. Bunton, R; Nettleton, S. & Burrows, R., (eds). 1996. The sociology of health promotion: critical analyses of consumption, lifestyle and risk. London: Routledge.

2.10.2
Health visitors' and midwives' perceptions of their public health role in promoting bilingualism in the family

Fiona Irvine, Senior Lecturer, School of Nursing and Midwifery Studies, University of Wales Bangor, Bangor, UK.\

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Co authors: Gwerfyl Roberts, Llinos Spencer and Peter Jones

Abstract:
Although English is the predominant language in Wales, UK, a substantial number of its inhabitants also speak Welsh, the indigenous language. As bilingual speakers, this places them amongst the majority of the world's population who also speak two or more languages, affording distinct cognitive and social advantages (Baker, 2000). After centuries of decline, the Welsh language is currently enjoying a revival (NAfW, 2003). This is mainly attributable to the Welsh Language Act (1993) and the establishment of the Welsh Language Board (WLB), which aims to reverse the language shift in Wales and increase the number of Welsh speakers. One of the WLB initiatives, entitled 'Twf', encourages families to raise their children to be bilingual and, in view of its numerous advantages, maintains that language transmission and bilingualism are public health issues. Health visitors (HVs) and midwives are identified as key contributors to public health (DoH 1999a, DoH1999b) and have contact with all prospective and new parents. Twf therefore encourages them to include positive messages about bilingualism in their practice. As part of a three-year government-commissioned study, a series of 6 focus group interviews were conducted with midwives and HVs across three counties of Wales, to establish their perceptions of language transmission as a public health issue and their role in promoting bilingualism in the family. The hour long interviews were audio-taped and fully transcribed. Thematic content analysis was used to order, describe and interpret the data. The research shows that some individual HVs and midwives are disposed to the notion of promoting bilingualism with parents. However, many are resistant to discussing language transmission and bilingualism directly with expectant and new parents. The paper will examine the relationship between language transmission and public health and consider the implications of the research findings for professionals who work with bilingual families.

Recommended reading:
Baker, C. (2000) (2nd ed) A Parent's and Teacher's Guide to Bilingualism. Multilingual Matters, Clevedon.

Department of Health (1999b) Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare. DoH, London.

Department of Health (1999a) Saving Lives: Our Healthier Nation. Stationery Office, London.

2.10.3
The relationship between frequency of home visits and health visitors' assessment of postpartum family wellbeing: A cluster randomised trial and cohort study

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Co authors: Brendan Bunting, Brenda Poulton

Abstract:
Background: Health visitors visit families once 10-14 day post-birth. Thereafter, contact is based on professionally assessed need and local policy regarding routine child-health surveillance checks. Intensive home visitation has family wellbeing benefits (Bull et al. 2004); however, no study has measured the effect that frequency of visits has on public health nursing assessment outcomes.

Aim: The aims are: to determine the effect of frequency of postpartum visits on health visitors' professional judgement regarding 'low-risk' postpartum family wellbeing and to measure assessment outcomes for 'higher-risk' families.

Methods: A cluster randomised trial was undertaken, in which health visitors were the unit of randomisation (n=42, control; n=41 intervention). 'Low-risk' mothers participated in the trial; 159 with a control group health visitor received one planned home visit and 136 'intervention' parents received six, weekly visits. Mothers self-completed three psychometric wellbeing scales at 8-weeks postpartum. Health visitors completed structured surveys regarding professional assessment outcomes for each family at 8-weeks. Additionally, 99 'higher-risk' families (cohort group) were visited according to health visitors' judgement, with outcomes compared with 'low-risk' mothers. Multivariate, logistic and poisson multilevel modelling data analyses were performed.

Results: Professionals, who visited most often had the strongest correlations between their assessment of maternal wellbeing and mothers' own self-ratings (e.g. for maternal mood: r=0.213 control, r=0.530 intervention). 'Higher-risk' cohort group families had more identified parental and/or environmental problems (OR 2.45, p=0.0017), also more referrals to non-GP/health visiting services (OR 2.07, p=0.017), than control group families. Nine percent of the variation between professionals' assessment outcomes was unexplained by family need or study group allocation.

Conclusion: This study was the first to show that professional judgement is affected by the frequency of home visits. Policy makers should not recommend reduction in visitation and there should be more use of clinical guideline based assessment.

Recommended reading:
Bull J, McCormick G, Swann C & Mulvihill C (2004) Ante- and post-natal home-visiting programmes: a review of reviews. In Evidence briefing. Health Development Agency.

Concurrent session abstracts

Wednesday 2 May

Concurrent session 3

3.1
Theme: Prison

3.1.1
Users' views and experiences of prison health services: listening to the voices of prisoners

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Co authors: Louise Condon, Francesca Harris

Abstract:
Background: Prisoners typically have high health and social needs, but their views and experiences about health care in prison are largely under researched. Users' views have been recognised as making an important contribution to health services so that they reflect users' preferences as well as their health and social needs (Department of Health 2000).

Aims: The aim of this presentation is to report the findings of a study about prison health care, with a particular focus on the voices of prisoners. Methods Between September and November 2005, interviews were carried out with 111 male and female prisoners from a sample of 12 prisons in England. The participants ranged in age from 16 – 78 years, and came from all types of prison including high security, open prisons and young offenders institutes. Interviews were transcribed verbatim and managed by using Atlas.Ti software. Data was thematically analysed using Ritchie and Spencer's framework (1994) and although individual prisoners' experiences were highly personal, a number of themes were identified from the commonality of experience when the data set was examined as a whole.

Findings: Prisoners have complex health needs and place huge demands on nursing and health services. The overriding theme identified was that of a health care journey which began when prisoners entered prison and ended when they were released. Within this journey various stages were identified such as: being a prisoner, becoming a patient, being a patient in prison, and leaving prison.

Discussion and Conclusions: Listening to the voice of users is important wherever health care is provided, and prisoners whether in prison or before/after release are by their very nature 'hard to reach'. Nurses can learn from hearing these experiences, so that they can provide optimum care to this group of people with high health and social need.

Recommended reading:
Department of Health (2000) Standards for Better Health. London. Department of Health

Ritchie, J. and Spencer, L. (1994) Qualitative data analysis for applied policy research In: Bryman, A. and Burgess, R. (Eds.) Analysing Qualitative Data. London: Routledge

3.1.2
Clinical supervision in prison: Collecting data whilst developing practice

Elizabeth Walsh, Researcher Prison Health Care, IHCS, Bournemouth University, Bournemouth, UK.

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Abstract:
The provision of health care for prisoners was traditionally the domain of the Home Office through HM Prison Service, but calls for prisoner health services to become part of mainstream NHS services (see HM Chief Inspector of Prisons, 1996) have resulted in key policy changes where health services in prison are now commissioned by local Primary Care Trusts. Prison nursing is a rapidly developing area of clinical practice which, due to closer links with PCT's, is now receiving a great deal of interest from the wider health community. The aforementioned policy changes serve to highlight the existing tensions between care and custody experienced by prison nurses, to the broader health community. The care custody tension has been present to some extent in the forensic setting, however prisons present a unique challenge in that health care is secondary to the primary function of a prison, that of security. This paper subsequently reports on a recent study in which nurses working in prison health care settings engaged with clinical supervision with the aim of examining the emotional labour of their work and to further develop emotional intelligence. It is well established that clinical supervision has the potential to enable supervisees to develop their emotional skills, Bond & Holland (1998). The study is underpinned by a reflexive, qualitative, action research methodology; see Freshwater & Rolfe (2001). Data was collected through fairly traditional qualitative approaches, however, the distinctive characteristic of this paper is its emphasis on the use of clinical supervision as a method of data collection in its own right. Discussion of the operational and ethical complexities of conducting reflexive action research in the prison environment will be used to illuminate the limitations and benefits afforded through the use of clinical supervision as a research method.

Recommended reading:
Bond M & Holland S (1998) Skills of Clinical Supervision for Nurses, Buckinham: Open University Press

Freshwater D & Rolfe G (2001) Critical Reflexivity: A politically and ethically engaged research method for nursing, NT Research, 6(1) 526-537

HM Chief Inspector of Prisons (1996) Prisoner or Patient?, London: Home Office

3.2
Theme: Qualitative methods

3.2.1
Memories of place: A narrative synthesis of diverse evidence sources

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Co authors: Sarah Mallinson, Pam Attree, Jennie Popay

Abstract:
Background: Sensitivity to local context is acknowledged to be an important factor in the success of complex community-based initiatives to improve population health, but relatively little is known about how relationships within places, such as those between residents and public sector agencies, are shaped over time (Popay et al. 2001). A pilot study suggested that local knowledge about historical development of social relationships within places could inform contemporary development (Mallinson et al.,2003).

Aims: This study aimed to investigate whether evidence related to past area-based initiatives might be useful in understanding people's memories of community engagement, and whether these memories might influence their response to new initiatives.

Method: Narrative synthesis of evidence from a wide range of sources, including interviews, publications and reports, letters, newspapers, and minutes of meetings. Four case study sites were selected from the first major community development initiative in the UK: the Community Development Programme (CDP), which started in 1975 in 12 geographical areas. The narrative synthesis drew on recently published guidance (Popay et al 2006), with a search and review of three parallel evidence streams: general literature and review texts, formal reports and papers from within the case-study sites, and local historical sources.

Findings: Demonstration findings are presented which illustrate how an "evidence jigsaw" can provide significant information about the impact of area-based social policy. The findings can be used to understand how the past shapes the contemporary psychological landscape of places, and suggest theories about the legacy for the future.

Discussion and Conclusions: The review illustrates the methodological challenges of synthesising evidence from a wide range of sources, including historical searching, appraisal of non-research based materials, and the tools and techniques of analysis and synthesis of a complex and diverse body of material.

Recommended reading:
Popay, J., Elliott, E., Landes, R., (2001) Regeneration and Health: A Methodological and Substantive Review, London: Kings Fund

Mallinson, S., Popay, J., Elliott, E., Bennett, S., Bostock, L., Gatrell, A., Thomas, C., Williams, G. (2003) 'Historical data for health inequalities research: a research note.' Sociology, 37(4), 771-80.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N. (2006) Guidance on the Conduct of Narrative Synthesis in Systematic Reviews ESRC Methods Programme

3.2.2
Verbatim quotations - when are they legitimate evidence?

Laurence Moseley, Professor of Health Services Research, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK.

Abstract:
It is clear from the work of Corden and others that funders and policy-makers like verbatim quotations in research reports. This view is also taken by many qualitative researchers who use such quotations as their main form of evidence. Under what conditions, if any, an such quotations on their own be regarded as providing legitimate 'evidence'. A verbatim quotation, even when accurately recorded and placed in the context of the stimulus questions which elicited it tells the reader only that one person said one thing on one occasion. Logic dictates that it gives no basis for any generalisations. An alternative is to use such quotations as explanations or exemplars of how coding was carried out to allocate all the quotations in a study to categories i.e. as support for results obtained by more replicable means. How, though could one undertake that allocation to make the process replicable. I have used a relational database to analyse free text data, and developed a method which I have called three-ply (Theme, Statement, Respondent) analysis. One codes each fragment of text under headings relevant to the study (Who was it about, What was it about, Was it positive, negative, etc.?). One also codes the utterance, the coded theme, and the respondent. Simple counting enables one to distinguish themes mentioned on one occasion by one respondent, by many respondents on one occasion, many respondents on many occasions, etc. It also permits easy analysis of the co-occurrence of themes at each of the three levels, and of changes over time. One can also export the data to a statistical package for analyses which bypass the shortcomings of human information processing, such as PCA. It is a major safeguard for patients and others against researcher bias.

2.3
Theme: Older people

3.3.1
Smoking cessation in later life: An evaluation of smoking cessation training for members of the primary care team who have contact with older smokers

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Co authors: Susan Kerr, Hazel Watson, Debbie Tolson, Angus McFadyen, Charlotte Woods

Abstract:
Background: There is growing evidence to suggest that health is improved and mortality reduced among those who stop smoking after the age of 65 years (Maguire et al 2000). However despite this fact, and strong evidence that intervening with older adults can be effective, recent studies have suggested that health professionals often fail to discuss the issue of smoking cessation with this population (Kerr et al 2004; Watson et al 2004).

Aim: The aim of this study is to test the efficacy of specially tailored smoking cessation training for members of the primary care team who have contact with older people who smoke.

Methods: A pre-test, post-test experimental design was adopted. Sixty-seven members of the primary care team were recruited from 7 Community Health & Social Care Partnerships in NHS Greater Glasgow & Clyde. Participants were stratified according to professional group. Following this process they were randomly allocated to the intervention or control group. Data on the knowledge, attitudes and practice of the participants are being collected at baseline, and at one week and three months post-training, using valid and reliable instruments. Statistical testing will be via a two-way repeated measure ANOVA, where the factors are 'group' and 'time'.

Results: The collection and analysis of all three sets of data will be complete by January 2007. The results will be formally presented for the first time at the RCN Annual International Nursing Research Conference in May 2007.

Discussion/Conclusion: This study is the first in the UK to develop and evaluate smoking cessation training designed specifically for professionals who have high levels of contact with older people who smoke. The results will be discussed with comment being made on the important contribution that this study makes to the current very limited evidence base. If the training is shown to be effective the plan is to roll it out at a Scotland-wide level.

Recommended reading:
Kerr, SM., Watson, HE., Tolson, D., Lough, M., Brown, M. (2004) Developing evidence-based smoking cessation training in partnership with older people and health professionals. http://www.ashscotland.org.uk

Maguire CP, Ryan J, Kelly A, O'Neill D, Coakley D, Walsh B (2000) Do patient age and medical condition influence medical advice to stop smoking? Age and Ageing 29, 264-6.

Watson H, McIntosh J, Tolson D, Runciman P (2004) Protecting older people's health: the health promotion work of community nurses with older people in Scotland. Glasgow Caledonian University; Glasgow [Final Report to the Chief Scientist Office].

3.3.2
Promoting best practice: A collaboration between nurses and older people

Debbie Tolson, Professor of Gerontological Nursing, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK.

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Co author: Joanne Booth

Abstract:
In 2001 the Scottish strategy for nursing and midwifery called for approaches to disseminate and share best practice in the nursing care of older people. This was a catalyst for a longitudinal action research study which addressed the question of how this could be achieved (Tolson et al 2006). This paper describes the involvement methodology and the procedural model used to construct and demonstrate best practice statements (for nurses) and companion guidance (for older people). The six year long project commenced with a group of 36 participating nurses who formed a 'community of practice' (Wenger 2003). This core group proposed and piloted approaches to the development of best practice guidance. Critical of evidence based guidelines that failed to embrace the tacit knowledge of practitioners and experiences of older people they sought to develop a new 'nurse sensitive approach'. Drawing on the tenets of realistic evaluation they embarked on a mission to produce guidance that reflected a value base promoting dignity and respect that was informed by a diverse evidence base and demonstrably achievable in practice. These exacting requirements demanded processes to gather, scrutinised and synthesise evidence and an explicit value base through which to filter the evidence alongside meaningful involvement of older people. In addition a method was required to test the draft guidance in practice to ensure its achievability. Following a successful pilot, additional participants were recruited and to date a total of ten communities of practice have contributed to the refinement of the methods (Booth et al in press). Five best practice statements and two companion guides for older people have been published (www.geronurse.com) The merits and limitations of the statements and user resources will be considered in terms of their contribution towards best practice. Practice impact will be illustrated through case study exemplars including pre and post implementation measures.

Recommended reading:
Booth J, Tolson D, Hotchkiss R, Schofield I (In press) Using action research to construct evidence-based nursing care guidance for gerontological nursing. Journal of Clinical Nursing. (Accepted March 2006)

Tolson D, Schofield I, Booth J, Kelly TB, James L (2006) Constructing a New Approach to Developing Evidence Based Practice with Nurses and Older People. World Views on Evidence Based Nursing 3 (2) 1-11

Wenger E 2003. Communities of Practice: learning, meaning and identity. Cambridge, Cambridge University Press

3.4
Theme: Anxiety & depresion in chronic disease management

3.4.1
Prevalence of anxiety and depression in patients with chronic venous ulceration

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Co authors: Wally Barr, Jude Robinson, Caroline Carlisle

Abstract:
Aim: To determine the prevalence of anxiety and depression in 190 patients with chronic venous ulceration across 9 NHS Trusts in the north west of England

Background: As leg ulcer research has mainly focused on aspects of treatment, the psychosocial impact of leg ulceration remains understudied. Nursing assessments of wounds also

tends to focus on physical aspects of wound management with other associated factors such as pain and mobility treated as physical dimensions (Hopkins, 2001). Whilst healing an ulcer results in a large improvement in quality of life, it is important to remember that approximately 20% of chronic leg ulcers will never heal despite evidence-based care (Barwell et al., 2001) Patients need help and support to come to terms with necessary life adjustments that are required when living with a chronic wound (Krasner, 1998).

Method: The Hospital Anxiety and Depression Scale (HADS) was used to screen patients for the presence of anxiety and depression using a cut off point of 9 for level of 'caseness'.

Results: A total of 52 (27%) people scored as depressed whilst 50 (26%) scored as anxious.

Discussion: This paper discusses the results and in particular the two symptoms which appeared to be associated with anxiety and depression, namely pain and odour

Conclusion: Psychosocial factors must be considered in assessment and ongoing review of patients with leg ulceration

Recommended reading:
Barwell J, Deacon J, Taylor M et al (2001) A modern leg ulcer service. Phlebology 16: 24-8

Hopkins A (2001) Psychological aspects of wound healing. Nursing Times 97 (48): 57-60

Krasner D (1998) Painful venous ulcers: themes and stories about their impact on quality of life. Ostomy wound management 44(9): 38-49

3.4.2.
A randomised controlled trial of group sessions for people with anxiety and depression following a new diagnosis of diabetes

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Co author: Lorraine Smith

Abstract:
Depression is associated with more diabetic complications, lower medication adherence, and poorer self-care of diabetes. (Lin et al 2006). Each 1% reduction in mean glycosolated haemoglobin (HbA1c) is associated with reductions in risk of 21% in any end point related to diabetes. (Stratton et al 2000). The main purpose of this study is to determine whether early detection and treatment of anxiety and depression alleviates psychiatric symptoms and improves physical outcomes, therefore reducing risk factors for potential complications. The primary outcome measurement is the difference in HbA1c at one year follow-up. All eligible newly diagnosed diabetic patients were recruited to the study (N = 613). At entry and exit from the study, a Hospital Anxiety and Depression score (HADs) and SF-36V2 were administered. Recorded at entry were patient demographics, BMI, Postcode, smoking and alcohol status and family history of diabetes. HbA1c estimations were carried out at entry (baseline), three monthly and at study exit. Those patients who's HADs was less than the criteria indicating depression or anxiety continued in the observation group (N= 406 [64%]). Those patients whose HADs met the criteria for anxiety or depression (N= 207 [34%]) were randomised to an intervention group

(Group Sessions (N= 103)) or to a control group (Standard Care (N= 104)). The study design is a randomised controlled trial nested within an observation group and has a power of 90% with expected 95% CIs. Full ITT principles apply. Recruitment was completed between December 2003 – December 2005, with all patient follow-ups being completed by early 2007. The author intends to present an overview of the study with preliminary findings and analysis of the primary outcome measurement and patient demographics. This study may change practice in diabetes by healthcare professionals being more proactive in the treatment and management of anxiety and depression.

Recommended reading:
Lin, Elizabeth H. B., Katon, Wayne, Rutter, Carolyn, Simon, Greg E., Ludman, Evette J., Von Korff, Michael, Young, Bessie, Oliver, Malia, Ciechanowski, Paul C., Kinder, Leslie, Walker, Edward, (2006) Effects of Enhanced Depression Treatment on Diabetes Se

Stratton I M, Adler A I, Neil H A W, Matthews D R, Manley S E Cull C A, Turner R C, Holman R R. (2000) Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35) prospective observational study BMJ 2000, 321:

3.5
Theme: Mental Health

3.5.1
Medication adherence in schizophrenia

Eileen Clark, Lecturer, School of Nursing & Midwifery, La Trobe University, Wodonga, Victori, Australia.
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Co authors: Terence McCann; Cecil Deans

Abstract:
Background: Non-adherence to anti-psychotic medication in people with schizophrenia is a major cause of relapse. Many factors have been identified that influence adherence, such as social support, insight and substance abuse, together with medication side effects and attitudes of health professionals. Aims To describe factors influencing antipsychotic medication adherence in people with schizophrenia in urban and rural Victoria, Australia.

Methods: The convenience sample comprised 81 adults diagnosed with schizophrenia, who were prescribed oral psychotropic medication and receiving community care. Data were collected in 2003-4 using a researcher administered questionnaire, based on Weiden et al (1991).

Results: Adherence to medication was good, with 80% of respondents claiming not to have missed a dose in the previous seven days. Forgetting was the most common reason for medication omission, while alcohol abuse decreased the likelihood of medication taking. One-third stated that the support of family, friends and health professionals increased their adherence. For 11% of respondents, significant others had threatened withdrawal of support if medications were not taken. Side effects were annoying for 70% of respondents, but were not a major reason for non-compliance. 68% believed they experienced discrimination because of their illness.

Discussion: The findings showed that three factors – social, medication effects and individual – affected medication adherence. Overall, the complex interlocking of factors affecting adherence emphasised the need for health professionals to form therapeutic alliances with clients that took individual circumstances into account. A model of medication adherence is proposed, based on the study findings and the literature.

Conclusion: The study showed the diversity of factors affecting medication adherence. Limitations included the use of non-probability sampling, recruitment through case managers, and the difficulties of recruiting clients with a history of non-adherence. Further research is needed to identify relationships between factors, and to test interventions to enhance adherence.

Recommended reading:
Weiden, PJ, Dixon, L, Frances, A, Appelbaum, P, Haas, G & Rapkin, B 1991, 'Neuroleptic non-compliance in schizophrenia', in Schizophrenia research: advances in neuropsychiatry and psychopharmacology - Volume 1, eds CA Tamminga & SC Schulz, Raven Press, New

3.5.2
The Caring and Life Management (CALM) study. An RCT of CMHN-led support for carers of people diagnosed with schizophrenia

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Abstract:
Background: Community Mental Health Nurses (CMHNs) urgently require evidence–based interventions in order to meet the requirements set out for carers within UK Government Health policies. A pilot study to develop a new CMHN–led support intervention for carers of people diagnosed with schizophrenia indicated that CMHNs could deliver the intervention but did not indicate if this impacted on carer well being.

Aim: The aim of the Caring And Life Management (CALM) study was to evaluate the effectiveness of the new nurse-led intervention on carers when compared to support normally provided by CMHNs to carers of people diagnosed with schizophrenia. Four key questions were set that related to the extent that each intervention; met carers needs, impacted on subjective burden and service satisfaction, and the way the IV protocol was delivered.

Method: Within this RCT study, nurses with community experience (n=40) and carers of people diagnosed with schizophrenia (n=76) were recruited from two Health Boards within Scotland, and randomly allocated either to the new intervention or a control group. Data were collected at baseline, post intervention (12 weeks) and at 6 month follow up.

Results: While no significant reduction in global scores occurred at either time point between the two groups, significant subscale reductions in subjective burden occurred within each group.

Discussion: This presentation will focus on the background, methodology, data analysis, results, ethics, strengths and limitations, and discussion of findings of this RCT study.

Conclusions: Conclusions will be drawn from the RCT study for the CMHN-led support of carers of people diagnosed with schizophrenia and further research in this area. Also in conclusion, some challenges and possible solutions to carrying out an RCT study within an active CMHN practice setting will be highlighted. Data were collected between Jan 2005 and December 2005.

Recommended reading:
Department Of Health (1999) Caring about carers: A National Strategy for Carers. London. Crown Copyright.

Nolan, M. & Grant G. et al. (1999) Supporting Family Carers: A Facilitative Model for Community Nursing Practice. In: McIntosh, J. (Ed.) Research Issues in Community Nursing. Macmillan Press Ltd. England Ch. 9: 177-201

Geddes, J. & Wessley, S. (2000) "Clinical standards in Psychiatry: How much evidence is required and how good is the evidence base?" Psychatric Bulletin. 24: 83-84

3.6
Theme: Children in hospital

3.6.1
Mozambican nurses' beliefs and practice regarding family involvement in hospital care

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Co author: Kyllike Christensson;

Abstract:
This study describe nurses' beliefs and practice regarding family involvement in the care of hospitalised children in Mozambique. Cultural circumstances influence nurses' everyday practice that is shaped by community culture, organisational hospital culture, nursing culture with a personal view of generic care captured by traditions in families and a professional view of care learned through nursing training. Influences of the institutional culture of a workplace and values inherent in medical science complicate relations in health care settings. The social understanding within a specific workplace with its special characteristics implies that nurses share beliefs and ideas as 'common thinking,' which then influences the way they understand and act in everyday situations. In order to address social-cultural conditions and shared thinking we investigated Mozambican nurses' beliefs and practice regarding family involvement in the care of hospitalised children. Ethnographic fieldwork was used to explore the nurses' involvement of family members in their everyday work. The data production consisted of field descriptions from observations and interviews with 36 nurses. Qualitative content analysis was used. The findings show that nurses' practice of family involvement reflects a society that is poor, hierarchical, family-oriented but at the same time still adaptive. Four themes were identified: family members' presence in order to assist the nurses in the caring, nurses' support and education of family members to be involved in the caring, nurses' shielding of family members from family involvement and difficulties and conditional dilemmas in the nurses' involvement of families. In conclusion the authors state that

emphasising culturally congruent nursing care is necessary if Mozambican families' way of life is to be accommodated. However, to empower family involvement, the nurses themselves need to be empowered. The desired opportunity for nurses to develop culturally congruent family involvement is also closely connected to community awareness and empowerment of children's rights.

Recommended reading:
Söderbäck, M. 1999. Encountering parents: professional action styles among nurses in pediatric care. Göteborg: Acta Universitatis Gothoburgensis, Sweden.

Moscovici, S. 1988. Notes towards a description of Social Representations. European Journal of Social psychology, 18, 211-250.

Villiers, L. & Tjale, A. 2000. Rendering culturally congruent and safe care in culturally diverse settings. Africa Journal of Nursing and Midwifery, Nov. 21-24.

3.6.2
Bubbles, boredom and being bamboozled: Children in hospital

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Abstract:
This paper reports the findings from an ethnographic study of children in hospital to determine what factors support or militate against their safety. Hospitals are social systems, co-created by those who work and interact in them. As the relationship between structure and human action is reciprocal (Thomas 1993) interpretations of what happens in hospital is open to contestation. With a few notable exceptions research on children in hospital is dominated by the perceptions of proxy adults. The exclusion of children's accounts limits the validity of this work. This study seeks to redress this by conducting research in partnership with children to determine what matters to them with regard to their safety and experiences in hospital. Schatzman and Strauss (1999) use the metaphor of mapping to explain the reconnaissance required by ethnographers to establish boundaries, identify gatekeepers and how it is necessary to move beyond the immediate locality of the field in order to completely understand what is going on. I achieved this by working with children who had recently been in hospital to determine that my role would be that of overt researcher. I also used the arguments presented by the children to persuade reluctant gate-keepers of the need for field observations to derive findings grounded in the experiences of children. Much of what I observed was exemplary but there were instances of children being repeatedly ignored or thwarted in their attempts to be heard by the adults around them. The discussion will focus on the final analysis of field observations, field-notes and in-depth discussions with the children and adults on the ward. Recounting stories of bubbles and boredom I will attempt to show how children are often bamboozled by systems, structures and processes intended to empower them. Children refers to children and young people. Data collection 4 months 2006

Recommended reading:
Thomas J., (1993) Doing critical ethnography Sage publications London

Schatzman L., Strauss A., (1999) Stategy for getting organised Issues in qualitative research Sage publications London

3.7
Theme: Interviewing

3.7.1
Dealing with chaos and complexity: The reality of interviewing parents and children in their own homes

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Co author: Alison Goulbourne

Abstract:
Creating an environment which is conducive for meaningful conversation is essential for qualitative research. The setting in which data is collected is critical for the quality of information gained as participants are more likely to open up and communicate if they feel safe, comfortable and relaxed. Our recent experiences interviewing parents and their children with Cystic Fibrosis in their own homes, have led us to conclude however, that interviewing people in their own social setting is messy and competes with methodological purity. Limited attention or print space is paid to this issue as evidenced by a review of recent research papers e.g. "13 individual interviews were undertaken"(Badlan 2006), or at best: "carers were interviewed in their own homes"(Lowton 2002). Attention needs to be given to the challenges social researchers face when interviewing people 'out in the field' hence, we beg the question: How can we as researchers ensure methodological and ethical rigour in both conduct and process during an interview with individuals, when the baby's crying, the dog's barking, the courting couple are needing the sofa back and the front door bell is ringing? We present two case studies of families with a child with a chronic illness, both of which highlight ethical dilemmas relevant to consent, confidentiality, open negotiation and researcher safety - all of which threatened the credibility and integrity of the research process. Sharing our experiences concurs with Johnson et al (2001) who suggest that social researchers should not be daunted but balance reality with rigour through integrity, reflexivity in methodological purity and be critically constructive in their account of their work.

Recommended reading:
Badlan K. (2006) Young people living with cystic fibrosis: an insight into their subjective experiences. Health and Social Care in the Community 14 (3) 264-270

Johnson, M., Long, T., & White, A. (2001) Arguments for 'British Pluralism' in Qualitative research. Journal of Advanced Nursing 33: 2433-9.

Lowton K. (2002) Parents and partners: lay carers' perceptions of their role in the treatment and care of adults with cystic fibrosis. Journal of Advanced Nursing 39(2)174-181

3.7.2
Parents'stories: The use of episodic interviewing

Susan Redman, Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK.

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Co authors: Julie Taylor, Markus Themesllhuber

Abstract:
This paper discusses the relative merits and limitations of using Episodic Interviews (Flick 2000) in contrast to purely narrative or semi-structured interviews. This is addressed within the context of exploring parent's experiences, attitudes and beliefs about the use of smacking as a child rearing practice. Within a qualitative approach to conducting interviews it is important to choose methods that will generate answers to the research question. The style of the interview is crucial to success. The goals in using Episodic Interviewing is to allow participants to tell their story in their own words, situated in the context of their own experience. The researcher uses both generative questions and probing questions to help the story to develop. This method of conducting interviews can be applied to exploring change, routines and everyday life (Flick 2006). Participants were asked to narrate stories of relevant situations from the past, the present and also to look to the future in order to gain a sense of change over time. The utility of Episodic Interview techniques derives from its person-centeredness. The participant is empowered as they choose what they wish to include. At the same time the researcher can experience a real sense of exploration of the topic and surprise as issues may arise that had not been considered previously. The use of episodic Interviewing was found to be an effective method of generating rich data that was biographical and also a comprehensive situated account of events and experiences. Participants could narrate potentially sensitive, personal stories at a point of their choice in the interview, and allowed the researcher to probe these issues deeper.

Recommended reading:
Flick U. (2000) Episodic Interviewing in Bauer M., and Gaskell G. (eds) Qualitative Research with Text, Image and Sound: A Practical Handbook. London. Sage. pp75-92

Bates J. A. (2004) Use of Narrative Interviewing in Everyday Information Behaviour Research. Library and Information Science Research. 26: 15-28

3.8
Theme: Entrepeneurship

3.8.1
Nurse, midwife and health visiting entrepreneurship in the UK

Vari Drennan, Director of the Primary Care Nursing Research Unit, Dept. of Primary Care & Pop. Sciences, Royal Free and UCL Medical School, University College London, UK.

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Co authors: Kathy Davis, Susan Fairly-Murray, Claire Goodman, Charlotte Humphrey, Rachel Locke, Annabelle Marks, Richard Peacock, Michael Traynor

Abstract:
Background: The encouragement of social and commercial entrepreneurial activity is internationally viewed as important in addressing the United Nations Millenium Goals (United Nations 2000). The International Council of Nursing (ICN) has argued that globally a range of social and economic factors have created the opportunities for and the increasing emergence of nurse entrepreneurship (Saunders 2003). While there are global estimates that 0.5-1% of working nurses are entrepreneurs (Saunders 2003 p9), the extent and inter country variation of entrepreneurial nursing and midwifery activity is not known.

Aims: This presentation reports on an investigation into the extent and factors supporting or inhibiting entrepreneurial nurses, midwives and health visitors in the UK

Method: This was part of an NHS SDO Programme funded scoping study into nurse and midwife entrepreneurs and patient choice in the UK. This element of the study used a) an integrative literature review of grey (including UK material on the internet) and published literature, and b) expert key informants to comment and illuminate the analysis from element a).

Results and Discussion: This presentation will describe the methodology and note its limitations. The results are analyzed to form a typology of nurse and midwife entrepreneurship in the UK, offering evidence of the small numbers. Within the different categories of the typology, an analysis is offered of the reported different influences supporting or inhibiting nurse, midwife and health visitor entrepreneurship in the UK context drawing both on the impact of public policies and the literature on women and entrepreneurship.

Conclusion: The number of nurses, midwives and health visitors acting entrepreneurially in the UK are small, reflecting the international picture. This investigation suggests a number of further research questions, including overarching issues of the English government policy emphasis on social enterprise in health and social care provision (Department of Health 2006).

Recommended reading:
Department of Health (2006) Our Health, Our Care, Our Say: a new direction for community services. Cm 6737. London, the Stationary Office.

Sanders E (2003) Guidelines on the Nurse Entre/Intrapreneur Providing Nursing Service. International Council of Nurses. Geneva, Switzerland.

United Nations General Assembly (2000) Resolution 55/2 United Nations Millennium Declaration. http://www.un.org/millennium/declaration/ares552e.pdf last accessed 9/9/06

3.8.2
The promotion of 'nurse entrepreneurs': a policy analysis

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Co authors: Kathy Davis, Vari Drennan, Claire Goodman, Charlotte Humphrey, Rachel Locke, Annabelle Mark, Susan F Murray, Richard Peacock, Maggi Banning

Abstract:
Background: Nursing has come to play a more prominent role in government health policy since 1997, partly because breaking down demarcations between professional groups such as nursing and medicine can assist a managerialist and 'modernising' project of increasing NHS efficiency (Department of Health, 1997).

Aims: This paper examines the way that recent UK government policy around nursing has been expressed and promoted. It does this to give insight into the process of policy articulation and implementation.

Method: The paper analyses policy statements, both documents and speeches, from 1997 and focuses particularly on a key speech from 2003, promoting 'nurse entrepreneurs'. Theoretically it draws on aspects of structuralist and post-structuralist linguistics, for example the suggestion that language use features 'second-order signifiers', words that point directly to a particular concept but go on to signify some more general concept with either positive or negative associations (Barthes, 1972).

Results: The full text and press release of then Health Secretary, John Reid's, first address to the Chief Nursing Officer's conference in November 2003 (The Guardian, 2003) is analysed showing how the potentially risky term 'entrepreneur' was deployed to promote nursing support for particular aspects of health policy but in an incoherent way.

Discussion: In this speech organisational efficiency, chiefly in terms of broader access to NHS services, as well as the role substitution, is aligned, perhaps awkwardly, with government policy on social enterprise and 'sold' to the nursing profession as stealing a march over medicine in terms of new status.

Conclusion: The paper shows an example of how government has attempted to achieve certain policy objectives through the use of particular language and argumentation in a way that can be understood as masking direct intentions with rhetoric intended to make certain goals attractive to particular groups.

Recommended reading:
Department of Health (1997)The new NHS; Modern Dependable. London: Department of Health Cm 3807

Barthes R. (1972) Mythologies. Frogmore, Granada

The Guardian. (2003) The health secretary's speech to the chief nursing officers' conference in Brighton today. 2003 Friday November 14, 2003 [cited 2005 September 1st 2005]; Available from: http://society.guardian.co.uk/NHSstaff/story/0,7991,1085373,00.h

3.9
Theme: Nursing indicators/patient outcomes

3.9.1
Predicting patient risk using staff levels and nurse sensitive indicators

Caroline Shuldham, Director of Nursing & Governance/Quality, Nursing & Quailty, Royal Brompton & Harefield NHS Trust, London, UK.

Co authors: Chris Theaker, Sally Brailsford

Abstract:
Background: Nurse staffing involves balancing appropriate levels of staff against patient risk. Research in the United States (Aiken et al 2002; 2003, Needleman et al 2003) has assessed how levels of nursing staff contribute toward patient safety by using nurse sensitive indicators

including rates of pneumonia, pressure sores, patient falls and death amongst surgical patients (failure to rescue). As yet no tool exists that allows prediction of levels of patient risk using levels of nurse staffing and nursing sensitive indicators.

Aims: To determine if a computerised model using regression analysis was able to predict levels of patient safety using levels of nurse staffing and nursing sensitive indicators.

Methods: Data between October 2004 and December 2005 on nursing sensitive indicators in the form of patient falls, pressure sore incidence, mortality, sepsis, DVT, GI bleeding and shock were entered into the computer model along with nurse staffing levels from Intensive Care, High Dependency, transplant, cardiac medical and surgical wards.

Results: Despite 15-months of data, the model has indicated that more data is needed to provide accurate predication. In its present form, the model can estimate the percentage of predicted deaths, with confidence intervals, against known levels of nurse staffing, however the lack of data means that these results have to be interpreted with caution.

Discussion: Our research has demonstrated that it is possible to explore the relationship between levels of nurse staffing and patient risk by incorporating nursing sensitive indicators.

Conclusions: Significant amounts of data are required to predict accurately patient risk using nursing sensitive indicators and levels of nursing staff. This study has provided a small step in an important area.

Recommended reading:
Aiken L.H., Clarke S. P., Sloane D.M., Sochalski J., Silber J.H., 2002. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. Journal of the American Medical Association 288 (16), 1987-1993

Aiken L.H., Clarke S. P., Cheung R.B., Sloane D.M., Silber J.H., 2003. Educational levels of hospital nurses and surgical patient mortality. Journal of the American Medical Association 290 (12), 1617-1623

Needleman J., Buerhaus P., Mattke S., Stewart M., Zelevinsky K., 2002. Nurse-staffing levels and the quality of care in hospitals. New England Journal of Medicine 346 (22), 1715-1722

3.9.2
Identifying patient-centred outcomes for young adults post-stroke and their families

Maggie Lawrence, Phd Research Student, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, UK.

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Abstract:
Background: Every year in the UK approximately 10,000 young adults (aged ⇐----55) experience stroke. The post-stroke needs of young adults are recognised as different from those of older adults, including raising children, the financial/economic impact on the family unit, returning to employment/education, and employers'/co-workers' attitudes towards returning to work.

Aims: The study had three broad **Aims:** 1. to identify outcomes measures used in stroke care and determine their appropriateness for use with young adults and/or their families 2.

to describe the needs and priorities of young adults and their families and to determine if these change over time 3. to describe current service provision for young adults and/or their families and to compare this with perceived needs

Methods: Three data collection methods were utilised:

- systematic review of the patient-centred stroke literature

- qualitative interviews with ten young adults post-stroke and seventeen family members, over a period of up to two years

- service-mapping questionnaire, posted to members of the Scottish Stroke Nurse Forum An Advisory Group comprised of young adults post-stroke, carers and an OT, was established. The Group had input to the interview analysis, the write up of the findings and dissemination of results. Importantly, they evaluated and reported on their involvement as lay contributors to healthcare research.

Results: The systematic review identified two patient-centred, stroke-specific measures (Stroke Impact Scale; Subjective Index of Physical and Social Outcome). Thematic analysis of the review papers revealed three qualities intrinsic to patient-centred stroke care: meaningfulness and relevance, quality, and communication. The qualitative service mapping analyses will be completed by December 2006.

Conclusions: The results from the qualitative study will inform the findings from the systematic review. This, together with the results of the service mapping, will provide a knowledge-base to support patient-centred care delivery for young adults post-stroke and their families.

Recommended reading:
Banks, P and Lawrence, M., 2006. The DDA a necessary, but not sufficient safeguard for people with progressive conditions in the workplace? The experiences of younger people with Parkinson's disease. Disability and Rehabilitation, 28(1):13 -24

Banks and Pearson, 2002. Are services meeting the needs of younger stroke survivors? Glasgow: Strathclyde Centre for Disability Research

Hanley, B., et al., 2004. Involving the public in NHS, public health, and social care research: Briefing Notes for Researchers. 4th edition. Eastleigh, Hampshire: INVOLVE Support Unit

3.10
Theme: Phenomenology

3.10.1
Phenomenological nursing research: Methodological insights derived from Heidegger's interpretive phenomenology

Sandra Mackey, Lecturer in Nursing, School of Community Health, Charles Sturt University, Australia, Albury, Australia.

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Abstract:
The phenomenological approach is increasingly being utilised as the method structure for nursing research studies. However, the nursing literature is beginning to reflect a concern

with nurse researchers' adoption of phenomenological methods without, at the same time, laying the philosophical and methodological foundations on which the method is built. It is important for nursing knowledge development through research that the choice of research methodology can be argued for, and is judged to be coherent with, both the philosophical tone of the research and the nature of the research question. In this paper the concepts underpinning Heidegger's interpretive phenomenological philosophy will be examined and discussed in terms of the methodological insights they provide for the conduct of nursing phenomenological research.

3.10.2
Applying hermeneutic phenomenological concepts within a longitudinal qualitative research design

Mooi Standing, Principal Lecturer: Department of Adult Nursing Studies, Adult Nursing Studies, Canterbury Christ Church University, Canterbury, UK.

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Abstract:
This paper explores a methodological issue in relation to a recently completed longitudinal study 'Perceptions of clinical decision-making skills on a developmental journey from student to staff nurse'. A rationale is provided for the application of hermeneutic phenomenology within the research design incorporating a bricolage of complementary techniques (Heidegger, 1962; Denzin and Lincoln, 2000). Applying hermeneutic phenomenological concepts to the research design: Enabling the respondents to reflect upon and relate perceptions of their developmental journey requires a commitment by the researcher to elicit and portray their point of view. The concept of 'Being-in-the-world' (Dasein) conveys an inseparable connection between lived experience and its social and historical context within a 'hermeneutic circle' of interpretation. This suggests that individuals' 'fore-conceptions' (perceptions and understanding of the world and their role within it) carries a personal significance for them in relation to 'Time' (moment in individual's life cycle) and 'Space' (where the individual is situated). To access individuals' private worlds the researcher needs to establish inter-subjective understanding with them from which co-constituted meaning may be revealed. The longitudinal research design applied the above concepts within a bricolage of multiple, strategically timed, individual, in-depth, semi-structured, audio-taped interviews; supplemented by the respondents' reflective journals, care studies and critical incident analyses; complemented by contextual data regarding the nursing programme, practice assessments, and demographic profile of respondents; underpinned by ongoing respondent validation of the interview transcripts and thematic analysis, and the researcher's ongoing reflective commentary. How the paper will contribute to the development of knowledge and practice: Hermeneutic phenomenology offers a way of understanding the unique experience of others, and, as such, it merits serious consideration in nursing research.

The paper will provide practical examples of how researchers may use this approach to facilitate respondents' perceptions of their changing social reality (Van der Zalm and Bergum, 2000).

Recommended reading:
Denzin, N. K. and Lincoln, Y. S. (2000) 'The discipline and practice of qualitative research', in Denzin, N. K. and Lincoln, Y.S. (eds) Handbook of qualitative research. 2nd edn. Thousand Oaks: Sage.

Heidegger, M. (1962) Being and Time. Translated by Macquarrie, J. and Rodinson, E. New York: Harper Row.

Van der Zalm, J. E. and Bergum, V. (2000) 'Hermeneutic-phenomenology: providing living knowledge for nursing practice', Journal of Advanced Nursing, 31 (1), pp.211-218.

3.11
Theme: Workplace bullying

3.11.1
Organisational antecedents and consequences of bullying in the nursing workplace: Results from an Australian study

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Co authors: Lesley Wilkes, Debra Jackson

Abstract:
Background: Australian and international studies identify bullying as a significant problem for the nursing profession, with links drawn between bullying and the retention crisis (Miller 2000; Perrone 1999).

Aims: This presentation will detail findings from the final phase of a study undertaken to differentiate the extent, nature, and effects of bullying in the Australian nursing workplace.

Methods and Results: 6000 surveys were randomly distributed to a cross sectional sample, 370 responses were analysed using SPSS 12 (Statistic Package for Social Sciences). The data will be used to demonstrate the prevalence of bullying and the relationship between experiencing or witnessing workplace bullying and developing illness, psychosomatic disorders, psychosocial distress, interruption to career, and loss of income. In addition, the results of structural equation modelling, undertaken using AMOS (Analysis of Moment Structures) software (Arbuckle 1997) will be presented. The models developed from in-depth interviews from the first stage of this study identify four organisational predictors of bullying in the nursing workplace: misuse of legitimate authority, processes and procedures; organisational alliances between bullies; organisational tolerance and reward, and the normalisation of bullying in work teams. Results presented will demonstrate a causal link between these organisational features and bullying, which in turn, results in psychosocial distress that leads to avoidance and withdrawal at work, and negative health effects that lead to work interruption.

Discussion: The model provides an empirically validated explanation of bullying in the nursing workplace. The findings highlight the cumulative costs of bullying and identify links between organisational features, workplace bullying, and nursing retention.

Conclusions: Of importance, the model identifies how organisational features operate

to perpetuate bullying. The findings have important implications for interventions to address bullying suggesting that instead of a continued focus upon individual education, palliative remedies, and the development of policy, strategies should focus upon managerial and organisational culture.

Recommended reading:
Arbuckle, J. (1997). Amos users guide version 3.6. Chicago, Marketing Division, SPSS Inc., SmallWaters.

Miller, N. (2000). "Recruitment and retention challenges." Nursing Economics 18(5): 261-261.

Perrone, S. (1999). Violence in the workplace. Research and Public Policy Series, No. 22. Australian Institute of Criminology, Canberra, Australia.

3.11.2
Methodological triangulation using concept analysis, confirmatory focus groups and an exploratory survey to explore the nature and extent of the bullying phenomenon in midwifery

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Co authors: Marlene Sinclair, George Kernohan

Abstract:
Bullying affects one in four people in their workplace (Randall 1997). A comprehensive literature search revealed a diversity of methods and research instruments that have been used to investigate the nature and extent of bullying in a variety of workplace settings and countries. Bullying amongst healthcare practitioners has the added potential detrimental impact upon the quality of care. In one of the few studies to explore this issue in the working lives of midwives, 43 % revealed that they had experienced bullying at work (RCM, 1996). Analysis of the current literature led to concerns over the validity and reliability of instruments currently in use and the need for a more encapsulating methodological approach to enhance understanding of the phenomenon. Therefore a hybrid approach to explore the nature and extent of 'bullying in midwifery' was devised using an innovative triangulation of methods. The purpose of this paper is to describe and discuss the process and outcome of this methodology.The process included a concept analysis of bullying and the development of a theoretical framework. The analysis was subject to a process of validation and theory expansion using focus groups of practitioners from a variety of settings (midwife managers, practicing midwives, academic midwives and Union representatives) to evaluate and validate the findings. Following synthesis of the outcomes a questionnaire was developed to encapsulate the main attributes and theoretical suppositions prior to distribution amongst a new cohort of student midwives (n=164). This triangular methodological process has enhanced the rigour of the research by conceptualising, exploring and testing the meaning of bullying in the real-world lives of midwives. Together these elements uncovered compelling evidence of the nature and extent of bullying in midwifery.

Recommended reading:
Randall, P. (1997) Adult bullying perpetrators and victims. Routledge: London

Royal College Midwives (1996) In Place of fear: recognising and confronting the problem of bullying in midwifery. RCM: London

Walker, L.O. & Avant, K.C. (1995) Strategies for theory construction (3rd ed). Norwalk, CT: Appleton & Lange.

Concurrent Session 4

4.1
Theme: Research capacity & capability

4.1.1
Registered nurses working as clinical research nurses: An ethnographic study exploring the role of the clinical research nurse

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Abstract:
The study will be presented as follows:

Background: Generically referred to as "Clinical Research Nurses (CRNs)", the RCN (1998) has acknowledged the emergence of this professional group in health care. With the government's current drive to expand clinical research in the UK, it is anticipated that more nurses will be recruited as CRNs - yet their role is still poorly understood. To date, literature relating to this nursing group is limited and often anecdotal in nature.

Aim: The overall aim of this study was to contribute to the understanding of this role, as seen from the perspective and practices of the Clinical Research Nurses themselves. The Study: Systematic exploration of the issue was carried out by utilizing ethnographic methodology. The data collection methods were participant observation of CRNs in their everyday context, semi-structured interviews and document analysis. Data was collected from a purposive sample of six CRNs with varying years of experience in that role and working in diverse areas of clinical research.

Findings: Three broad ethnographically-cultural themes have been identified following data analysis:

- "Working ethically" - Observing the ethical requirements and boundaries of clinical research.

- "The role is an anomaly" - It appears to be not well supported in various aspects, such as - training, management structures, job titles, job descriptions, recognition and support in the wider health care community.

- "Combining specialist nursing knowledge and skills with a fair degree of administrative tasks" – The nurses of the sample frequently expressed ambiguous attitudes towards this.

Recommendations: Further research in a broader setting is required prior to a review of this role by a national body responsible for nursing development. Training and effective employment of registered nurses in clinical research needs to be scrutinized and addressed. Support mechanisms need to be established, locally and nationally.

Recommended reading:
Hill G, MacArthur J (2006) Professional issues associated with the role of the research nurse. Nursing Standard 20 (39), 41-47

RCN (1998) Employment Brief 22/98 The Clinical Research Nurse in NHS Trusts and GP Practices: Guidance for nurses and their employers. London, RCN

Kenkre JE, Foxcroft DR (2001) Career pathways in research: clinical research. Nursing Standard 16 (5) 41-44

4.1.2
Evaluation of a project to develop nursing research capacity in critical care within an NHS hospital trust

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Co authors: Annette Richardson, Chris Turnock

Abstract:
Background: A project to develop nursing research capacity in critical care within an NHS Trust involved three staff nurse secondments from a critical care unit each undertaking a small scale research project supported by the nurse consultant and an academic at the neighbouring university (DoH 2000 and DoH 2001). This presentation presents findings from an evaluation of the project's effectiveness.

Aim: The aim of the evaluation was to ascertain stakeholders' views of the project's impact.

Methods: The sample for the evaluation consisted of relevant stakeholders, namely the three secondees, a manager from each of the secondees' units, staff from each of the secondees' units including a medical consultant and nursing staff plus the secondees' supervisors, i.e. nurse consultant and two university lecturers. The secondees were interviewed individually, whilst managers and supervisors took part in separate focus groups and unit staff completed a questionnaire. Total sample size was 20.

Results: The evaluation indicates project aims had been met with varying degrees of success. The project's overwhelming value was to benefit secondees. Individual secondees developed confidence in undertaking research, developing skills in proposal and report writing, negotiating and communicating with research participants, statistical analysis, literature reviewing, presentation skills plus become "experts" in a research topic.

Discussion: Whilst the trust's profile benefited from outputs for the three projects, there was limited evidence to suggest that patient care or inter-disciplinary working had improved.

Conclusion: These secondments are valuable staff development tools. To promote enhancement of patient care, the supervision team should focus on becoming a centre of excellence in one subject area, collaborating with other centres as well as utilising a collegiate approach with other professional groups.

Recommended reading:
DOH (2000) Towards a strategy for nursing research and development: Proposals for action. DOH London

DOH (2001) The nursing contribution to the provision of comprehensive critical care for adults. DOH London

4.1.3
The NMAHP Training Scheme: Development of a national training scheme

Martyn Jones, Senior Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK.

Co author: Kate Niven

Abstract:
Introduction: There is a need to build the capability and capacity of Nurses, Midwives and Allied Health Professionals (NMAHPs) to undertake high quality research (HEFC 2001). Choices and Challenges (SEHD 2002, 2004) identified the need for new funding arrangements to develop research capability and capacity in NMAHPs and the importance of the clinical academic career. As a consequence, in 2003 a Consortium of 5 Universities, the CSO funded NMAHP Research Unit and NHS partners bid successfully for £1m to develop a national PhD/Postdoctoral training scheme funded by Scottish Executive Health Department, NHS Education for Scotland and the Health Foundation.

Aim: To describe the development of a national training scheme, the NMAHP Training Scheme.

Methods: This paper will describe key characteristics of the NMAHP training scheme, recruitment strategies for PhD students and Postdoctoral fellows and elaborate details of research support and activity.

Results: Sixty NMAHP candidates were identified across Scotland in a national recruitment campaign in 2004. Six full-time PhD students were appointed in May 2004, with six Postdoctoral fellows appointed in three waves since September 2004. Students/fellows maintain on average one day of clinical contact per week. All research activities are patient-focused. Seven case studies illustrate current PhD/ Postdoctoral activity, including; research in new areas of practice; research contribution to practice and policy development; mixed methods research and analysis of secondary data sets; use of innovative theoretical approaches in practice; access to early career Postdoctoral researchers; developing professional/research leadership.

Conclusion: This highly effective scheme has generated patient focused research of direct relevance to clinical practice, using a range of methodological and theoretical approaches. This research is supported by research groups/ supervisors with international research profiles from the NMAHP professions, social science and health services researchers. The benefit of the scheme extends beyond scheme recipients to patients and NHS Scotland.

Recommended reading:
Scottish Executive Health Department (2002) Choices and Challenges: The Strategy for Research and Development in Nursing and Midwifery in Scotland. Edinburgh, SEHD.

Scottish Executive Health Department (2004) Allied Health Professions Research and Development Action Plan. Edinburgh, SEHD.

Higher Education Funding Council for England (2001) Research in Nursing and Allied Health Professions: Report of the Task Group 3 to HEFCE and the Department of Health. London, HEFCE

4.2.
Theme: Decision making

4.2.1
Critical care nurses' decision making: Sedation assessment and management in intensive care

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Co authors: Andrea Marshall, Rosalind Elliott, Sharon McKinley

Abstract:
Background: Sedation management forms an integral care component of critically ill patients, however there is currently little understanding of how critical care nurses make decisions regarding assessment and management of sedative needs. Further, the impact of formal sedation guidelines on processes of care has not been investigated.

Aims: This study was designed to examine the decision making undertaken by nurses when assessing and managing a critically ill patient. This presentation focuses on the cues and concepts used to determine sedation needs, as well as examination of the influence of a nurse initiated sedation protocol on decision making processes.

Method: Data were collected from five critical care nurses prior to and following implementation of a nurse initiated sedation protocol (Elliott et al., 2006). Simultaneous data collection using 'think aloud' and observation during two hours of patient care were followed by interviews. Data analysis was guided by the principles of protocol analysis (Ericsson and Simon, 1993) and involved integration of data from all collection sources to provide a summary of the range and number of cues and concepts identified. Ethics approval and informed consent were obtained.

Results and Discussion: Participants used an average of 54 cues related to the assessment, physiology and treatment of sedation during two hours of care of a critically ill patient. Concepts related to sedation were multi-faceted, dealing with some or all aspects of assessment, physiology and treatment. The number of cues used by participants increased slightly with the introduction of a nurse-initiated sedation protocol (from 51 to 58), with increasing emphasis on assessment of patient status.

Conclusion: Expert critical care nurses use a vast range of cues to form multi-faceted concepts when making decisions regarding sedative needs. The information used in these decisions focused slightly more on assessment with the implementation of a nurse initiated sedation protocol.

Recommended reading:
Elliott, R., Mckinley, S., Aitken, L. M. & Hendrikz, J. (2006) The effect of an algorithm-based sedation guideline on the duration of mechanical ventilation in an Australian intensive care unit. Intensive Care Med, Aug 8 [Epub ahead of print].

Ericsson, K. A. & Simon, H. A. (1993) Protocol Analysis: Verbal Reports as Data, Cambridge, The MIT Press.

4.2.2
Nurse clinical decision-making in NHS 24 in the UK

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Co authors: Iain Armstrong, Rosemary Rushmer

Abstract:
Background: NHS 24 is a Nurse-led telephone health assessment service, providing out of hours (OOH) access to health care across Scotland. Nurse Advisors (NAs) undertake telephone consultations with (non-emergency) patients in order to assess the nature and urgency of their health care needs. A NA may advise on self care, or decide a referral must take place. Standard referral times (algorithm supported) for a Primary Care Emergency Centre (PCEC) appointment or Home Visit is within 4 hours. However, the NA can arrange a quicker assessment if clinically appropriate. All calls are automatically recorded. The evidence-base regarding Nurse decision-making in telehealth settings is thin and patchy (Bromley 1992). Where Nurses chose to deviate from Algorithm guidance, research is needed to explore the 'gut-feeling' (Senge 1990) used as a resource in their decision-making.

Aim: To examine the NA's clinical decision-making in referring a patient to OOH GPs ←----4 hours.

Methodology: Within one of NHS 24's three contact centres, one Health Board (receives 26,313 NHS 24 referrals per month). 2,300 are Home Visits or PCEC attendance within 4 hours. From these, 20 were selected for detailed analysis in as close to 'live-time' as possible. Nurses used "think aloud" techniques to verbalise their thoughts and feelings at each stage of the call, teasing out their tacit knowledge, professional intuition and logical reasoning regarding decisions to reduce referral times to ←----4 hours.

Results: Data collection is ongoing (finalised March 2007). Suggested early factors impacting on Nurse decision-making include: clinical background; telehealth experience; and shift pattern. Discussion Results will inform decisions surrounding: Nurse recruitment and deployment; induction training; continuous professional development; algorithm guidance and risk management.

Conclusion: This study adds to the evidence-base by suggesting Nurse clinical decision-making in telehealth contexts is complex and goes beyond rote adherence to algorithms. The messages emerging will impact on NHS 24, OOH partners and policy-makers.

Recommended reading:
Bromley, P., & Curley, S. P., 1992. Individual differences in risk taking. In J. F. Yates (Ed.), Risk-taking behavior, pp. 87-132. New York: Wiley

Senge, P. M. 1990. The Fifth Discipline: the art and practice of the Learning Organization Doubleday: New York

4.2.3
Perceptions of clinical decision-making skills on a developmental journey from student to staff nurse

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Abstract:
Background: A personal experience of receiving acute medical care coincided with calls for NHS reform to promote quality assured, evidence-based care. This prompted me to explore the personal experience of those learning to provide such care.

Aims: To understand, from the perspective of nursing students, how they acquire clinical decision-making skills and how well prepared they feel in this respect, concerning their responsibilities as qualified nurses.

Methods: A purposeful/prospective sample of 20 respondents, representative of the student cohort regarding qualifications, age, gender and preferred branch of nursing, was recruited. In-depth, individual, semi-structured interviews (tape-recorded) explored respondents' perceptions and experiences of clinical decision-making, annually (2000 - 2004). They also referred to reflective journals, care studies and critical incident analyses in recording, recalling and reflecting upon their developmental journeys.

Results: 'Caring', 'Listening and being there', 'Practical procedures', 'Knowledge and understanding', 'Communicating', 'Patience', 'Teamwork', 'Paperwork', 'Empathising and non-judgemental' and 'Professional' conceptions of nursing themes were identified. 'Collaborative', 'Experience', 'Confidence', 'Systematic', 'Prioritising', 'Observation', 'Standardised', 'Reflective', 'Ethical sensitivity' and 'Accountability' clinical decision-making themes were also identified. A 'Matrix model' provides a timeline of the respondents' developmental journey through significant milestones and changing contexts. It also conveys a growing pattern of interrelationships within the thematic analysis between respondents' conceptions of nursing and their understanding of clinical decision-making.

Discussion: The respondents' journey reflected the transition from novice to competent practitioner (Benner, 1984). The findings support Higgs and Titchen (2001) view that personal experience, as well as theoretical and practical knowledge, informs nursing practice. Hamm's (1988) cognitive continuum would need to incorporate survey and qualitative methods, tacit knowledge, and an ethical dimension to encompass the respondents' collective perception of clinical decision-making.

Conclusion: The findings offer unique insights into the subjective experience of a group of nursing students/newly qualified nurses in developing and applying clinical decision-making skills.

Recommended reading:
Benner, P. (1984) From novice to expert. Menlo Park, CA: Addison Wesley.

Hamm, R. M. (1988) 'Clinical intuition and clinical analysis: expertise and the cognitive continuum' in Dowie, J. and Elstein, A. (eds) Professional judgement: a reader in clinical decsion making. Milton Keynes: OUP.

Higgs, J. and Titchen, A. (2001) Practice knowledge and expertise. Oxford: Butterworth Heinemann.

4.3
Theme: Diabetes

4.3.1
A study of factors affecting self-care behaviours in patients with type 2 diabetes with a view to improving outcome: Phase I

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Co authors: Iris Benzie, Vivien Coates

Abstract:
Background: Type 2 diabetes is a serious global health problem, but is of particular concern in developing countries, including China (King et al. 1998). Despite advances in diabetes management, treatment often does not meet desired targets (Funnell & Anderson, 2000). This may be due to factors that affect self-care and lifestyle behaviours deleteriously, impacting on glycaemic control and increasing complications risk.

Aim: To perform a preliminary study of factors affecting self-care behaviours of patients with type 2 diabetes that impact on management, and with a view to improving patient outcome.

Methods: A quantitative descriptive exploratory survey. A convenience sample (n=187) of consenting Type 2 diabetes patients (mean age 61, range 26-86) recruited from a local diabetes clinic were interviewed. Questions covered five self-care behaviours (adherence to diet advice, medication compliance, self-monitoring of blood glucose (SMBG), exercise and foot care), knowledge and perceptions of diabetes, and renal complications. Patient demographics and HbA1c data were collected. Questionnaire content validity was 0.72-1.0; correlation of test-retest scores was 0.79-0.99. Multiple regression was performed between attitudes and perceptions (as predictors) and self-care behaviours and HbA1c (dependent variables).

Results: After controlling for age and number of years since diagnosis, a significant ($P<0.001$) influence of knowledge and perceptions of diabetes on the reported self-care behaviours of SMBG, exercise and foot care was found. The reported ability of self-care was related significantly to HbA1c ($P<0.05$).

Discussion & Conclusion: These preliminary findings show that patients' knowledge of and attitudes to diabetes, its treatment and complications impact significantly on the self-care activities of SMBG, exercise and foot care, and on glycaemic control. Further work is being performed to investigate more deeply how these factors affect daily self-care activities and to determine how nurses and patients can work together to overcome barriers to improve self care and management. Key words: knowledge, attitude, diabetes self-care

Recommended reading:
King H, Aubert RE & Herman WH 1998, Global Burden of Diabetes, 1995-2025: prevalence, numerical estimates and projections, Diabetes Care, vol 21, no. 9, pp. 1414-1431.

Funnell MM & Anderson RM 2000, The problem with compliance in diabetes. Journal of American Medical Association, vol 284, pp. 1709.

4.3.2
An audit study exploring factors that contribute to care outcomes in people with Type 2 diabetes managed in primary care

Freda Mold, Research Associate, Florence Nightingale School of Nursing & Midwifery, King's College London, London, UK.

Co authors: Angus Forbes; Alison While

Abstract:
Background: The incidence of Type 2 diabetes is rising. Effective management can reduce preventable complications. There is a shift from secondary to primary care.

Aims: To explore factors contributing to care outcomes and to describe the metabolic health of participants.

Method: An audit of electronic medical records in 3 general practices in London (n=646 patients with Type 2 diabetes). The full range of clinical data were extracted. 3 stages of analysis were undertaken: descriptive statistics, relationships between independent factors, and modelling.

Results: More than two thirds of patients were over 60 years. 48% had poor glycaemic control (HbA1c over 7.6). Poor control was associated with younger age, non-white and longer duration of disease. Many patients were on maximum dose of oral hypoglycaemic agents. 46% had a BMI of greater than 30 and 38% had a BMI of 25 -29.9. Poor management of hypertension and lipid levels was also found. Variable levels of concordance were noted relating to attendance at dietician appointments, foot and eye clinics. Level of consultation varied across ethnic groups. There were some significant relationships between diabetes outcomes, patient characteristics and the care process.

Discussion and Conclusions: The modelling identified the patient group to target and areas of care needing improvement. Systematic recording between professional groups and the use of EMIS will be discussed.

4.3.3
Randomised controlled trial of the type 2 diabetes manual self-management intervention

Jackie Sturt, Senior Lecturer in Social Sciences, Centre for Primary Health Care Studies, University of Warwick, Coventry, UK.

Co authors: Jeremy Dale, Sandra Eldridge, Andrew Farmer, Claudie Fox, Frances Griffiths, Hilary Hearnshaw, Melanie Wakelin, Sandra Whitlock on behalf of the Diabetes Manual trial group;

Abstract:
Background: The Diabetes Manual is a type 2 diabetes self-management, one to one primary care, intervention underpinned by self-efficacy theory. It incorporates 2-day nurse training, patient work book, relaxation and Q&A audiotapes and proactive telesupport and aims to help patients develop diabetes management skills confidently and progressively.

Objective: To report the effectiveness of the Diabetes Manual for improving HbA1c, self-efficacy and quality of life 6 months. Methods This cluster RCT recruited patients in random order from 48 practice diabetes registers. Patient eligibility was diagnosis of type 2 diabetes, HbA1c $\longrightarrow$ 7% and ability to read/write English. Patient baseline data were collected prior to computer randomization in 2005 to intervention (23 practices/114 patients) and 6-month delayed intervention arms (25 practices/131 patients). Data collection is complete and intention to treat analysis will be finalised in October 2006.

Results: The study population has the following mean variables HbA1c 8.86%, Blood Pressure 138.9/80.1 and BMI 31.69. Eighty percent of participants were white, 60% male and 50% are aged between 51-69 yrs. Preliminary results indicate no significant between group difference in mean HbA1c from baseline to 6 months. Improvements appear to be seen in both self-efficacy (p-value 0.0014) and diabetes quality of life (p-value 0.012). Sub-group analysis indicates improvements in HbA1c in the following participants, females (p=0.02), older people (p=0.006), those with higher index of multiple deprivation (p=0.048) and those diagnosed within previous year (p=0.002).

Discussion: The preliminary outcomes are concordant with the theoretical framework used to underpin the intervention. The primary outcome showed no significant improvement and further longitudinal studies need to investigate the relationships between psychological and clinical outcomes in the management of long-term conditions.

Conclusion: The preliminary findings suggest that the Diabetes Manual if effective in improving diabetes management self-efficacy and diabetes quality of life.

4.4
Theme: Workforce

4.4.1
"A wealth of knowledge". The employment experiences of older nurses, midwives and the NHS

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Co authors: Helen Gibson, Roger Watson, Anne Stimpson

Abstract:
This paper presents data on the employment experiences of older nurses and midwives working for the NHS, with a focus on age, ethnicity, ill-health and disability. This three year project was funded by the European Social Fund (ESF) and concluded in September 2006. The nursing and midwifery workforce is ageing (Buchan 2005). The retention of this experienced pool of nurses and midwives is a key factor in maintaining patient health in the NHS (Lankshear et al 2005). A survey was undertaken of nurses and midwives aged 50 years or over and a sub sample of nurses under 50. 2665 surveys were distributed to 13 NHS trusts and PCT's and 510 were returned (response rate = 20%). Telephone interviews were also conducted with 27 nurses and midwives. GHQ and SF12 were also used. Data was analysed using SPSS (11.5) and NVivo (7.0). The following findings will be presented and discussed. Older nurses felt disadvantaged in relation to accessing CPD and had undertaken fewer CPD activities than nurses under 50. Having a work related illness was positively correlated with experiencing discrimination and also had a negative impact on quality of life and psychological morbidity. Having a work related illness did not limit undertaking CPD activities but did provide greater barriers to accessing

CPD. Quality of life was not related to ethnicity but black nurses reported lower psychological morbidity than other ethnic groups. Having a disability had a negative effect on quality of life. Statistical significance was found in a number of key areas including age, work related illness, disability and ethnicity. Access to CPD appeared to be a key factor for all groups. The NHS needs to ensure that the needs of this older workforce are met in order to retain their valuable skills and experience.

Recommended reading:
Buchan J., 2005. RCN UK nursing labour market 2004/2005. Royal College of Nursing, London

Lankshear et al 2005. Nurse Staffing and Healthcare outcomes: A systematic Review of the International Research Evidence. Advances in Nursing Science. Vol 28, No 2, pp 163-174

4.4.2
Regional movement of adult branch nurses in early career: Winners and losers

Trevor Murrells, Statistician/Research Data Manager, Nursing Research Unit, King's College London, London, UK.

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Co author: Sarah Robinson

Abstract:
As each region seeks to meet the healthcare needs of its population, recruiting and retaining a sufficiently staffed workforce are high priorities for HR managers. Strategies, however, may need to be specifically formulated for a workforce comprised of diverse groups. This research seeks to contribute to the development of strategies for nurses, with findings on the regional movement of diplomate nurses in early career. Data were drawn from a nationally representative cohort of adult branch diplomate nurses who were surveyed at qualification (1596) and then at 6 months (1339), 18 months (1117) and 3 years (900) when respondents provided career chart information on activity (e.g. nursing, courses, maternity leave, agency/bank), activity start and end dates and for each job: geographical location, employing organization, specialty and grade. A meaningful and operational definition of retention was generated from an inspection of the nurses' event histories. Regression modelling was used to investigate whether variations between regions in the proportion of first nursing jobs not in their training region and time engaged with nursing in training region could be attributed to differences in profile variables. Age, partner, children, plans (time planning to stay in first nursing job, UK nursing at 3 years) were associated with regional movement in some but not all models. Profile variables had only a limited impact on regional estimates. Diplomates who trained in London and the South East were more likely to start a first nursing job in another region and those from the South West and North West were least likely. London, South East and South West lost nurses who started nursing in their training region at a greater rate to non-nursing activities than other regions. The London findings support those from studies of healthcare professionals (Buchan et al 2003).

Recommended reading:
Buchan, J., Finlayson,B., Gough,P. (2003) In capital health? Meeting the challenge of London's healthcare workforce. The King's Fund, London.

4.5
Theme: Neonatal

4.5.1
Ownership of the very preterm infant: A question for neonatal practice

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Co author: Dr Julie Taylor

Abstract:
Background: Nursing practice within neonatal intensive care has changed enormously over the last 25 years. There is now greater emphasis placed on the support neonatal nurses can provide for parents and their very preterm infants. A number of studies have identified that neonatal nurses can make an important contribution to the early experiences of parents. This can both mediate and moderate the quality of the parent-infant relationship. 'Possession' of the very preterm infant appears to be an emerging issue.

Aims: The aim of this presentation is to explore the findings related to 'possession' that were identified in a study exploring the early experiences of parents of very preterm infants.

Methods: A qualitative methodological approach underpinned this two phased study. Twenty biological parents of infants born at less than 30 weeks gestation were interviewed in the first phase. In the second phase, 11 members of nursing staff were interviewed. Analysis was carried out using constant comparative techniques.

Discussion: While there were many examples of facilitative practice by neonatal nurses, there was also evidence of practice that was less facilitating. Some nurses felt that they 'owned' the infant they were caring for, while others felt that they were in a position to make decisions on behalf of the infant without asking the parents. This led to parents being excluded from fulfilling their parental rights and responsibilities. Issues of consent to treatment were particularly illuminating: whilst minor interventions required parental consent, some life-threatening procedures did not require permission. In the light of the Bristol Enquiry this is worth further exploration.

Conclusion: The findings contribute to the knowledge and understanding of the context of neonatal care in which this parenting group develop understanding of their parenting roles and rights. Clinical practice can be enhanced by reflecting on parental experiences and understanding parental responsibilities.

Recommended reading:
Alderson, P., K. Ehrich, et al. (2004). Foretelling futures:dilemmas in neonatal neurology a social science research project 2002-2004. Wellcome Trust Bioethics

Kennedy, I. (2001). Learning from Bristol, Report of the public inquiry into children's heart surgery, 1984-1995. London, Stationary Office.

Shields, L., I. Kristensson-Hallstrom, et al. (2003). "Who owns the child in hospital? A preliminary discussion." Journal of Advanced Nursing 41(3): 213-222

4.5.2
Primitive neonatal reflexes, breast-feeding and biological nurturing

Suzanne Colson, Senior Midwifery Lecturer, Midwifery and Child Health Studies, Canterbury Christ Church University, Canterbury, UK.

Abstract:
Background: Mothers the world over are encouraged to breastfeed exclusively for six months yet continuance rates in Britain and France remain low with few sustaining breastfeeding beyond six weeks.(1) Biological Nurturing (BN), promoting cuddling in (semi)-reclined maternal postures where the baby's body faces and touches the mother's, appeared to facilitate breastfeeding in prior research by triggering primitive neonatal reflexes (PNRs) or inborn unconditioned responses to environmental/endogenous stimuli. Although three feeding PNRs, rooting, sucking and swallowing, are recognised no research has investigated others as feeding stimulants.(2,3)

Aims: To discover if and how BN releases PNRs, examining and comparing their potential feeding role in bottle/breastfeeding postures/positions.

Design: Mixed methods approach selecting a concurrent nested framework supporting a comparative, descriptive study

Method: Videotaped semi-participant observations

Participants: 54 healthy mother/baby pairs recruited using quota sampling to stratify gestational age (37-42 weeks), a key variable associated with PNR expression.

Setting: Paris, France, SE England

Results: 14 bottle feeders, none in BN postures/positions and 40 breastfeeders (80%, changing to BN postures/positions in response to problems) studied; 100% (87.5% exclusive) breastfeeding at six postnatal weeks. 20 PNRs described, compared and validated as feeding reflexes.

Discussion: Analysis suggested that PNRs could either help or hinder. BN maternal postures appeared to encourage full ventral feeding, a phenomenon documented previously in other mammals but not in humans. Acting in synergy BN positions/postures appeared to maximise gravitational forces, releasing more PNRs as feeding stimulants than traditional upright bottle/breastfeeding postures, enabling infants to find the breast and self attach even whilst asleep.

Conclusion: Challenging aspects of current breastfeeding support, this work, mapping 17 newly configured PNRs in the feeding context, is the first step in developing an instrument to augment and enhance clinical assessments supporting breastfeeding continuance. The presentation will summarise the study and project video clips comparing the positional helping/hindering mechanisms.

Recommended reading:
Renfrew, M., Dyson, L., Wallace, L. et al. (2005) The Effectiveness of Public Health Interventions to Promote the Duration of Breastfeeding Systematic review. (1st Edition) National Institute for Health and Clinical Excellence. (NICE) Mid City Place 71 Hi

Colson S., DeRooy L. and Hawdon J. (2003) Biological Nurturing increases breastfeeding duration MIDIRS 13:1 92-97

Prechtl, H.(1977) The Neurological Examination of the Full Term New Born Infant. (2nd Edition) Clinics in Developmental Medicine No 63. London: William Heinemann Books Ltd (Spastic International Medical Publications)

4.5.3
Breastfeeding in neonatal units: A review of publications 1990-2005

Rhona McInnes, Clinical Research Fellow, Nursing Midwifery and Allied Health Professions Research Unit, University of Stirling, Stirling, UK.

Co author: Julie Chambers

Abstract:

Introduction: Breastfeeding is associated with significant health advantages, including greater physiological stability, for the low birthweight (LBW) infant and the mother (Bier et al., 1997; Schanler et al., 1999; Furman et al. 2003). Given the physical, emotional and psychological importance of breastmilk for the LBW infant and the mother it is crucial that we identify processes within the neonatal unit which support the mother to breastfeed her infant.

Aim: To present the findings a systematic review of published interventions to support breastfeeding in neonatal units with the aim of contributing to the evidence base of best practice in the UK.

Methods: Thirty-six experimental studies published between 1990-2005 which had breastfeeding or the provision of breastmilk as an outcome and which targeted low birthweight infants or their parents or were based in a neonatal unit were reviewed.

Results: The topics identified were use of artificial teats, support and education, skin-skin or Kangaroo Mother Care (KMC), early discharge, fortifiers, galactagogues, the Baby Friendly Initiative and test weighing. KMC consistently demonstrated advantages for the infant in terms of physiological stability, reduced morbidity and increased breastfeeding. The majority of KMC studies were based in developing countries, however, if they were acceptable to UK health professionals and mothers, may provide significant advantages for the infant, the mother and the health services. In addition, where supplementation was required, the avoidance of a bottle gave better outcomes. The impact of other procedures on breast-feeding outcome was limited, mainly because few studies followed the population beyond discharge from the neonatal unit. A number of gaps in the evidence were noted in particular with regards to good quality UK based studies.

Conclusions: More research is required to explore the physical and emotional barriers to breastfeeding in this vulnerable population and to identify appropriate interventions to improve breastfeeding outcomes.

Recommended reading:

Bier JAB; Ferguson AE; Morales Y; et al. 1997 Breastfeeding infants who were extremely low birth weight Pediatrics; 100 (6): e3

Schanler RJ, Hurst NM, Lau C. 1999. The use of human milk and breastfeeding in premature infants. Clin Perinat; 25 (2): 379-397

Furman L, Taylor G, Minich N et al. 2003. The effect of maternal milk on neonatal morbidity of very low-birth-weight infants. Arch Pediatr Adolesc Med; 157:66-71

4.6
Theme: Qualitative

4.6.1
Is the question which you asked the same one that the respondent answered?

Laurence Moseley, Professor of Health Services Research, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK.

Abstract:

Much nursing research involves asking respondents questions. For the work to be reliable one must be confident that the words used mean the same to the researchers and to the respondents. Merely writing questions without testing them does not guarantee eplicability or robustness. This paper describes a method for attributing meaning to questions by using a social consensus exercise in advance of issuing the questionnaire, and helps to counter accusations of researcher bias. We needed 22 statements which reflected clinicans' positive or negative views of computerised decision support systems. Each of them had to be placed on an 11-point scale (-5 to +5). The research team (Professor of Nursing, Psychologist, Data analyst) devised statements which were then put to a representative judging panel to allocate positive or negative scores to each. A statement was held to be meaningful if the 10-person judging panel could all agree within 3 contiguous points of the 11-point scale and their mode was the mid-point of the 3. Items which did not achieve consensus on that criterion were simply thrown away on the grounds that they were meaningless, and new items devised and tested. The most important methodological finding was that 91% of the items devised by the research team had to be thrown away as meaningless. We know of no other study in which such an estimate has been made. When the final scale was administered to a sample of clinicians, 50 were undecided, 30% largely positive, and 20% enthusiastically positive. The development work using social consensus ensured that researcher bias had been designed out of the study in advance. This method could or should become a standard element of questionnaire or scale design in nursing.

4.6.2
Translation and back translation in qualitative research

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Abstract:

In many qualitative nursing researches, data are collected in original language (ex. Chinese) and the findings are presented in English. Specific procedures are involved in translation and back translation and the researcher considers equivalence of meaning to be the most important aspect of translation. No standardised procedures exist for measuring the influence of translation on the validity and reliability of qualitative data in nursing research. This paper presents the following translation procedures from literature review and the researcher's experiences, in order to achieve accuracy in the translation process. First, transcribe verbatim the content of interviews and observations data in original language, and then analyse them. After the concepts and categories emerged, two bilingual translators are necessary. They will translate the concepts and categories into English, and the final English version is reached by agreement by both translators. The next step is to ask another bilingual to take the English version and back translate the concepts and categories from English to the original language. In order to gain conceptual equivalence and the words used which most native speakers would understand, an expert panel committee is involved. The translation procedures development could provide the qualitative nursing researches a guide when their research is collecting data in one language and presenting in another language. In this way, the rigour in qualitative nursing research could be achieved.

Recommended reading:

Twinn, S. (1997) An exploratory study examining the influence of translation on the validity and reliability of qualitative data in nursing research. Journal of Advanced Nursing 26, 418-423.

McDermott, M.A.N. & Palchanes, K. (1994) A literature review of the critical elements in translation theory. IMAGE: Journal of Nursing Scholarship 26(2), 113-117.

Bracken, B.A. & Barona, A. (1991) State of the art procedures for translating, validating and using psychoeducational tests in cross-cultural assessment. School Psychology International 12, 119-132.

4.6.3
Deconstructing 'empowerment': Imperative reality or plastic tokenism

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Abstract:

Empowerment is central to the National Health Service modernisation agenda and nurses, who play a fundamental role in this endeavour, have been asked to empower others (DoH, 2004). In order to exert influence in the social arena, improve the care of all people, and facilitate the empowerment of others, nurses themselves must be empowered (Rodwell 1996). Leyshon (2002:474) argues that empowerment is pivotal to the 'purpose of professional nurse education', but suggests that nursing curricula in this regard are being developed without due consideration of the complexities involved and with limited critical debate. This paper presents findings from a five-year longitudinal study (data collection completed in 2004) that aimed to explore a purposeful sample of nursing students' (n=125) understanding and experiences of personal empowerment. These nursing students were engaged in an initial preparation programme that was based upon an empowering philosophy. Content analysis of transcripts from semi-structured interviews (n=52) and focus group interviews (n=13), revealed that nursing students experienced empowerment when their contributions to the clinical areas were valued, they were able to act as advocates for patients and contribute towards the development of learning environments. Conversely, nursing students felt disempowerment when they experienced tokenism, that is, 'plastic empowerment' - being a pawn in someone else's chess game. Empowerment in this context was used to increase control of the clinical and university learning environment through manipulation of norms and values. This experience, however, enabled some nursing

students to recontextualise their learning and working processes to successfully confront this control. Indication of the results at this stage suggests that empowerment may indeed be an ethical imperative but it may also represent a powerful means to promote control. An empowering approach holds utility but is complex and open to reconstruction; therefore, it must be used in a reflexive and realistic way.

Recommended reading:
Leyshon, S. (2002) Empowering practitioners: an unrealistic expectation of nurse education. Journal of Advanced Nursing. 40 (4) 466 – 474.

Rodwell, C. (1996) An Analysis of the Concept of Empowerment Journal of Advanced Nursing. 23 305 - 313.

Department of Health (2004) NHS Knowledge and Skills Framework. DoH. London.

4.7
Theme: Psychosocial

4.7.1
Establishing the inter-rater reliability and the construct validity of the Irish Nursing Minimum Data Set for mental health nursing

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Co authors: Roisin Morris, P Anne Scott, Padraig MacNeela, MP Treacy, Abbey Hyde, Anne Byrne, Julian O'Brien, Jonathan Drennan

Abstract:
The Nursing Minimum Data Set (NMDS) represents an attempt to standardize the collection of essential nursing data to meet the information needs of multiple data users in the health care system. The NMDS can be used to compare nursing data across geographic areas and clinical populations, to project future trends in nursing care, to stimulate nursing research and to inform nursing education. The Irish Nursing Minimum Data Set (I-NMDS) for mental health nursing contains two separate scales; one designed to measure the severity of client presenting problems and another to measure the level of nursing interventions required to care for the client. This study aims to establish the construct validity and inter rater reliability of the I-NMDS through the collection of data from community and acute mental health nursing settings. In order to establish the construct validity of the I-NMDS, data was collected over 5 working days from 360 mental health nurses in 12 hospitals throughout Ireland. Exploratory Factor Analysis was used to examine the underlying construct of the tool. Using Maximum Likelihood extraction and a Promax rotation, a 5 factor model resulted for the problems scale and a 3 factor model resulted for the interventions scale. The internal consistency of the resulting sub scales was established and the factor structure was found to be stable over time. The inter rater reliability of the I-NMDS was tested in among nurses working in one community day centre. Using the I-NMDS for mental health nursing, pairs of nurse raters independently rated 30 clients over a period of two weeks. Cohen's weighted kappa and percentage agreement scores were used to establish the inter rater reliability for the I-NMDS. While an acceptable level of reliability was observed, prevalence in the data was noted to interfere with kappa scores.

4.7.2
Pilot evaluation of the pictorial 'How are you feeling' tool to assess psycho/social health of women who have English as a second language

Gina Higginbottom, Principal Research Fellow, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, UK.

Co authors: Kate Gerrish, Nigel Mathers, C Adams, S Nancarrow, M Campbell

Abstract:
Background: Women who speak English as a second language may experience difficulty in expressing their feelings during the post-natal period and suffer high prevalence of maternal mental illness. This mixed methodology study (Randomised Control Trial, Focus Groups Interviews and Semi-Structured Interviews), aims to evaluate the CPHVA 'How are you feeling booklets' via an exploratory study which aims to examine a) The effect of the booklets on the quality of client-professional communication b) The booklets value in recognising the health needs of mothers c) The booklets effect on rates of interventions for postnatally depressed women d) Which outcome measures will be most appropriate for the main trial and the necessary sample size We present insights and details of the methodological challenges encountered and preliminary findings.

Methodology: A mixed methodological approach RCT randomisation: By health visitor (HV), 8 in each location (24 HVs) Group 1: Control, usual treatment, no booklets Group 2: Use of booklets with no training Group 3: Use of booklets with a training pack Group 4: Use of booklets with a training pack and training Focus group interviews with HVs/ mothers and individual interviews with mothers Sample: Derived from three centres, Sheffield, the London borough of Camden and Tameside Baseline data collection: Quality of Life tools: SF 12 and Dartmouth Coop Analysis: Quantative data – SPSS, Qualitative Data: Roper & Shapira's (2000) framework aided by NVIVO

Conclusions & Challenges to date: Recruitment – Recruiting sufficient HV Maintaining the interest of the HVs before commencement. Recruiting sufficient women, lost clients, transient population in London Co-ordination – There are difficulties in conducting a study over 3 diverse sites: Local Management structures, governance arrangements, availability of support for participating health visitors

Early outcomes: Professional Learning, Positive local response by senior management and clinical governance departments, Positive response by HVs and their clients

Recommended reading:
Clifford et al (1999) A cross-cultural analysis of the use of the Edinburgh Post-Natal Depression Scale (EPDS) in health visiting practice. Journal of Advanced Nursing. 30)3):655

D'Souza L & Garcia J. (2004) Improving services for disadvantaged childbearing women. Child: Care, Health and Development 30:6, 599-611

Adams, C. Sobowale A (2003). Peri-natal mental health: promoting the mental health of non-English speaking women.Community Practitioner 76(6):208-210

4.7.3
International validation of PTSS-14, a short screening tool for Post Traumatic Stress Disorder

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Co authors: Maurizia Capuzzo; Hans Flaatten, Carl Backman, Christian Rylander, Richard Griffiths

Abstract:
Background: Post traumatic stress disorder (PTSD) affects between 10-20% of patients following critical illness and an admission to ICU (Jones et al 2006). Recognition of the disorder can be difficult as patients are reluctant to talk about how they feel as it makes their symptoms worse. A short screening tool would be helpful in identifying these patients.

Aim: The international validation of a short screening tool for PTSD called the PTSS-14.

Methods: The study was part of a prospective study undertaken in 5 ICUs across Europe examining the incidence of post traumatic stress disorder (PTSD). After ICU discharge the patients recall for ICU was assessed (Jones C et al 2000). At two and three months post ICU discharge the presence of PTSD-related symptoms was measured using the PTSS-14. In addition at 3 months a diagnosis of PTSD was made using the interview tool PDS. The questionnaires were all translated into Norwegian, Swedish and Italian and back translated to check for errors before use.

Results: 241 patients were recruited to the study with 231 completing the 3 month follow-up. The internal validity of the PTSS-14 was good at both 2 and 3 months (Cronbach's alpha = 0.85 and 0.88 respectively). The questionnaire also showed good test-retest reliability between the two time points 2 and 3 months with an intraclass correlation coefficient of 0.9360. The PTSS-14 scores at 3 months showed a Pearson correlation of 0.86 with the PDS indicating good concurrent validity.

Discussion: This study suggests that the PTSS-14 is a reliable and valid tool for screening patients for PTSD. The full diagnostic PDS took on average 45 – 60 minutes to complete, while the PTSS-14 took only 5 minutes. The NICE guidelines for the treatment of PTSD suggest the regular use of a screening tool to assess at risk patients prior to referral to psychological services. Conclusion These results show that the PTSS-14 is a quick and reliable tool for assessing PTSD symptoms that can be used in outpatients to recognise those patients in need of further help.

Recommended reading:
Jones C, Griffiths RD. Advances in Sepsis. 2006;5(3):88-93

Jones C et al. Clin Intens Care. 2000;11(5):251-255.

4.8
Theme: Critical care

4.8.1
Patient care at the end-of-life: Supportive behaviours and obstacles perceived by critical care nurses in Spain

Miriam del Barrio, Nurse Specialist in Critical Care, Clínica Universitaria de Navarra, Pamplona, Spain.

Co authors: Maria Angeles Margall, Mª Carmen Asiain, Leticia Jimeno, Pilar López, Amagoia Ezenarro.

Abstract:
Background: The Intensive Care Unit (ICU) environment is not the most appropriate for the development of the end-of-life process, due to the fact that ICU is a hi-tech setting and its focus is on curing and giving life support, rather than delivering palliative care to patients.

Aims: To investigate supportive behaviours and obstacles that Spanish ICU nurses perceive when caring for patients at the end-of-life. To analyse the relationship between those supportive behaviours and obstacles, and the nurses' demographic characteristics.

Method: A descriptive correlational design was used in five tertiary Spanish hospitals. A convenience sample included 151 critical care nurses. A self-administered anonymous questionnaire (Beckstrand & Kirchhoff, 2005) was used to investigate supportive behaviours and obstacles perceived by nurses providing end-of-life care, in a scale from 0 to 5 (0=not help/obstacle; 5=main help/obstacle). Some demographic data of the sample were also collected.

Findings: Nurses mean age was 35 (min.22-max.57; SD=7.6) and had an average of 9.2 (min.1-max.30; SD=6.9) years of experience working in ICU. `Physicians agreeing on direction of patient care´ was perceived as the most supportive item (mean=4.46); whereas `ethics committee constantly involved in the unit´ as the least supportive one (mean=2.93). The main obstacle for nurses was `patient having pain that is difficult to control or alleviate´ (mean=4.38), and `nurses knowing poor prognosis before family´ was seen as the less important obstacle (mean=1.37). Statistically significant correlations were found between nurses' age and years of experience in ICU and their perception of some helps/obstacles. Statistically significant differences were found between nurses with postgraduate education in intensive care and those without it and their perception of some helps/obstacles.

Conclusions: Intensive care nurses perceive adequate patients' pain management, agreement between health professionals on decision-making, and facilitating a comfortable environment for patients and families, during the whole end-of-life process as a priority.

Recommended reading:
Beckstrand, R.L., Kirchhoff, K.T. (2005). Providing end-of-life care to patients: Critical care nurses' perceived obstacles and supportive behaviors. American Journal of Critical Care, 14:395-403.

Beckstrand, R.L., Callister, L.C., Kirchhoff, K.T. (2006). Providing a "Good death": Critical care nurses' suggestions for improving end-of-life care. American Journal of Critical Care, 15:38-45.

Ciccarello, G.P. (2003). Strategies to improve end-of-life care in the intensive care unit. Dimensions of Critical Care Nursing, 22:216-222.

4.8.2
Systematic review of physiological track and trigger warning systems used by Critical Care Outreach Teams

Ann McDonnell, Senior Lecturer, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, UK.

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Co authors: Tracey Moore, Lisa Esmonde, David Goldhill, Arash Rashidian, Chris Subbe, Kath Daly, Sheila Harvey, Kathy Rowan.

Abstract:
Background: The use of physiological track and trigger warning systems (TTs) outside critical care areas seeks to ensure timely recognition of patients with potential or established critical illness and to ensure timely attendance from appropriately skilled staff. However, a wide variety of TTs are in use and there is no clear evidence identifying the ideal TT.

Aims of the review

- To describe published TTs used by Critical Care Outreach Teams (CCOTs) and the extent to which each has been developed according to established procedures.

- To review the published evidence on the reliability, validity and utility of existing systems.

Methods: Seven electronic databases were searched from 1990 – 2004. Citation searches and handsearches of journals, bibliographies of reports and review articles were undertaken. Relevant experts were contacted. Papers were included if they were published in full and in English, and described the use of a TT or were concerned with the testing or development of TTs, based on a population of adult in-patients outside of critical care areas. The methodological quality of all studies that developed or tested a tool was assessed.

Results: Thirty-six papers were included in the systematic review. Thirty-one described the use of a TT, and five were studies examining the development or testing of TTs. None of the studies met all the methodological quality standards.

Conclusion: There are a variety of published TTs in use. However, there is little published evidence on the reliability, validity and utility of these tools. The implications of this review will be discussed in terms of the development of further research to evaluate tools and the implications for current practice.

Acknowledgements: This paper reports on a systematic review which forms part of a wider study designed to evaluate CCOTs. This is funded by the NHS R&D Service Delivery and Organisation Programme.

Recommended reading:
Department of Health and NHS Modernisation Agency (2003) The National Outreach Report. Department of Health, London.

Laupacis A, Sekar N, Stiell IG (1997) Clinical prediction rules: a review and suggested modifications of methodological standards. JAMA 277:488–494.

Gao H, McDonnell A, Harrison DA, Moore T, Adam S et al. Systematic review and evaluation of physiological track and trigger warning systems. Intensive Care Medicine. In press.

4.8.3
Cochrane systematic review of Critical Care Outreach Services (CCOS) and Medical Emergency Teams (MET)

Jennifer McGaughey, Nurse Lecturer, School of Nursing & Midwifery, Queen's University, Belfast, UK.

Co authors: Fiona Alderdice, Rob Fowler, Atul Kaplia, Marianne Moutray

Abstract:
There is an overwhelming amount of nursing and medical research literature which is often not readily accessible, understood or collated in an easy format to use in everyday practice. With increasing emphasis on the need to underpin practice with research evidence there is a need to draw together all the findings from the available literature. Systematic reviews are now accepted as the most reliable format for collating the available literature to provide reliable evidence to inform health care decisions. This paper provides an overview of the Cochrane Collaboration and focus on the systematic review process which was undertaken as part of an All Ireland Cochrane fellowship on 'Outreach and Early Warning Systems (EWS) for the prevention of Intensive Care admission and death of critically ill adult patients on general hospital wards'. The objectives of the systematic review were to determine the relationship between outreach services and ICU admission patterns, hospital mortality rates, length of hospital stay and incidence of serious adverse events of adult patients who deteriorate on general hospital wards. The criteria for considering studies for the review were clearly identified prospectively in a published protocol (McGaughey et al, 2005). A comprehensive search strategy of databases, hand searching of high-yield journals and conference proceedings, reference lists, contacting authors of relevant papers and critical care Outreach forums and networks was undertaken to locate the evidence. Sixteen studies were identified from the literature and four studies which met the criteria were appraised & data abstracted using a modified version of the Cochrane Review Group data collection tool. The methodological quality of the included studies was assessed. The findings from this systematic review highlight the heterogeneity and the poor methodological rigour of current research on the effectiveness of CCOS and MET. The conclusions and recommendations for practice will be discussed.

Recommended reading:
McGaughey J, Alderdice F, Fowler R, Kapila A, Moutray M. (2005) Outreach and Early Warning Systems (EWS) for the prevention of Intensive Care admission and death of critically ill adult patients on general hospital wards. The Cochrane Database of Systemat

4.9
Theme: Midwifery

4.9.1
Discharge and beyond: Family adjustment during the transition home with a preterm infant

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Co authors: Liz Jones, Tara Becker

Abstract:
The research reported upon in this presentation examined stress and adjustment in families of preterm infants (GA 30-37wks) during the transition from hospital to home. Preterm births account for 7.9% of annual births in Australia (AIWH 2004), consistent with global estimates for developed nations, thus they and their families represent a significant population. Promoting healthy, strong and sustainable families through effective health and social service support forms an important health agenda. The immediate parenting and family stressors associated with the infant's birth have been well documented, adjustment after the initial period far less so. The results of this study inform service targeting, a crucial element in planning effective family and parenting support services. The study examined relationships among stress, coping, parenting efficacy, family resources and support factors. It applied the Resiliency Model of Family Stress, Adjustment, and Adaptation (McCubbin & McCubbin 1993), asking the specific question: how does the transition home after the birth of a preterm baby influence family adjustment, specifically in relation to maternal and paternal stress, parenting efficacy and marital adjustment? Employing longitudinal methods, in a sample of 60 families drawn from 3 neonatal nurseries in Queensland hospitals, data were gathered in 2006 in surveys and semi-structured interviews at two time periods: first, prior to the discharge of the infant, second, 3 months after discharge. Surveys using established measures of core concepts examined predictors of family adjustment and enabled quantitative comparisons between mothers and fathers. In-depth data was gathered from semi-structured interviews concerning social support and coping strategies parents found helpful. This presentation will discuss findings related to the first data point. These findings assist nurses and midwives to understand key factors affecting parenting experience and family adjustment at the point prior to discharge, in order to inform practice and discharge planning that supports this transitional phase.

Recommended reading:

Australian Institute for Health and Welfare (AIWH) (2004), National Perinatal Statistics Unit, Australia's mothers and babies 2002, AIWH.

McCubbin, M. and McCubbin, H. (1993), Families coping with illness: The resiliency model of family stress, adjustment, and adaptation. In C. Danielson, B. Hamel-Bissell, and P. Winstead-Fry, (Eds) Families, Health, and Illness, Mosby, St Louis, Missouri.

4.9.2
Interface pressure comparison of healthy premature infants and various neonatal bed surfaces

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Co authors: Kathleen McLane, Mary Gregurich

Abstract:
Background: Premature infants are vulnerable for a range of problems related to external pressure that result in skin redness or breakdown, pressure ulcers, and abnormal head shape. Many support surfaces and therapeutic beds are commercially available but their effectiveness in reducing skin problems is unknown.

Aim: The aim of this study was to determine interface pressure between the occiput of healthy premature infants and five different bed surfaces used in special care nurseries.

Methods: A quasi-experimental design was used with the dependent variable being the interface pressure obtained under the occiput and the independent variable as the bedding. Measurements were obtained using the Mini-Texas Interface Pressure Evaluator. Power analysis determined sample size.

Results: Thirteen healthy premature infants ($\leftarrow$ 37 weeks), who met criteria, were consecutively enrolled over 4 weeks during October 2004 to measure interface pressures with five bed surfaces randomized as to order: standard crib mattress, crib mattress with foam, mattress with gel donut, mattress with gel mattress, and mattress with water pillow. A one-way blocked analysis of variance was conducted to evaluate the relationship between the mattress surfaces and the interface pressure measurements. A significant difference in the mean of the interface pressures among the five mattress bed surfaces was determined, $F(4,46) = 33.267$, $p \leftarrow 0.001$ with the lowest being the foam overlay. Post hoc comparisons showed a significant difference between the standard crib mattress with and without foam and the other surfaces.

Discussion and Conclusions: Interface pressure is an important consideration when choosing a support surface for premature infants susceptible to tissue compromise and head molding. Variations in interface pressures between neonatal bed surfaces are apparent. Comparison studies of interface pressures using these and other neonatal bed surfaces will be valuable in determining appropriate products for chronic neonatal populations.

Recommended reading:

McLane, KM, Bookout, K, McCord, S, McCain, J & Jefferson LS. 2004, 'The 2003 national pediatric ulcer and skin breakdown prevalence survey', Journal of Wound, Ostomy, Continence Nursing, vol. 31, no. 4, pp.168-178.

McLane, KM, Krouskop, TA, McCord, S & Fraley, JK 2002, 'Comparison of interface pressures in the pediatric population among various support surfaces', Journal of Wound, Ostomy, Continence Nursing, vol. 29, no. 5, pp. 242-251.

Oertwich, PA, Kindschuh, AM & Bergstrom, N 1995, 'The effects of small shifts in body weight on blood flow and interface pressure', Research in Nursing and Health, vol. 18, pp. 481-488

4.9.3
Policies for pre viable infants in the UK: Who cares for the baby?

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Co authors: Julie Taylor, Alexandra Greene

Abstract:
Background: Pre viable infants of less than 24 weeks gestation may be born alive but resuscitative measures may be omitted because it is deemed that treatment will only serve to prolong suffering (Royal College of Obstetricians and Gynaecologists, 2005). Policies have been formulated to direct the care of the family and the infant following birth.

Method: In December 2005 maternity units in the UK were asked if they had specific policies for the care of pre viable infants and were invited to submit their policies for critical review. The critical analysis was undertaken using a framework developed from rhetorical analysis as proposed by Leach (2000) and critical appraisal guidelines.

Results: Of the 302 maternity units contacted, 169 (53%) responded. Forty one per cent of respondents (70) indicated that they had specific policies for the care of the pre viable infant at birth. Forty nine units (29%) sent copies of policies for analysis.

Discussion: The policies direct clinicians to encourage parents to participate in caregiving rituals such as holding, bathing and dressing the dying infant. Clinicians are also directed towards specific observations of the parents. However, the policies make no mention of the potential needs of the dying infant – even though the process of dying may take several hours.

Conclusion: Palliative care is defined as '...an approach that improves the quality of life of patients and their families associated with life-threatening illness through the prevention and relief of suffering...by the means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.' (Sepulveda et al, 2002). This presentation will discuss how and why current policies in the UK for the care of dying pre viable infants fail to meet their basic needs for palliative care.

Recommended reading:

Leach J 2000 Rhetorical Analysis. In Bauer M and Gaskell G (eds) Qualitative Researching with text, Image and Sound. London, Sage.

Sepulveda C, Marline A, Yoshida T, Ullrich A 2002 Palliative Care: The World Health organization's Global Perspective. Journal of Pain Symptom Management 24 (2) 91 – 96.

Royal College of Obstetricians and Gynaecologists 2005 Response of the Ethics Committee of the Royal College of Obstetricians and Gynaecologists to Nuffield Council on Bioethics consultation document The ethics of prolonging life in fetuses and the newbor

4.10
Theme: Education

4.10.1
Educational factors that influence the development of student nurse's work related values

Edward Kinrade, Senior Lecturer, School of Nursing and Primary Care Practise, Liverpool John Moores University, Liverpool, UK.

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Co author: Deborah Mazhindu

Abstract:

Introduction: This paper outlines research findings to date of a doctoral study conducted in the United Kingdom, which identifies some key educational factors influencing the development of student nurse's work related values. Background Health Service policy decisions, workforce planning initiatives and key professional role initiatives (Department of Health 2004), have transformed service delivery and have challenged the caring related value base that lies traditionally at the heart of nursing. Recent media attention (Templeton 2004), have described some nurses as uncaring, and stimulated a reappraisal in popular nursing journals of the core values of nursing practice (Gallagher 2005).

Research Aims: To answer the following questions: Are nurses becoming less caring in day-to-day interactions with their patients? Are student nurses really "too posh to wash?" Which work values do our student's bring with them to their pre-registration programme experience? How are these values affected by their educational experiences at University and in practice placements?

Methodology: A critical, participatory, reflective, qualitative, grounded theory approach was used, involving reflexive semi-structured interviews and a card sort technique, on a convenience sample of thirty student nurses from a large university in the North of England. Participants were interviewed at yearly intervals during their programme and data analysis assisted by Nvivo software.

Results: Traditional caring derived work values were identifyed as being very important to participants. Nurse lecturers are not regarded as positive role models for work related values. Role models in practice placements are regarded as most influential in developing student's values.

Discussion and Conclusions: How and when student nurses develop their work related values is important to understand as these will impact upon nursing practice. Student's work values alter as they experience their education programme and this is key to future nursings core work values. There is insufficient focus on the development of student's work values within pre-registration education programmes. Curriculum design must be more evenly balanced with a planned focus on facilitating development of values based practice.

Recommended reading:

Department of Health (2004) Caring in Many Ways: The NHS Modernisation Boards Annual Report. HMSO. London.

Gallagher A. (2005) Too Clever to Care? Nursing Standard. Vol 19/n018/2005.

Templetonn S. (2004) Nurses Are "Too Clever" To Care For You. The Sunday Times. April 25th 2004.

4.10.2
Perceptions of professional boundaries and identity amongst nurse educators, student nurses and qualified practitioners

Margaret Miers, Professor of Nursing and Social Science, Faculty of Health and Social Care, University of the West of England, Bristol, UK.

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Co authors: Caroline Rickaby; Katherine Pollard

Abstract:

Background: The UK Department of Health has promoted the development of interprofessional learning in a drive to improve communication and collaboration and to promote flexibility in the health and social care workforce. Views on and responses to interprofessional learning initiatives are likely to be shaped by differing constructions of professional boundaries and identities. Such constructions contribute to shaping the process and outcomes of interprofessional learning.

Aims: This study first develops a typology of perceptions of profession and identity derived from theoretical and empirical literature and second utilises the typology to explore qualitative data from an evaluation of an interprofessional curriculum based in one UK faculty.

Methods: A thematic literature review drawing on social science, education and health and social care professional literature informed the development of the typology. Interview data, collected 2002-2006 from 14 nurse lecturers, 50 student nurses and 7 qualified practitioners relevant to professional identities and boundaries were analysed utilising the typology.

Results: The typology explores differences between a 'centred' and 'decentred' professional identity and differences between 'ontological security' and 'doubt and diffusion' both as an individual and as an occupation. Although there were few examples of interview comments suggesting decentred identity diffusion, colleagues and students' comments revealed the prevalence of centred and secure identities, profession-centric but insecure identities, and decentred and flexible models of identity and professionalism.

Discussion: The results suggest that constructions of profession and identity are varied and changing, with potential to increase interprofessional collaboration. Nevertheless data also suggest that learning together does not necessarily decrease concern about threats to professional boundaries and identities.

Conclusion: The typology contributes to an understanding of differing constructions of professions and identity amongst health professionals, necessary in order to review the impact of interprofessional learning on service delivery and workforce change.

Recommended reading:

Davies C (1995) Gender and the Professional Predicament in Nursing. Open University Press, Buckingham

Whittington C (2005) Interprofessional education and identity. In Colyer H, Helme M and Jones I (eds) The Theory-Practice Relationship in Interprofessional Education. Occasional Paper No.7 The Higher Education Academy Health Sciences and Practice Network

4.10.3
An exploration of the diverse role of associate lecturers and their impact on the curriculum and clinical practice highlighting key successes and challenges

Heather Marr, Associate Dean, School of Nursing and Midwifery, University of Dundee, Dundee, UK.

Co authors: Gail Pennington, Jane Harris

Abstract:

Background: Over the past 6 years a large School of Nursing and Midwifery has worked in partnership with local NHS organisations to recruit to and support seconded 'associate lecturer' posts, normally half-time for one year's duration. The original purpose of such secondments was to bring a practice focus to the curriculum while providing opportunities for staff development and enhancement of skills in practice. Since the year 2000 circa 52 members of NHS staff have had secondments of between one and three years and the experiences and outcomes have been much more far reaching than ever anticipated. Anecdotally, a number of successes and challenges ensued and consequently a number of strategies were put into place to maximise opportunities and benefits for all stakeholders. Nationally there had been evidence of varying successes of joint posts therefore our local experience seemed worthy of further investigation and successes and challenges disseminated.

Aim: To explore the diverse role of associate lecturers (AL) and their impact on the curriculum and clinical practice highlighting successes and challenges.

Methods: A multi-methods approach was taken to the investigation utilising the following: Documentary analysis of ALs portfolios and formal Support Documentation Completion of end of secondment questionnaires and concurrent collated feedback from associate lecturers n = 30 Interviews were conducted with associate lecturers (n = 10) and managers (n =10) Focus groups with academic mentors (n = 10), programme/module leaders (n = 10) and students (purposive sample n =10).

Results: Diversity in the roles was highlighted with unclear stakeholder expectations. Successes and challenges were many and varied with, for example the curriculum being enhanced with 'real' practice examples. A high investment in support was required to benefit from a high return. A robust infrastructure was highlighted as a key success for all stakeholders. A more focused approach to linking theory to practice was employed when teaching in the practice context.

Conclusions: There were strengths and challenges regarding infrastructure, perceptions of role in and impact on Higher Education and practice. The need for effective three way communication and an effective partnership infrastructure was highlighted. While benefits outweighed challenges, strategies for successful implementation required sensitivity and creativity worthy of further dissemination.

Recommended reading:

Leigh, J. Howarth, M. Devitt, P. (2005). The role of the lecturer practitioner: An exploration of the stakeholders and practitioners perspective. Nurse Education in Practice, 5, 258-265.

Lazenbatt, A. (2002). Evaluation Research for Healthcare Professionals, London: Routledge.

Fairbrother, P. Ford, S. (1998). Lecturer practitioners: a literature review. Journal of Advanced Nursing, 27(2): 274-279.

4.11
Theme: Systematic review

4.11.1
Systemic antimicrobial prophylaxis for percutaneous endoscopic gastrostomy: A systematic review

Allyson Lipp, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK.

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Co author: Gail Lusardi

Abstract:
The authors will present the research process for this sytematic review.

Background: A percutaneous endoscopic gastrostomy (PEG) is a feeding tube, placed surgically through the anterior wall of the stomach, which delivers a liquid diet and/or medication via a clean or sterile delivery system.

Aim: To establish whether prophylactic use of systemic antimicrobials reduces the risk of Peristomal infection in people undergoing placement of PEG.

Methods: A systematic review was undertaken under the auspices of the Cochrane Collaboration. Ten eligible RCTs evaluating prophylaxis in 1100 patients were identified. All trials found were in English conducted between 1985 -2005, none were unpublished or included children. We extracted data related to validity including randomisation, allocation concealment, loss to follow up, intention to treat analysis and baseline comparability of the sample. Data was extracted for analyses of peristomal infection, adverse effects, mortality, removal of PEG because of infection and increased costs. A meta analysis was performed, where possible using a fixed effects model and the number of PEG infections were calculated from each study.

Results: All trials: * recorded the incidence of peristomal infection as an outcome. * used intravenous antibiotics given around 30 minutes before or immediately prior to PEG placement. * used either a cephalosporin or a penicillin antibiotic for prophylaxis. There were some prescribing differences between trials by way of method of delivery, dose, and timing.

Discussion: The results of this review support the use of systemic antibiotics in the form of a broad spectrum antibiotic as being effective against peristomal infection in PEG placement. This supports current UK, European and USA guidelines and a previous systematic review.

Conclusion: Prophylactic antibiotics in PEG placement results in a statistically significant reduction in the number of peristomal infections. Clinically all PEG placements should be preceded by prophylactic antibiotics.

Recommended reading:
Lipp, A. and G. Lusardi. (2006). "Systemic Antimicrobials for Percutaneous Endoscopic Gastrostomy (systematic review)." Issue 4.

4.11.2
Systematic review as a format for nursing master`s dissertations: A student/staff case study evaluation

Julia Simpson, Senior Lecturer Adult Nursing, School of Health and Social Care, University of Teesside, Middlesborough, UK.

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Co author: Josette Bettany-Saltikov

Abstract:
Background: "Making a Difference" (DOH 1999), emphasises the need for Nursing, Midwifery and Health Visiting professions to have a robust evidence base and apply it to their everyday practice. At our institution final year dissertations (pre 2004) utilised the narrative review format. However this format lacked the necessary methodological and systematic rigour to enable students to make informed professional decisions when determining recommendations for best evidence-based care. This shortcoming has led to the understanding that literature reviews need to be performed systematically (Smyth, 2005).

Aim: to undertake an empirical case study evaluating the Systematic Review as a format for nursing masters' dissertations.

Sample: Six (first cohort) Pre-registration MSc Adult Nursing students, two academic team members, six supervisors and two external examiners.

Research Process: The module was rewritten to incorporate the Systematic Review process as a framework. Students identified a researchable problem which was sequentially developed utilising the components of a systematic review. On completion of the module, students and staff were asked to complete an evaluation tool which provided both quantitative and qualitative data for analysis.

Analysis: Descriptive statistics and thematic content analysis were used to analyse the data.

Results: Feedback from students and staff showed that the systematic review format provided an overall framework that met students` needs enabling them to actively engage with the research review process. Further evidence was provided by the external examiner suggesting there was publishable work in all of the dissertations. These results indicated a high level of student understanding of the fundamental principles of the research process.

Discussion and Conclusions: The Systematic Review format provides students with a nursing dissertation framework which is both methodological and systematically rigorous. The authors recommend this format as the best method to equip the nursing profession with the skills and knowledge to apply best evidence to their clinical practice.

Recommended reading:
Department of Health 1999 Making a difference: strengthening the nursing, midwifery and health visiting contribution to health and health care. London Department of Health

Smyth R.L. 2005 Systematic reviews: what are they and how can they be used? In Craig V.J. Smyth R.L. The Evidence-Based Practice Manual for Nurses. Churchill Livingstone.

Department of Health 2000 Towards a strategy for nursing research and development: proposals for action. London: Department of Health

4.11.3
Developing the methodology: A thematic analysis of quantitative and qualitative papers in a systematic review of the patient-centred stroke literature

Maggie Lawrence, PhD Research Student, Nursing Research Initiative for Scotland, Glasgow Caledonian University, Glasgow, United Kingdom

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Abstract:
Introduction: Patient-centredness is a concept which has emerged in the literature over the past ten years and may be described as underpinning multi-disciplinary rehabilitation. This review, which utilised ground-breaking, inclusive methodology, aimed to identify stroke outcomes measures and patient/family-centred interventions, and to assess the patient-centred nature of those measures and interventions.

Methods: A five stage process was utilised:
Stage 1: literature search: information resources were searched systematically using a predetermined strategy.
Stage 2: inclusion/exclusion: decisions regarding the inclusion/exclusion of papers were made using broad criteria ('stroke'; 'patient-centred').
Stage 3: screening: papers were examined using narrow selection criteria focused on four aspects (population; interventions; outcomes; study design).
Stage 4: data extraction/quality assessment: review-specific tools enabled the extraction of relevant data from papers, including aspects related to the concept of patient-centredness.
Stage 5: review papers underwent a process of thematic analysis; an emergent systematic review method with sufficient flexibility to permit the inclusion of papers reporting research which utilised disparate methodologies.

Results: Eighteen papers were included in the final review. Two clinical measures (Stroke Impact Scale; Subjective Index of Physical and Social Outcome) were identified as tools which facilitated patient-centred practice. Three broad concepts (meaningfulness and relevance, quality and communication) emerged from the thematic analysis.

Conclusions: These three concepts were identified as essential to patient-centred stroke rehabilitation. Patients expressed the need to value both the activities and the goals of therapy if they were to be motivated to participate actively in rehabilitation. Carers and patients described a need for family-focused rehabilitation that incorporated mutually determined and valued goals. Finally, the review revealed that people with post-stroke communication impairments are excluded from both stroke research and from active involvement in the rehabilitation process. The method utilised in this review facilitated the contribution of a valuable addition to the patient-centred stroke evidence-base.

Recommended reading:
Dixon-Woods, M., Agarwal, S., Jones, D., Young, B. and Sutton, A., 2005. Synthesising qualitative and quantitative evidence: a review of possible methods. Journal of Health Services Research & Policy, 10(1):45-53

Sackett, D.L., Rosenberg, W.M.C., Gray, J.A.M., Haynes, R.B. and Richardson, W.S., 1996. Evidence based medicine: what it is and what it isn't. Editorial. BMJ, 312:71-72

Social Care Institute for Excellence, 2006. Using Qualitative Research in Systematic Reviews. 9. London: Social Care Institute for Excellence

Concurrent session abstracts

Thursday 3 May

Concurrent session 5

5.1
Theme: Practice development

5.1.1.

Improving multi-disciplinary team meetings to support discharge planning: A practice development project

Maggie Tarling, Lecturer, Florence Nightingale School of Nursing and Midwifery, King's College London, UK.

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Co author: Hassam Jaffur

Abstract:

Background & Aims: A practice development project was established in a busy Acute Hospital Trust in order to improve multidisciplinary team (MDT) meetings to support effective hospital discharge (DOH, 2003). The aim was to observe MDT meetings, to identify good practice and produce good practice guidance to improve standards and achieve consistency throughout the organisation.

Methods: Non-participant observation was conducted in a total of 12 ward areas over a period of 12 weeks (From January 2005). The following factors were observed: style of leadership, the structure and process of meetings, and documentation. A total of 42 staff were also interviewed, comprising of 18 nurses, 3 doctors, 7 occupational therapists, 5 physiotherapists, 6 care managers, and 3 discharge co-ordinators.

Results: Following observations of MDT meetings it was found that 80% of clinical areas had regular weekly MDT discharge meetings. Three leadership styles were identified and these related to the professional leading the meeting. Overall 62% of clinical areas did not have a clear structure and format to their MDT meetings. Sixty percent of clinical areas were unclear about roles and responsibilities for following up decisions and actions following meetings. And 46% of all MDT meetings had no documentation of actions and decisions following the meeting. Interviews with staff indicated the contribution that each profession felt they made to MDT discharge meetings.

Conclusion: Guidance was developed that recommended that: Each MDT member has a clear working knowledge of patients' condition and relevant social circumstances. There is a clear structure to the MDT meeting with a clear agenda and process. That a common clear documentation process is in place that summarises discussions with actions and those professionals responsible for ensuring actions are completed. A clearer understanding of each professions role within an MDT meeting will improve MDT effectiveness (Halm et al, 2005).

Recommended reading:
Department of Health (2003) Discharge from hospital: pathway, process and practice. London: Department of Health.

Halm MA, Goering M, Smith M (2003) Inerdisciplinary Rounds: Impact on patients, family and staff. Clinical Nurse Specialist. 17 (3): 133 – 142.

5.1.2

A multidisciplinary action research project: Using patient stories to facilitate change

Renate Thome, Lecturer, School of Health Science, University of Wales Swansea, Swansea, Wales, UK.

Co author: Anna Tee

Abstract:

This action research project aimed to improve patient care through the use of patient stories as a catalyst for change. The multidisciplinary research team working on this project consisted of one Occupational Therapist, one Physiotherapist, two Nurse Specialists one Ward Sister and one Staff Nurse, one Speech and Language Therapist and the Patient Experience Facilitator for the Trust. A Nurse Lecturer facilitated the research. Patient stories have been successfully used in the past to bring about change. This project sustained the collection of patient stories over a longer period of time. Thirty stories were collected over a period of 10 months. The project used the ward and unit team to collect and review the stories. Stories were recorded. Two members of the team then listed to them and mapped them into themes. All the mapped stories were brought together on team days and sorted into overall themes. Researchers' impressions while collecting the stories are also recorded. Each researcher kept a reflective account of their experience, giving different levels and perspectives on the stories. Once the stories were mapped and ordered into themes, the team agreed overarching themes and issues arising. An action plan for change was decided on by the researchers. The action plan is presently being implemented and evaluated. Some outcomes are already completed others still are outstanding. This conference paper will focus on the experience of working as a multidisciplinary action research team. It will bring together the main themes of the patient stories, and examine the outcomes and changes that have taken place as a result of this research. The first phase of the research, collecting the patient stories, is now complete and has generated a number of changes and actions such as changes in attitudes in the research team and the making of an educational DVD stemming from the stories patients told. The second phase relating to the action plan is still ongoing but will be completed by May 2007 and the various planned actions will be evaluated by the team. This action research project has already contributed to changes in practice locally and the action plan being undertaken at the moment is expected to bring further changes. Hearing more about what patients feel and think about their care is important and the lessons learnt are transferable to other practice areas. The process of conducting an action research within a multidisciplinary setting will add to the body of knowledge relevant to this methodology.

Recommended reading:
Coghlan, D. Brannick, T. (2005) 2nd ed Doing Action Research in your own Organization. London: Sage pub

Wilcock, M. Brown, G. Bateson, J. Carver, J. Machin, S. (2003) Using patient stories to inspire quality improvement within the NHS Modernization agency collaborative programmes. Journal of Clinical Nursing 2003; 12: 422-430

Sakalys, J. (2003) Restoring the Patient's voice; the therapeutics of illness narratives. Journal of Holistic Nursing. Vol 21 3 Sept 2003 228- 241

5.2
Theme: Patients and their families

5.2.1

The 'private side' of prostate cancer: An exploratory study of couples

Daniel Kelly, Reader in Cancer and Palliative Care, Middlesex University, London. Co author: Sylvia Marshall-Lucette

Abstract:

This presentation draws from a qualitative study on the impact of prostate cancer on couples, after treatment. It aims to focus on the three key emergent themes, which portray 'the private side' of prostate cancer as reported by couples. The study involved engaging with 16 purposively selected individuals at home, in open-ended, in-depth interviews, which aimed at exploring specific research questions about the impact of prostate cancer on them, as couples. However, there seems to be a dearth of literature addressing this particular relationship issue that could inform nurses in the shaping of their evidence based interventions, appropriately, to this group of patients. Nonetheless, there is growing evidence that prostate cancer is affecting a number of men of all ages, on a worldwide scale each year. This life-threatening cancer does not only affect the patient but also the significant other, who is normally referred to in the literature as a spouse, partner or wife. Thus, the vital role of the significant other in patients' adaptation to prostate cancer is increasingly recognized. It is therefore crucial for healthcare professionals to be sensitive to the needs of both the patient and his significant other, since they are likely to be the most supportive carer available to the patient during the illness trajectory. This paper will therefore discuss: The gender dynamics of Prostate Cancer supportive care The nature of relationship that shapes couples' responses to Prostate Cancer, as well as Support and coping issues across the illness trajectory. Conclusions will be drawn from the perspective of what is viewed as the 'intimate, unspeakable side' of Prostate Cancer among the couples studied, in the UK

Recommended reading:
Kelly, D. (2004) Male Sexuality in Theory and Practice. Nursing Clinics of North America. 39, 341-357

Lindqvist O, Widmark A & Rasmussen B (2006) Reclaiming wellness- Living with Bodily Problems, as Narrated by Men with Advanced Prostate Cancer. Cancer Nursing. 29, 327-337

National Audit office (2005) Tackling Cancer: Improving the Patient Journey. London, HMSO

5.2.2
An exploration of older patients and their families' needs in terms of cardiac rehabilitation

Elizabeth Tolmie, Research Assistant, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, UK.

Co authors: Grace Lindsay; Tim Kelly, Susan Baxter, Debbie Tolson

Abstract:
Background: Although there has been a decline in the overall coronary heart disease (CHD) death rate since 1992, the prevalence of modifiable risk factors is higher among the older population (Fair, 2003). Moreover, CHD related morbidity has risen by 35% in people aged 65-74 years and by 27% in those older than 75 years. The National Service Framework for Older People recognises the potential impact that effective rehabilitation services can have on older people (DoH 2001). Yet this group are much less likely than younger adults to attend, or complete, a cardiac rehabilitation programme (Sundararajan et al 2004).

Aims of the study: This work aimed to understand the needs of older people and their families' in respect of cardiac rehabilitation and to determine whether their needs were being met in current service provision.

Ethical Approval: Ethical Approval for the study was obtained on 27th May 2005.

Design and Methods: We used a mixed-methods design. A purposive sample of patients ($\geq$ 65 years) underwent a brief clinical assessment and completed three self-report questionnaires to assess quality of life, anxiety and depression, and illness representations (MacNew QLMI, HAD, IPQ-R). Face to face audio-taped interviews were conducted with the 31 patient respondents and five family members.

Data Analysis: Data were analysed using StatScan statistical software and Framework analysis.

Results: A comparison of those who had and had not attended a cardiac rehabilitation programme identified three main themes ('Sensible Thing to do', 'Assessing the Impact', 'Not for me') as reflecting the different views and experiences of attenders and non-attenders. Non attenders had significantly poorer Quality of Life (p < 0.05), and less strong 'Personal Control' beliefs (p = 0.016) respectively) than attenders.

Discussion and Conclusion: Cardiac rehabilitation programmes, as they are currently provided, may not be meeting the needs of older people. New programmes which address the issues identified in this study should be developed and evaluated.

Recommended reading:
Fair, J.M. (2003) Cardiovascular risk factor modification: is it effective in older adults? Journal of Cardiovascular Nursing. Vol. 18; (3): 161-168.

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

Sundararajan, V.; Bunker, S.J.; Begg, S.; Marshall, R.; McBurmey, H. (2004). Attendance rates and outcomes of cardiac rehabilitation. MJA Vol. 180:268-271.

5.3
Theme: Benchmarking

5.3.1
Satisfaction in primary care: Qualitative analysis of comments on the GPAQ questionnaire

Janet Hanley, Research Manager, NHS Lothian/ Research Fellow, CIHR, Napier University, Faculty of Health, Life & Social Sciences, Napier University, Edinburgh, UK.

j.hanley@napier.ac.uk

Co authors: Brian McKinstry, Ashley Tait

Abstract:
As part of the new GMS contract, all GP practices are required to undertake an approved patient satisfaction survey each year. Demonstrating improvements in patients' experience of their care is an integral part of the Quality and Outcomes Framework (Department of Health 2003). This paper reports a systematic qualitative analysis of the comments made on the questionnaires for the years 2004, 2005 and 2006 with particular emphasis on nursing and midwifery in primary care. One Scottish NHS Board agreed to support practices in the use of the General Practice Assessment Questionnaire (GPAQ)(Carter et al 2004). All 130 practices in the region were offered the opportunity to undertake the GPAQ questionnaire, which would be centrally analysed and benchmarked results fed back to each practice. In return the NHS Board could anonymously use the results. The majority took up the offer. The questionnaires mainly required tickbox answers, but patients were also offered the opportunity to comment in response to the following questions – Is there anything particularly good about your health care? Is there anything that could be improved? Any other comments? Approximately 25,000 questionnaires were returned each year with between 3,500 and 7,500 comments in response to each question. Although most comments were fairly short, a thematic analysis of such a large number of comments large number built a detailed picture of the issues which concerned patients in primary health care, including nursing and midwifery services. The general high levels of patient satisfaction with primary care seen in the benchmarking were reflected in the comments but they also provided detail about factors which influenced the patient experience positively and negatively Six major themes were identified; access to care and services; physical environments; operational issues; attitudes; clinical care; factors which make accessing and using primary care more difficult.

Recommended reading:
Department of Health (2003). Investing in General Practice: the new General Medical Services contract, Annexe A. London: Department of Health

Carter M, Roland M, Bower P, Gask L, Greco M and Jenner D (2004) Improving your practice with patient surveys. Manchester, National Primary Care Research and Development Centre

5.3.2
How valid are quality markers for asthma care?

Gaylor Hoskins, Research Fellow in Primary Care Respiratory Medicine, Tayside Centre for General Practice, University of Dundee, Dundee, UK.

Co authors: Peter Donnan; Ron Neville

Abstract:
Introduction: Guideline development has provided an environment for improving asthma care.[1] However, in the UK the financial incentive available for practices to manage asthma is based not strictly on the recommendations of the BTS/SIGN guidelines but according to a more basic set of process driven outcome criteria.[2] To examine the associations between quality of care measures (as prescribed by the guidelines and the new primary care contract) with patient outcomes, analysis of a large UK database was undertaken.[3]

Method: Practice and patient data from a UK wide prospective observational study was merged with data on practice deprivation, rurality and quality outcome points. Patient data held included gender, age, current medication, level of asthma control and recent health service resource use. Practice data included practice size, number of asthma patients and organisation of asthma care. Analysis of the outcome of loss of control used logistic regression accounting for clustering within practices.

Results: 1208 practices provided information on 78,500 patients (mean 65; min 1; max 576). Loss of control was associated with non-use of a self management plan [OR2.01 (95%CI 1.73-2.33)], irregular medication use [OR1.86 (95%CI 1.63-2.11)]; poor inhaler technique [OR2.23 (95%CI 1.82-2.74)]; smoking [OR2.01 (95%CI 1.78-2.27)]; medication treatment step [OR1.19 (95%CI 1.12-1.26)]; age [OR1.01 (95%CI 1.003-1.008)]; body mass index [OR 1.02 (95%CI 1.01-1.03); and gender [OR1.09 (95%CI 1.003-1.17)]. Practice audit and geography of the practice were also associated with symptom control.

Conclusion: Improving patient outcomes for asthma is complex and requires a multilevel approach. Clinical outcome indicators have an important role to play in monitoring and improving standards of care but asthma care is about people and non-pharma activity, such as patient self management and improving inhaler technique, is also associated with better outcome. The quality outcomes framework for general practice should reflect this.

Recommended reading:
British Thoracic Society guidelines on the management of asthma 2003. Thorax, 58, S1-S94.

Marshall M, Campbell S, Hacker J, Roland M (editorial team) 2002. Quality indicators for general practice. A practical guide for health professionals and managers. Royal Society of Medicine Press ISBN 1-85315-488-1.

McCowan C, Hoskins G and Neville RG., 2005. An academic, pharmaceutical and practice collaboration to implement asthma guidelines. Primary Care Respiratory Journal, 14, 106-111

5.4
Theme: Clinical learning

5.4.1
Enhancing the emotional dimension of nursing care for patients with severe spinal injury: An action research approach encompassing education and leadership strategies

Ruth Belling, Senior Research Fellow, Faculty of Health, London South Bank University, London, UK.

Co authors: Susan McLaren, Ferew Lemma, George Ikkos, Kathy Coultry, Helen Smith, Philip Kemp, Jenny Pennington, Enkanah Sooboodoo, Pauline Robertson, Jason McKee;

Abstract:
Severe spinal injury is a traumatic, if not life-changing event. Treatment can require many months of hospitalisation and rehabilitation, during which physical limitations, emotional and social sequelae can impact on diverse aspects aspect of daily life. The process of psychosocial adjustment can be marked by complex and challenging emotional and behavioural responses, requiring timely interventions by nurses and the psychosocial team. This presentation provides an overview of an ongoing action research project designed to enhance emotional assessment and interventions by qualified nurses in the care of patients with severe spinal injuries in an acute setting. In the spirit of action research, the presentation focuses on achievements and challenges to date, mapping out the five intended phases of the research and highlighting developments made subsequently as findings from one phase have informed progress of the next. Two of the major achievements so far have been the design, development and implementation as part of continuing professional development, of an innovative education and leadership practice programme to enhance the assessment and planning of emotional care. A second innovation has been the development of a new assessment instrument designed to enable nurses to identify patient's problems and needs in six dimensions of emotional care. The initial diagnostic phase of the research identified the challenges facing nursing staff in delivering emotional care to patients and laid the foundations for an evaluation of the resulting education and practice development programme. Findings from this evaluation will be presented.

Recommended reading:
McLaren S. Ross F. (2000) Implementation of evidence in practice settings: some methodological issues arising from the STEP project. Clinical Effectiveness in Nursing 4: 99-108.

5.4.2
Assessing features of hand osteoarthritis using digital images: Inter-observer reliability between health professionals

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Co authors: June Handy; Elaine Nicholls, Helen Myers, Michelle Marshall, Rachel Duncan, Elaine Hay, Krysia Dziedzic

Abstract:
Background: Osteoarthritis (OA) is a frequent cause of pain, stiffness, and disability in older adults. Although the hand is a common site of OA, it is frequently overlooked in the assessment of OA. Previous studies have suggested that digital images of the hand could help identify features of hand OA, however the reliability of this technique is not established.

Aims: To develop a protocol for scoring digital images for features of hand OA and assess inter-observer reliability.

Methods: A protocol and a hand image atlas for scoring digital images for features of hand OA was developed through a review of the literature and consensus meetings of health professionals (rheumatologists, nurses, occupational therapist, physiotherapists, radiographer). Hand OA was defined using the American College of Rheumatology clinical classification (Altman et al, 1990). Fifty-five images were scored by three professionals, from different healthcare backgrounds, for presence of nodes, deformities, and bony enlargements for selected joints. Agreement between pairs of observers was examined using the kappa statistic (Landis and Koch, 1977).

Results: Hand images were obtained from 55 participants in a clinical assessment study of the hand. The mean age was 65 years (SD 8.9); 67% were female. The inter-observer kappa value ranged from slight to moderate agreement for scores of presence of finger nodes, bony enlargement and deformities. Agreement varied depending on which health professionals were compared.

Discussion: Clinical background and experience may have a significant impact on how digital images are scored even with clear guidelines and a standardised hand atlas. This has important implications for training researchers.

Conclusion: The reliability of digital images for identifying features of hand OA varies between health professionals; results should be interpreted with caution. Health professional background may influence level of agreement. This has wider implications in light of the obscuring of health professional boundaries by extended roles.

Recommended reading:
Altman, R. et al. (1990) The American College of Rheumatology criteria for the classification and reporting of osteoarthritis of the hand. Arthritis Rheum. 1990;33:1601-1610.

Landis JR, Koch GG. (1977) The measurement of observer agreement for categorical data. Biometrics 1977; 33:159-174

5.5
Theme: Research collaboration

5.5.1
Questioning collaboration in research: Do the ideals result in realities?

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Co author: Marilyn Kirshbaum

Abstract:
UK nurses experience a lack of career opportunity in research yet express a desire to contribute to a credible knowledge base. Despite the importance given to nursing research as the foundation to quality patient care, few nurses decide on research as a viable career. In an attempt to address these issues, an interprofessional debate was held: "The idealism and realism of collaborative research". The philosophy that policy drives patient care and research drives evidence based policy framed discussion in a novel way through interactive facilitated networking. Three half hour presentations challenged views on nursing research issues: building capacity, quality processes and career pathways were given by respected nursing academics. Following each presentation, participants were asked to reflect and respond to the content via a series of five minute speed discussions and record the exchange of ideas and opinions. This spontaneous data was collected from participants and fed-forward for panel debate. Analysis of the material generated four distinct categories:

1) Integration of practice and research was a priority, while questioning the value of academia

2) Partnerships between professionals, practitioners and academics indicate collaboration is valued, and supports credibility and quality

3) A substantive research career structure would address substantive barriers of time and funding alongside suitable mentorship

4) Incentivised research activity indicates commitment to research but salary and job security are compromised. These findings illustrate the scholarly level of debate and have relevance as global issues. The disparity of resources available to invest in health research in different cultures indicates a dramatic policy shift is required in some countries and promotes the question: "Does raising research capacity, developing research quality and careers enhance the idealism and realism of professional research?" Our presentation will identify issues of interprofessional research collaboration and expose facilitative networking as a method of debating complex problems.

5.5.2
A virtual steering group for a research project

Sue Ashby, Lecturer, School of Nursing and Midwifery, Keele University, Stoke on Trent, UK.

Co authors: Amelia Rout, Sian Maslin-Prothero

Abstract:
This paper presents a research teams experience of using a virtual steering group to manage a research project. Interprofessional working and collaboration across health and social care has been identified as an important area for in the United Kingdom (eg Department of Health, 2006). Authors have argued that interprofessional communication affects health care outcomes (eg Zwarenstein & Bryant, 2002), and failures have contributed to national inquiries (Laming, 2003). The project is evaluating and developing interprofessional working among health and social care staff working across primary and secondary care sectors in the United Kingdom, specifically focused on older people receiving intermediate care. The research team is made up of: academics, interprofessional practitioners, older people and carers – all are treated as equal members of the research steering group. The team believe it is important to actively involve clients and their carers in the development and direction of the research because they can provide a different perspective ensuring that the research addresses issues of

importance to them as service users. The use of a virtual steering group is an innovative method, aimed at facilitating participation in the research in a supportive and less intimidating way. This paper will discuss the processes of running a virtual steering group and the importance of preparation, support and training for all concerned, including expert facilitation for the older people and their carers in order to ensure full and meaningful involvement in the direction of this research. The paper will conclude by making recommendations about this model of involving partners in research as members of a steering group using an online environment. Further phases in the study include a scoping exercise and the evaluation of an educational course intended to facilitate team working in intermediate care.

Recommended reading:
Department of Health (2006) A New Ambition for Old Age.- Next Steps in Implementing the National Service Framework for Older People. London, Department of Health.

Lord Laming. (2003). The Victoria Climbié Inquiry. London, Department of Health.

Zwarenstein, M., Reeves, S., Barr, H., Hammick, M., Koppel, I., & Atkins, J. (2006). Interprofessional education: Effects on professional practice and health care outcomes (Cochrane Review). In: The Cochrane Library, Issue 4. Oxford: Update Software.

5.6
Theme: Prescribing

5.6.1
Nurses prescribing morphine. Evaluating the impact of a morphine prescribing programme in sub Saharan Africa

Barbara Jack, Head of Research and Scholarship, Faculty of Health, Edge Hill University, Liverpool, UK.
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Co author: Anne Merriman

Abstract:
Background: Nurse prescribing is undergoing major reforms in the western world to expand the prescribing powers of nurses, although the move to allow opiod prescribing is still met with some debate and concern. Yet nurses have been prescribing morphine in sub Saharan Africa since 2003. A lack of access to doctors coupled with the large number of patients with cancer and HIV resulted in the development of an innovative programme to allow nurses to prescribe morphine. Following policy changes in 2003 nurses who have completed a nine month Community Palliative Care Course at Hospice Africa Uganda are permitted to prescribe morphine. The aim of this study was to evaluate the impact of this extended prescribing

Methods: A qualitative methodology using focus group interviews was adopted for the study to enable group discussion and interaction to take place (Bloor et al 2001, Vaughn et al 1996). A purposive sample of members from clinical and educational teams and current students from Hospice Africa Uganda were invited to participate in the study. 24 volunteers and participated in three audio taped focus groups. Data was analysed for emerging themes using thematic analysis.

Results and Discussion: There was a general consensus that nurses' being allowed to prescribe morphine was having a positive effect of patients, their families and the clinical team. Benefits including pain relief and enhancing the patient's quality of life were noted. Economic impacts of reduced travelling costs to obtain the morphine were stressed. Course students referred to their initial concerns surrounding prescribing morphine and the importance of the course in preparing them for the role. The ongoing problem of a limited supply of morphine was also noted. This paper discusses these findings and potential explanations given. Ongoing research to assess measurable clinical outcomes is discussed.

Recommended reading:
Bloor M, Frankland J, Thomas M, Robson K (2001) Focus Groups in Social Research Sage Publications, London.

Harding R, Higginson I (2005) Palliative Care in sub-Saharan Africa

Vaughn S, Schumm J, Sinagub J. (1996) Focus Groups Interviews In Education and Psychology. Sage Publications London.

5.6.2
Mental health nurse supplementary prescribing: The views of qualified nurse prescribers

Andrew Sibley, Florence Nightingale School of Nursing & Midwifery, King's College London, UK.
Co authors: Alison While; Ian Norman

Abstract:
Background: Nurse prescribing was introduced into UK in the early 1990s for district nurses and health visitors and since been extended to other nurses. There are no known studies specifically investigating mental health nurse supplementary prescribers (MHNSP).

Aims: To map the extent and practice of MHNSP and describe the development of MHNSP services. Method: A census survey in 2005 of all qualified mental health nurses prescribers on the MNC register resident in England (n=401) yielding a response rate of 56% (n=224).

Results: Only one third was prescribing in mental health, 42% had not started prescribing and 25% were prescribing in another field. Most prescribers rated their training as very or quite 'helpful'. Most current and future prescribers were working full time in community settings. Organisational issues were the most frequent reason for delay in commencing prescribing. A wide range of factors were identified as helping and hindering the development of services. The new services were reported to work well and yield benefits for users. The most common diagnostic groups prescribed for schizophrenia (55%) and depression (53%). Prescription of multiple medications was frequently reported. Substitute prescribing was reported by 52%. A variety of support mechanisms for the new role were reported. Colleagues were reported to be positive regarding MHNSP.

Discussion and Conclusions: Nurses are prescribing across mental health services with a positive impact on the service provision. Organisational factors are important to the success of nurse prescribing services.

5.7
Theme: Relationships/Midwifery

5.7.1
Exploring the relationship between people with Multiple Sclerosis and their confidant

Jane Springham, Research Student, Peninsula Post-gradute Health Institute, Plymouth University, UK
janespringham@plymouth.ac.uk

Abstract:
Having a close confidant has been shown to improve health outcomes in diseases such as cancer and heart disease. The term confidant applies to a relationship that includes emotional ties and psychosocial support. The purpose of this research is to explore the impact of the confidant relationship on the experiences of people who have a variable and progressive condition such as multiple sclerosis(MS). This is relevant in view of the two recent developments: Government policy that provides carers with access to assessment and the Expert Patient Programme. This study considers that the relationship may change the balance of power between the person with MS and their confidant or influence the well being for either or both. This phenomenological study is being guided by a Steering committee comprising two neurologists, two MS nurses and a person with MS. A purposive sample with maximum variation in age, type of disease and disease progression resulted in 30 interviews. Data was collected through taped, semi-structured interviews. All interviews have been transcribed, coded and themes have emerged which describe both the experience of having MS and the effect of the confidant relationship. As in other studies love and duty form the basis of an emotional bond but key to the confidant relationship is the unspoken understanding which allows people with MS to feel 'normal' even when they are not well. Focus groups are being held in Autumn 2006 to discuss the findings with some of the participants with MS. Two further focus groups will then be undertaken, with health and social care professionals, to consider what the findings may mean for the provision of care and rehabilitation to people with MS.

Recommended reading:
Department of Health (2005) National Standards Framework for people with Long-term conditions. www.doh.gov.uk accessed 04.09.06

Dracup, K., Evangelista, L., Doering, L., Tullman, D., Moser, D., & Hamilton, M. (2004) Emotional well-being in spouses of patients with advanced heart failure: Issues in cardiovascular nursing. Heart and Lung: The Journal of Acute and Critical Care. 33 (

Cheung,J., & Hocking, P. (2004) The experience of spousal carers of people with Multiple Sclerosis. Qualitative Health Research. 14(2)153-66

5.7.2
Exploring management of hyperemesis with women and their health care professionals

Zoe Power, Research Assistant, School of Nursing Midwifery and Health Visiting, The University of Manchester, Manchester, UK.

Co authors: Heather Waterman; Henry Kitchener

Abstract:
Background: Hyperemesis (severe nausea and vomiting of pregnancy) can be a debilitating condition. Some women are re-admitted numerous times, each admission lasting an average of three days. This was a cause for concern at one city centre hospital. As a response, an action research team was formed.

Aims: 1. Explore hyperemesis from the perspective of women admitted with the condition and the practitioners caring for them.

2. Identify where services and management might be improved.

Methods: Overall methodology: Action research.

Qualitative Methods:

- 10 Women with hyperemesis interviewed, during admission, post admission and post pregnancy.

- Four focus groups with gynaecology department staff. Quantitative method

- Retrospective review of medical records of all inpatients diagnosed with hyperemesis in this trust over 2 years (n=119).

Results: Themes emerging from interviews with women;

- Severe impact of symptoms, physically, socially and psychologically.

- Hospital as a cycle breaker.

- Validation and invalidation as a person with severe symptoms.

Themes emerging from staff focus groups;

- Predominantly negative feelings of staff towards this patient group.

- Strong psychological and social dimensions of hyperemesis.

- Inappropriate hospital admissions, lack of primary care input.

Retrospective review of medical records

- Some impressions expressed by staff in focus groups inaccurate.

Discussion: Hyperemesis patients were found to be an unpopular group. Staff views about hyperemesis and that of women admitted with the condition contrasted starkly. However, data from one group gave context and insight into the views and actions of the other.

Conclusion: Unpopular groups have a potential to suffer prejudice. Even unconscious and unintentional prejudice can potentially lead to mismanagement. This makes discussion and analysis of staff attitudes, as well as patient management especially important. Action research facilitates this process, through involvement of staff and patients in the research process.

Recommended reading:
Soltani H and Taylor G.M. (2003) Changing attitudes and perceptions to hyperemesis gravidarum. Midwives 6:12.

Verberg M.F.G, Gillott D.G, Al-Fardan N, and Grudzinskas J.G (2005).Hyperemesis gravidarum, a literature review. Human Reprod Update 11: 527-539.

Winter R and Munn- Giddings (2001) A Handbook for Action Research in Health and Social Care. Routledge. London.

5.8
Theme: Young people

5.8.1
Preventing alcohol and drug misuse in young people: Adaptation of the strengthening families programme (SFP) for use in the UK

Debby Allen, Senior Lecturer/Research Fellow, School of Health & Social Care, Oxford Brookes University, Oxford, UK.

Co authors: Lindsey Coombes, David Foxcroft

Abstract:
Background: A Cochrane review of the prevention of alcohol misuse in young people has highlighted the potential of the Strengthening Families Programme (SFP 10-14), based on one RCT from the US. However cultural differences mean that the SFO 10-14 results may not translate to other countries.

Aims: 1) to adapt the original SFP 10-14 materials for the UK;

2) to model (Phase 1) and explore (Phase 2) the adapted programme with parents and young people in the UK;

3)to develop a protocol for a Phase 3 trial of the SFP 10-14

Methods: Focus groups for adaptation of materials were used in Phase 1(N=19 parent/guardians, 16 young people). A study using a quasi experimental design was used in 3 schools in different geographical locations in the UK was used at Phase 2 (N=72 parent/guardians and 36 young people.

Results and Discussion: Findings from the quasi experimental study (Phase 2) will be presented, both Qualitative and quantitative data were collected. Implications for planning the Phase 3 trial will be discussed. Substance misuse among young people in the UK is a key public health issue. The results and implications of this work will be of interest to health care professionals working in this area.

Recommended reading:
Foxcroft DR, Ireland D, Lister-Sharp DJ, Lowe G, Breen R. Longer-term primary prevention for alcohol misuse in young people: a systematic review. Addiction, 2003. 98: 397-411.

Spoth R, Redmond C, Shin C. Randomized trial of brief family interventions for general populations adolescent substance use outcomes 4 years following baseline. Journal of Consulting and Clinical Psychology, 2001: 1-15.

Allen D, Coombes L, Foxcroft D. The role of parents and community in drug prevention, in (Eds) Midford R, and Munro G. Drug education in schools: Searching for the silver bullet. Melbourne IP Communications

5.8.2
Implementation of the Strengthening Families Program (SFP) 10-14 in Barnsley: The perspectives of facilitators and families

Elwyn Coombes, Research Fellow, Oxford Centre for Health Care Research and Development, Oxford Brookes University, Oxford, UK.

Co author: Debby Allen

Abstract:
Background: From a public health perspective, it is important to develop effective preventive interventions to drug and alcohol use in young people and families. A recent Cochrane Collaboration Systematic Review, commissioned by the World Health Organisation and the UK Alcohol Education and Research Council, reported that the US Strengthening Families Programme (SFP10-14) was an effective and promising prevention intervention.

Aims: The aim of this study was to evaluate the use of the SFP10-14 in the UK based on the experience of facilitators and families who had participated in the programme.

Methodology: A mixed methods design blending both quantitative and qualitative data was used in the study carried out in two phases over a nine month period in 2005. Two focus groups lasting about 60-minutes each were carried out with families who had undertaken the SFP10-14. In addition, three focus groups lasting about 60 minutes were conducted with facilitators of SFP10-14 programmes. Quantitative data were collected through: the SFP10-14 Parent/Caregiver Survey Questionnaire (PCSQ); the SFP10-14 Young Persons' Survey Questionnaire (YPSQ); The Strengths and Difficulties Questionnaire (SDQ). Questionnaire data was compared at the beginning of the SFP10-14 programmes (weeks 1-2) and at the end of the programmes (week 7). Once quantitative and qualitative data had been analysed separately, a synthesis of the main findings from both approaches was then completed.

Results: Following the SFP10-14 programmes, young people's communication and emotional management was improved (Wicoxon z= -4.195, p<0.001, r=-0.59; Wicoxon z= -3.490, p<0.001, r=-0.49) and their drugs/alcohol use was less (Wilcoxon z = -2.723, p=0.006, r=-0.39 respectively). There is qualitative evidence that families who participated in the study found the SFP10-14 useful in preventing young people's alcohol and drug use in terms of: learning more about alcohol and drugs, using knowledge and skills to reduce behaviours that might lead to alcohol and drug use and, for young people, dealing with peer pressure that might lead t drug and alcohol use. Parents/caregivers and young people reported that the SFP10-14 had played a part in improving family functioning through strengthening the family unit.

Discussion: The findings from this exploratory study suggest that the SFP10-14 may be a useful primary prevention intervention in helping to prevent drug and alcohol in the UK.

Recommended reading:
Foxcroft, D.R., Ireland, D., Lister-Sharp, D.J., Lowe, G. & Breen, R.D.I. (2003) Longer-term primary prevention for alcohol misuse in young people: a systematic review Addiction 98, 397-411

Orford, J., Natera, G., Copello, A., Atkinson, C., Mora, J., Velleman, R., Crundall, I., Tiburco, M., Templeton, L. & Walley, G. (2005) Coping with

Alcohol and Drug Problems: The Experiences of Family Members in Three Contrasting Cultures London: Taylor a

Molgaard, V., Spoth, R., Redmond, C. (2000) Competency Training: The Strengthening Families Program: For Parents and Youth 10-14 Juvenile Justice Bulletin, Rockville, MD: U.S. Department of Justice

5.9
Theme: Clinical placements

5.9.1
Functional professional experience placements for student nurses in the area of learning disabilities in NSW Australia

Linda Goddard, Course Coordinator, Bachelor of Nursing, Nursing Department, School of Community Health, Charles Sturt University, Albury, Australia.

Co author: Sandra Mackey

Abstract:
This paper will discuss a nursing education innovation in which action research was used to develop and implement a functional professional experience placement in the area of learning disabilities in a Bachelor of Nursing course in rural NSW, Australia. Background: The comprehensiveness of the Bachelor of Nursing curriculum in NSW is being eroded by changes to provision of health services and lack of professional supervision, with nursing practice in the area of disabilities being significantly reduced. Discrete learning disabilities subjects have been removed from a number of universities curriculum and for many clinical placement is not a requirement. This has significant implications for the health care needs of people with disabilities. **Aims:** To create a supervised professional experience placement model in the area of learning disabilities for use in Bachelor of Nursing courses; and, thereby, to encourage and enhance nursing student's learning in this area. **Methods:** Action research provided the methodological framework for development of the new placement model. A group of families with children with disabilities (five), 10 Nursing students and two nurse academics worked together through the cycles of the action research process to develop a family health promotion intervention aimed at enhancing the health and wellness of the family members and reduce risk for illness. **Results:** Students' feedback and evaluation indicated an increased understanding of the range of challenges that the families face, and the strengths which help to maintain their health and upon which family health promotion can be built. Communication skills, knowledge base and other nursing skills were enhanced. Discussion: The research indicates that this model of university-initiated, community-focused professional experience placement is effective in achieving the competency-based learning outcomes required of undergraduate nursing students. **Conclusions:** Development and refinement of the placement model will be achieved through repeated phases of the action research cycle with the aim of marketing the placement model to Australian universities as a viable alternative to the traditional institutional placement model. Key words: families, health promotion, empowerment, mentoring, nursing education

Recommended reading:
Australian Institute of Health and Welfare (AIHW). 2006. Disability updates: children with disabilities. Bulletin No. 42. AIHW cat. no. AUS 19. Canberra, AIHW.

Falk-Rafael, A.R., Ward-Griffin, C., Laforet-Fliesser, Y & Beynon, C. 2004.Teaching nursing students to promote the health of communities: a partnership approach. Nurse Educator, 29(2), 6-67.

Guillett, S.E, 2002. Preparing student nurses to provide home care for children with disabilities: a strengths-based approach. Home Health Care Management & Practice, 15, (1), 47-58.

5.9.2.
Capacity and sustainability: A national perspective on the use of alternative clinical placements

Sheryl Reimer Kirkham, Associate Professor, Nursing, Nursing, Trinity Western University, Langley, British Col, Canada.

Abstract:
Background: The deepening international nursing shortage is resulting in a push to increase the number of nursing graduates. At the same time, a global trend of restructuring health care services has resulted in the reorganization and in many cases, the reduction, of available clinical placements for nursing education (UKCC 1999). In response to these shifts, nurse educators have increasingly turned to alternative clinical placements for the clinical education which continues as the foundation of the education of health professionals (CASN 2005; Reimer Kirkham et. al 2005).

Aims: This national survey examined the utilization of innovative clinical placements in undergraduate nursing education in Canada with the objectives of describing a) the prevalence of alternative clinical placement use, b) the nature of learning in these sites, and c) the types of administrative issues arising.

Methods: An online survey was distributed to all undergraduate nursing programs in Canada in late 2005. The convenience sample was comprised of 155 respondents from 77 nursing programs in Canada.

Results: A strong majority (96%) of survey respondents indicated that their nursing programs use innovative clinical settings, and that rich learning results in these settings. However, the findings also provide insight into the types of administrative challenges that arise with the use of these settings for clinical placements, such as managing the logistics of multiple placements and balancing the needs of stakeholders.

Discussion: Service-education partnerships were identified as integral to expanded capacity and enhanced sustainability for innovative clinical placements. Recommendations for nursing education will be included in the presentation.

Conclusions: This paper provides for evidence-informed health professional education in the face of pressing shortages of clinical placements.

Recommended reading:
Canadian Association Schools of Nursing, 2005. Educational preparation objective c & d clinical placements. Ottawa, ON.

Reimer Kirkham, S., Hoe Harwood, C., and Van Hofwegen, L. 2005. Capturing the vision: Undergraduate nursing students in innovative clinical settings. Nurse Educator, 30(6), pp. 263-270.

United Kingdom Central Council for Nursing, Midwifery, and Health Visiting, 1999. Fitness for practice. The UKCC Commission for Nursing and Midwifery Education.

5.10
Theme: Care homes

5.10.1
Developing relationships in care homes to support person centred care

Christine Brown Wilson, Lecturer in Older People's Nursing, School of Nursing and Midwifery, Sheffield Hallam University, Sheffield, UK.

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Abstract:
Person centred care has been advocated in UK policy as a way of developing responsive and personalised services for older people. However, the concept of person centred care lacks clear operational definition and some would suggest, fails to take into account the influence of relationships within care environments (Nolan et al 2005). Moreover, little is known about the interventions required to develop enabling relationships when working with older people (Dewing 2005). This study used a constructivist approach (Rodwell 1998), to explore how relationships influenced the experience of older people, their families and staff within care homes. Concurrent data collection and analysis was undertaken in three case study sites using semi-structured interviews, participant observation and focus groups. The researcher created a hermeneutic circle between older people, their families and care staff to assist in the joint construction of findings, which is a key tenet of constructivist research (Rodwell 1998). Data analysis within each case study site used a constant comparative approach, to identify preliminary themes that were discussed with the participants. Further analysis suggested that the relationships developed between residents, families and staff, had the potential to influence staff to adopt an individualised task centred approach; a person centred approach or a relationship centred approach to care delivery. This paper reports on a range of factors that were observed to influence staff in adopting either an individualised task centred approach or person centred approach to care. Examples from the data will be used to illustrate some of the key influences identified by residents, families and staff in implementing what could be described as a person centred approach. These findings suggest that communication strategies within an organisation, staff allocation and acknowledging the contribution made by residents and families have the potential to move an organisation towards person centred care.

Recommended reading:
Dewing, J. (2004) Concerns relating to the application of frameworks to promote person centred-ness in nursing older people. International Journal of Older People's Nursing in association with Journal of Clinical Nursing 13, 3a, 39-44

Nolan. M.R., Davies, S., Brown, J.,and Nolan, J. (2005) Beyond person centred care: a new

vision for gerontological nursing. International Journal of Older People's Nursing in association with Journal of Clinical Nursing 13, 3a, 45-53

Rodwell, M.K. (1998) Social Work Constructivist Research. New York. Garland Publishing. Inc.

5.10.2
Analysing end of life care in care homes: An after death analysis tool

Collette Clifford, Professor of Nursing, School of Health Sciences, The University of Birmingham, Birmingham, UK.

Co authors: Frances Badger, Alistair Hewison, Gill Plumridge

Abstract:
Over 400,000 older people live in care homes in the UK and the majority die there. The Gold Standards Framework in care homes (GSFCH) aims to support quality End of Life care in these locations (Thomas 2003). Evaluation of GSFCH implementation in 2005-6 included an 'After Death Analysis' (ADA) to examine care during the five most recent deaths before introducing GSFCH. The ADA was piloted with care homes participating in phase 2 of the GSFCH programme. The aims were to; 1. Gather quantitative data to determine the context of residents' deaths including location; hospital admissions; use of care tools (e.g. advanced care planning); use of PRN medication and an assessment of quality of care. 2. Determine the value of using the ADA to audit end of life care. Care home nurses completed the one page ADA and descriptive statistics were produced using SPSS. Data on 368 deaths in 74 care homes were obtained; 81% residents died in the care home and 19% in hospital. The ADA tool was straight-forward to complete and the data has provided a snapshot of end of life care at the start of GSFCH. A follow-up ADA at completion of GSFCH will offer an indication of the success of the GSFCH programme in improving care at the end of life. An accurate picture of end of life care is necessary to ensure care planning and policy are based on detailed information. Further analysis will be needed to refine the ADA tool; initial findings indicate it will be a useful method for informing the planning and monitoring of end of life care. Findings from the pre and post ADA will be presented and the use of the tool in assessing the context and quality of end of life care in care homes will be discussed.

Recommended reading:
Thomas K (2003) Caring for the Dying at Home Radcliffe: Oxford

Concurrent session 6

6.1
Theme: Cancer & palliative care

6.1.1
A review of palliative care research in Scotland 1991-2005

Bridget Johnston, Senior Research Fellow, Cancer Care Research Centre, University of Stirling, Stirling, UK.

Co authors: Suzanne Nimmo, Paul Baughan

Abstract:
Background: The specialty of palliative care is rapidly developing and is now recognised as a distinct specialty in Scotland (NHS Quality Improvement Scotland (NHSQIS) 2002). Nevertheless despite the rapid growth in the number and range of palliative care services and in the management and care of dying patients, the evidence base for palliative care in the UK, and particularly in Scotland is weak,. Rigorous evaluation of these developments or well designed intervention studies have not been carried out (Field at al 2001). Absence of a clear strategic direction, co-ordination and an inadequate infrastructure has hampered palliative care-related research in Scotland. Therefore, a time limited, scoping exercise was conducted, to discover the current evidence base in Scotland.

Objectives: To specify the extent of palliative care research in Scotland, in order to identify gaps in the evidence, thus allowing research priorities to be set in an objective way.

Materials and Methods: Six electronic databases were systematically searched from January 1990 to April 2005. Six key journals were hand searched from January 1999 – April 2005. Grey literature searches were also conducted. Authors known to be active in the field were contacted, as were Health boards, R & D teams, regional ethical committees, hospices, hospital palliative care teams and key charities associated with palliative care in Scotland.

Results: 44 studies utilising various methodologies were identified using pre determined inclusion and exclusion criteria. The top four main themes drawn from the selected studies were; models of palliative care/provision, symptom control, religious/spiritual issues and education. 27 studies were deemed suitable for inclusion within the research directory. The results and recommendations for future research will be presented in the paper. **Conclusions:** A wider evidence base for palliative care in Scotland is required.

Recommended reading:
NHS QIS. Clinical standards palliative care. 2002. http://www.clinicalstandards.org/pdf/finalsatnd/SPC.pdf.

Field D Davis C, Corner J, & Clark, D. 2001. Researching Palliative Care. Open University Press, Milton Keynes.

6.1.2
Developing a managed clinical network in palliative care

Debbie Tolson, Professor of Gerontological Nursing, School of Nursing, Midwifery and Community Health, Caledonian University, Glasgow, UK.

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Co author: Jean McIntosh

Abstract:
The achievement of evidence based interdisciplinary practice and a seamless experience of care is at the fore of the international development agenda. In Scotland, the model of managed clinical networks, which transcend professional and organisational boundaries, has been promoted. Despite this policy imperative, guidance as to how to do this in practice is vague. In 2001, a multidisciplinary team from a rural primary care location succeeded in their bid to form a managed clinical network to improve the palliative care of people experiencing moderate to severe cancer related pain through the implementation of an evidence based guideline, known as SIGN 44 (SIGN 2000). This paper examines the use of realistic evaluation as a formative research design and reflects on methodological challenges and strategies adopted to maximise practice relevance and avoid overindulgence in realistic unravelling. Following a brief overview of realistic evaluation (Pawson & Tilley 1997) the rationale for choosing this design will be presented alongside its influence on methods and procedures. The study was framed around three evaluation points (Tolson et al 2006). A total of three patient focussed case studies were completed, comprising in depth interviews with the person, family members and health care practitioners. Three 'implementation and progress reviews', each comprising three hours of group interviews with the 13 members of the network management team. Study findings will be used selectively to exemplify the strengths and challenges of using realistic evaluation. In particular we will highlight the gains in relation to the flexible researcher-practitioner, teacher-learner dynamic and empowerment to develop practice. We then move on to examine how the identification of context-mechanisms-outcome configurations assists in determining the best practice model with potential to maximise patient benefit. This is tempered with a cautionary note about the impact on interpretation of underlying assumptions and the complexity of context.

Recommended reading:
Pawson, R., Tilley, N,. 1997. Realistic Evaluation. Sage Publications, London.

Scottish Intercollegiate Guidelines Network, 2000. Control of pain in patients with cancer: a national clinical guideline (44). SIGN, Edinburgh.

Tolson D, McIntosh J, Loftus L, Cormie P, Scott-Aiton E. (In press. On line version Jan 2006 www.sciencedirect.com) Using Realistic Evaluation to support interdisciplinary practice development: the evolution of a Managed Clinical Network in Palliative Car

6.1.3
Lymphoma: Factors influencing help seeking behaviour

Debra Howell, Research Fellow, Epidemiology and Genetics Unit, Department of Health Sciences, The University of York, York, UK.

Co author: Alexandra Smith

Abstract:

Background: In the UK, patients with lymphoma take longer to seek help for initial symptoms than those with many other cancers (Howell, Smith and Roman, 2006). In these patients average time between symptom onset and help seeking is longer than any other part of the pathway leading to diagnosis (Summerfield et al. 2000; Howell, Smith and Roman, 2006). Despite this, the help seeking behaviour of patients with lymphoma has not been investigated.

Aims: To examine factors influencing help seeking behaviour in patients with lymphoma.

Methods: A qualitative study, using a grounded theory approach, was conducted among a purposive sample of 31 patients, aged above 65 and newly diagnosed with lymphoma in West Yorkshire during 2000. Taped interviews were conducted, transcribed, then coded and analysed using NVIVO.

Results: Patients reported a wide range of symptoms; lymphadenopathy and tiredness were frequently cited. Help seeking was deferred due to lack of pain and the non-acute nature of symptoms; also because symptoms were variable, intermittent, and often similar to those associated with more common, less serious illnesses. Patients attempted to justify symptoms in terms of their knowledge, previous experiences, the aging process or recent events. Continuation and worsening of symptoms and the influence of others promoted help seeking.

Discussion: The most important factor influencing help seeking was symptoms. These vary tremendously according to the type and site of lymphoma. Given this and the apparent lack of knowledge about lymphoma it is unsurprising that help seeking was often deferred. The UK Department of Health is committed to ensuring prompt diagnosis of cancer, focusing on the time after help seeking (Department of Health, 2000). For lymphoma it is also crucial to reduce the time taken to seek help. This could be done through raising awareness of lymphoma.

Conclusion: Help seeking is the first step on the pathway to diagnosis of lymphoma and should occur promptly. More education about this disease is needed.

Recommended reading:

Howell DA., Smith AG. and Roman E. (2000) Lymphoma: Variations in time to diagnosis and treatment. European Journal of Cancer Care 15, 272-278

Summerfield GP, Carey PJ, Galloway MJ and Tinegate HN (2000) An audit of the delays in diagnosis and treatment of lymphoma in district hospital in the northern region of the UK.Clinical and Laboratory Haematology 22, 157-160

Department of Health (2000) The NHS Cancer Plan: A plan for investment: a plan for reform. London

6.2
Theme: Education, roles & development

6.2.1
Ascertaining practitioners' needs in genetics education: A novel approach to survey

Maggie Kirk, Professor, Faculty of Health, Sport and Science, University of Glamorgan, Pontypridd, UK.

Co authors: Emma Tonkin; Karen Birmingham

Abstract:

Knowledge of how genetics impacts on health and disease is becoming increasingly important within healthcare and the subject is no longer considered the domain of the specialist practitioner. The NMC recognises that "to prepare nurses…appropriately and effectively in order to integrate genetics into their everyday practice presents a significant challenge"1. An innovative method has been used to raise awareness of genetics and simultaneously to explore the learning needs of UK nurses. In collaboration with a nursing publishing company, a short questionnaire was distributed during September 2006 through seven specialist journals. An article tailored towards the readership accompanied each questionnaire, containing specific examples of how genetics is impacting on each area of practice. The questionnaire sought to establish awareness of, and confidence in, including genetics in everyday practice, and its perceived importance. Willingness to update knowledge and skills, and perceptions of managerial support to do so, was also explored. Numerous practical and methodological issues were considered. Piloting of the questionnaire reinforced the need for an accompanying article. Initial recognition of the relevance of genetics to nursing practice is often low and the article provides a means of engaging the reader, prompting completion of the questionnaire; particularly vital as reminders could not be issued. Reducing the risk of bias between articles was also important. A template provided authors with a consistent format although available journal space was sometimes restricted. Essentially simultaneous publication was necessary to reduce any influence from major genetics news that might occur during intervening periods between publications. This paper will report on these variables and their potential impact on the survey's success. Data obtained from the study will be used to underpin a programme of work to facilitate nurse education in genetics and will complement the findings from a recent study of UK pre-registration training2.

Recommended reading:

Kirk M, McDonald K, Longley M, Anstey S (2003) Fit for Practice in the Genetics Era: A competence based education framework for nurses, midwives and health visitors. Final Report to Department of Health. Pontypridd: University of Glamorgan 1-84054-104-0.

Kirk M and Tonkin E (2006) Survey of practice and needs of UK educators in delivering a genetics competence framework. Pontypridd: University of Glamorgan 1-84054-147-4.

6.2.2
Innovative practice: Developing nursing student's focus on holistic care

Ann Purdie, Nurse Lecturer, School of Health Nursing & Midwifery, University of Paisley, Ayr, UK.

Co authors: Louisa Sheward; Elaine Gifford

Abstract:

This study aims to describe and explore the experiences of third year student nurses on an innovative two week clinical placement with 'Across'. This charity takes seriously ill and disabled persons, referred to as VIPs, to Lourdes and back on a purpose built coach with ambulance status. These were the first student nurses in the United Kingdom to participate. The placement is unique in that opportunities to provide holistic care experience are great. Holistic care encompasses meeting physical, social, emotional and spiritual needs. To achieve this requires developing relationships based on a multitude of factors, including trust, confidence and enthusiasm (Castledine, 2001). Spiritual care, in particular, is difficult to provide (Wensley, 1995 and McDade 2005). Reasons include the focus on physical needs, low nurse to patient ratios and acute patient illness. Hence, the ethos of this partnership with 'Across' was the belief that senior students would benefit from refreshing or further developing their skills in this 24 hour care setting unlike any within the NHS environment. Ethical approval was granted for an evaluative study. Six students were selected during June and July 2005. These students were asked to keep a reflective diary and attend a focus group to discuss their experiences. The focus group was audiotaped, transcribed and analysed. The data has provided a rich insight into the student's experience. Four key themes emerged: the Concept of Caring, Interpersonal Skills, Spirituality and Trust. These are essential aspects of holistic care and will be explored. Delivering nursing care in this setting boosted the students' confidence, developed their interpersonal skills, particularly listening, and personalised nursing care so that the student-VIP relationships were much more than simple interactions. In conclusion, the opportunities to enhance the student's holistic care skills exceeded expectations. Pre-registration programmes should consider such placements to develop holistic care skills.

Recommended reading:

Castledine G. (2001). Is nursing losing its holistic focus? British Journal of Nursing, 10 (16) p.1091.

McDade K.J. (2005). The Human Spirit in Health and Illness: A handbook for carers. Salisbury: APS Publishing.

Wensley M. (1995). Spirituality in nursing. St Vincent's Nursing Monograph: Selected Works. Sydney: [Online] Nursing Monograph Series. [14.03.2005].

6.2.3
The legitimate role of the medical-surgical staff nurse in Jordan: The views of patients, doctors and nurses

Mona Shuriquie, Continuing Professional Development (CPD) officer/Senior Lecturer, Department of Nursing and Allied Health Personnel, Royal Medical Services, Amman, Jordan.

Mona_shuriquie@yahoo.com

Co authors: Alison While, Joanne Fitzpatrick

Abstract:
Background: The Jordanian staff nurse's role, in the absence of an active professional body and scope of practice mandated at national level, is largely guided by a Westernised nursing education system which may not necessarily be relevant to the nation's developmental stage, its health care needs, nor its culture.

Aim: This study focused on defining the role of the medical-surgical staff nurse from the perspectives of nurses, patients and doctors across the government, private and army health care sectors in Jordan.

Method: A cross-sectional questionnaire survey using a quota sample was used (n=963; 72% response rate). Data were collected regarding the staff nurse's role in the physical, psycho-social, communication, professional and care management domains of nursing in 2003. The data were analysed quantitatively using descriptive, univariate, bivariate and multivariate procedures.

Results: The findings indicated there were significant differences between respondents and health care sectors regarding the role attribution to the staff nurse. The most notable difference was in the psychosocial and communication domain of nursing care, with patient and doctor respondents perceiving the staff nurse as having a very limited role. The staff nurse's lack of authority for exercising independent decision making in patient care management was also noted. Staff nurses working in the government sector were attributed a more limited role compared to staff nurses working in other sectors.

Discussion and Conclusion: The findings will be discussed with reference to other significant findings pertaining to the context of nursing care in Jordan including organisation of care delivery, views on nurse competence, autonomy and family participation in care. The implications of the findings for nursing practice, education and policy in Jordan are considered. A conceptual model of the legitimate role of the medical-surgical staff nurse is developed which will require testing in future research.

6.3
Theme: Qualitative and quantitive methods

6.3.1
A quantatative research study that examined views of future carers of older people

Christine Smith, Director of Primary Care/Community Nursing, School of Nursing and Midwifery Studies, Cardiff University, Cardiff, UK.

Co authors: Sherrill Snelgrove, Christopher Armstrong Esther

Abstract:
The aims and objectives of this research study was to raise issues relevant to the ongoing debate on informal care by exploring attitudes of both men and women towards the care of dependant older people. This exploratory study was undertaken in South Wales, UK using a sample stratified by gender and age. The men and women who participated in the study were members of the general public and were recruited by undergraduate students. The participants were self selecting volunteers and no attempt was made to randomised selection. The sample (n=174) was drawn from age cohorts 20-39 years (n=90) and 40-59 years (n=84). The self administered survey questionnaire was designed to determine attitudes and willingness to care and whether the age of the respondent was likely to be a defining factor. A pilot study was conducted to ensure the questions addressed the topic. The questionnaire comprised of three sections; the first consisted of an exploration of the demographic data. Secondly the relevant literature regarding government policy, community/family support rather than in institutions. The third section was to determine male and female attitudes towards conducting intimate and personal tasks for older people. SPSS was used for the analysis of the data. An initial descriptive analysis was undertaken followed by inferential analysis of group differences using the man – Whitney U test which is the non parametric equivalent to the t-test for independent variables. Pleasure of the older persons company was cited as a potential benefit by most respondents (53%) and contact with the respondents children was next chosen (50%) strained family relationships was the potential problem that concerned most people (63%). Knowledge gained gives information regarding felt obligation, responsibility and greater need for support of family care givers.

Recommended reading:
Arber, S. (1995) Gender differences in informal caring. Health and Social Care in the

Audit Commission. (1998). The Coming of Age: improving Services for Older People. HSMO. London

Carers National Association. (1998). Ignored and Invisible. London: Department of Health

6.3.2
The challenge of analysing qualitative data

Susan Royse, Teaching/Research Assistant, Senior Staff Nurse, School of Health Sciences, The University of Birmingham, Birmingham, UK.

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Abstract:
The use of qualitative research methods in healthcare has grown over recent decades with increasing attention being paid to concerns such as when, why and how to use qualitative research. However, less attention is given to suitable methods of analysis and detailed explanation of this stage of the research process can be overlooked by researchers when reporting findings (Attride-Stirling, 2001). In order to yield meaningful and useful results it is imperative that data analysis techniques employed by the researcher are suited to the chosen methodology and are demonstrated as being a reliable and accurate method of undertaking analysis (Mason 2004). This paper aims to present the challenges encountered when selecting an appropriate tool to guide analysis of data derived from an interpretive phenomenological research study. Data were generated through in-depth semi-structured interviews with participants in order to explore the lived experience of genetic cardiac conditions. Methodological decisions made throughout the stages of data analysis will be addressed and justified in relation to the theoretical framework underpinning the research study. The objective of this paper is to present a step-by-step guide of one method of analysing qualitative data in order to provide a clearly identifiable audit trail of decisions. With the use of examples from the study, this paper will guide the audience through the data analysis process used within the study to demonstrate how interpretive research findings were uncovered. This will include the process of coding interview transcripts (Miles and Huberman 1994) and the use of thematic networks to assist with structuring and visual depiction of the analysis process (Attride-Stirling, 2001). This paper will also address some of the ethical issues associated with analysis of qualitative data with a specific focus on the use of participants to verify research findings.

Recommended reading:
Attride-Stirling J. (2005) Thematic Networks: an analytic tool for qualitative research. Qualitative Research. 1(3): 385-405.

Mason J. (2004) Qualitative Researching. 2nd Edition. SAGE Publications. London.

Miles M. Huberman M. (1994) Qualitative Data Analysis: An Expanded Sourcebook. SAGE Publications. London.

6.3.3.
Every picture...': The use of graphic materials as a methodological approach

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Abstract:
There is familiarity with the expressions 'Every picture tells a story' and 'One picture is worth a thousand words', yet the use of graphic imagery has been largely overlooked, as a methodo-

logical approach, within nursing research. This paper will consider how two-dimensional data graphic media, such as artwork and photographic imagery can be used to inform the research process. The first part of the paper will set the scene by commenting that visual research is not a new phenomena, having informed anthropological and ethnographic studies (Pink), but its use as a research strategy is probably more allied to media studies (Emmison and Smith 2000), rather the sphere of nursing. Illustrative examples, portraying nursing and health care related topics, will be highlighted to demonstrate its application. Imagery such as artwork, photographs, cartoons and advertisements will be utilised within this section. The second part will consider the theoretical perspectives that underpin the use of representational images (Hall 1997). Sources and types of materials will be considered, highlighting the value of recognising the context of images. Issues relating to qualitative/quantitative data collection will be discussed along with concepts such as signifiers, frames, genre, identification, narrative, and decoding, which enable a structured approach to analysis. Should a researcher choose to take their own photographs, as part of the data collection process, then this will have ethical implications and these will also be discussed. Finally the paper will conclude with implications for researchers and the advantages and disadvantages of this methodology will be highlighted. It will be acknowledged that with the growth of IT, the Internet, and digital imagery the potential for graphic materials, as an accepted method of data collection, will grow. It is hoped that this paper will add clarity to the topic, allowing for robust and reliable research practices. References Emmison M, Smith P. (2000) Researching the visual. London, Sage Publications Hall S. (1997) Representations: Cultural representations and signifying practices. London, Sage Publications Pink S.(2006) Doing Visual Ethnography. London, Sage Publications

Recommended reading:
Emmison M, Smith P. (2000) Researching the visual. London, Sage Publications

Hall S. (1997) Representations: Cultural representations and signifying practices. London, Sage Publications

Pink S.(2006) Doing Visual Ethnography. London, Sage Publications

6.4
Theme: Infant & child feeding

6.4.1
Weaning: Exploring patterns of practice

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Co authors: George Kernohan, Marlene Sinclair

Abstract:
Aim: To describe current patterns, practices and influencing factors affecting weaning behaviours of women within a Northern Ireland context and to compare them with national standards.

Background: There is a substantial body of evidence which verifies the link between poor dietary practices, poor nutritional status and ill health. The limited amount of existing research identifying patterns and practices adopted by mothers with regard to weaning suggests non compliance with weaning guidelines.

Method: Following a structured review of literature, an exploratory descriptive design was selected. Data was obtained between September 2005 and December 2005, using a self completed client questionnaire distributed by 21 health visitors to a convenience sample of mothers who had infants aged between six and 18 months. Data was analysed using SPSS version 12.

Results: Five hundred questionnaires were prepared for distribution and 12 were returned. Women were from predominantly middle class, rural backgrounds with 79% in the 26-40 age group. Over 90% of mothers weaned their babies earlier than recommended. Mean weaning age was between 12 and 14 weeks and by six months, 37% were already being given a variety of foods and drinks. Salt, gravy, butter and sugar are being given to some babies during the weaning period. The study also provides valuable information

Recommended reading:
McDougal,P. (2003) Weaning: Parents' perceptions and practices. Community Practitioner. Jan: 76(1): 25-8.

Savage, S. Reilly, J. Edwards,C.& Durnin, J, (1998) Weaning practice in the Glasgow longitudinal infant growth study. Archives of Disease in Childhood. London: Aug. Vol.79, Iss.2:p. 153 (4 pages)

Williams, FLR. Anderson, AS. Forsyth, S. Florey, CV. van der Velde, P. (2004) What influences the timing of the introduction of solid food to infants? British Journal of Nutrition. Sept: 92(3): 527-31.

6.4.2
Increasing persistence to breastfeed through increasing maternal confidence and relevant midwife support: Preliminary RCT findings

Janine Stockdale, Research Fellow, Faculty of Life and Health Sciences, University of Ulster, Belfast, UK.

Co authors: Marlene Sinclair, George Kernohan

Abstract:
The WHO has challenged health professionals to achieve higher rates of breastfeeding. This means increasing both initiation and duration. Initiation rates in the UK are increasing steadily (The Infant Feeding Survey 2005), but evidence on duration is equivocal and multifactorial (Ertem 2001, Chezem 2003). Positive attitudes towards breastfeeding, professional and peer support and maternal confidence all contribute. This paper reports preliminary findings of a randomized control trial comparing current breastfeeding instruction with a motivationally enhanced version, based on Keller's (1987) ARCS model of confidence-building instruction Method Following Research Ethics Committee approval, 181 primigravida women were recruited at the 20 week antenatal appointment and written consent obtained. Women were randomised to receive the motivationally enhanced breast-feeding instruction or else advice and education based upon current best practice (NICE). Midwives supporting the postnatal application of the intervention attended a one-day training course. Women's motivation to breastfeed in relation to the instruction received was measured prior to discharge from hospital by structured interview. Follow-up telephone calls determined persistence in relation to breast-feeding, 3-4 weeks postnatally. Analysis and Results With attrition, preliminary analysis was performed on 69 intervention cases (75 controls) using Chi Squares. This revealed no significant difference in the initiation rates between groups. On discharge from hospital 44 intervention cases were breastfeeding (33 controls), p<0.01. Persistence at 3-4 weeks was noted in 36 intervention cases (15 controls), p<0.001. The differences are explained in part by increased uptake of relevant breast-feeding instruction, p<0.001, and increased maternal confidence, p<0.01. Discussion and Conclusion Breastfeeding is a complex activity with many known benefits and influences. Motivationally-enhanced breastfeeding instruction has a positive effect on primigravida women's persistence to sustain breastfeeding. Further analysis is required to expose the exact nature and trends related to its success. This research contributes to our knowledge & understanding of the importance of motivation as a determinant of successful breastfeeding feeding behaviour Source of funding: (NHS) Research & Development Office for Northern Ireland

Recommended reading:
Ertem IO., Votto N., Leventhal JM., (2001) The timing and prediction of the early termination of breastfeeding. Pediatrics 107: 543-548

Chezem J, Friesen C, Boettcher J, (2003) Breastfeeding Knowledge, Breastfeeding Confidence, and Infant Feeding Plans: Effects on Actual Feeding Practices JOGNN Vol 32(1) 40-7

Keller JM., (1987) Development and Use of the ARCS Model of Instructional Design. Journal of Instructional Development Vol 10: 3, 2-10

6.5
Theme: Orthopeadics & catheter care

6.5.1
An investigation by telephone survey of hip fracture patients' experiences of an additional telephone review at 12-months post hip fracture

Kathleen Duncan, National Clinical Co-ordinator, Accident & Emergency, NHS Lanarkshire, East Kilbride, UK.

Co authors: Valerie Blair;

Abstract:
Background: Hip fracture affects over 6000 new patients in Scotland each year (SHFA 2005a). Hospitals, which participated in the Scottish Hip Fracture Audit (SHFA) 1998-2005, collected data on all hip fracture patients aged 50 years and over. Data was collected initially at the time of patients' acute admission. Follow-up data was collected 4-months later to ascertain the level of return to pre-fracture status. Follow-up information was predominately collected via telephone interview. A study was conducted to evaluate the benefits of an additional telephone review at 12 months post fracture.

Aims: To investigate patients' experience of the additional telephone follow-up at 12-months post-hip fracture. Secondary objectives: What is patients' experience of telephone interview as a mode of follow up? Do patients consider a nurse to be a suitable health care professional (HCP) to

carry out the telephone follow-up? Do patients find a 12-month follow-up useful? Information from the existing database allowed investigation of whether patients' reported experiences were dependent on: Type of fracture sustained. Whether the nurse, as a consequence of 4 or 12-month follow-up had appointed the patient to an orthopaedic clinic. Level of mobility at 12-months post-hip fracture Pain levels at 12-month post-hip fracture.

Method: 12 in-depth telephone interviews were conducted.

Results: Irrespective of type of fracture, the majority of the sample, stated telephone follow-up by a nurse at 12-months post- hip fracture was an acceptable and useful method of follow-up care. Patients valued the opportunity to discuss progress with an experienced member of staff. The discussions gave them confidence and they felt "staff were interested in their progress".

Conclusion: Telephone interview is effective and efficient methods of patient follow up post hip fracture.

Recommended reading:
Scottish Executive (2000). Our National Health. A plan for action, a plan for a change. Edinburgh: NHS Scotland

SHFA (2005a). Scottish Hip Fracture Audit National Trend Analysis (1998-2004). Edinburgh: Information Services NHS Services Scotland

SIGN (2002). Scottish Intercollegiate Guidelines Network. Prevention and Management of Hip Fracture in Older People. A national clinical guideline. Edinburgh: SIGN Executive

6.5.2
Hip protectors to prevent hip fractures - a waste of time and money?

Peter O'Halloran, Lecturer in Nursing, School of Nursing & Midwifery, Queen's University, Belfast, UK.
p.ohalloran@qub.ac.uk

Abstract:
Background: An estimated 30-60% of older adults fall every year and about 1% of falls result in a hip fracture. Hip fracture is a serious and growing problem, with a 3-10 fold rise in worldwide incidence predicted by 2050 (Gullberg, et al 1997). Hip protectors are underwear with built in protection for the greater trochanter. They are designed to prevent hip fractures by dispersing or absorbing the force of a fall. Trials published to 2001 were broadly supportive of the effectiveness of hip protectors, and this was reflected in a Cochrane review in 2000. However, earlier trials were methodologically flawed and subsequent trials have not demonstrated effectiveness. The most recent Cochrane review describes only a marginal benefit (Parker et al, 2005).

Review and Discussion: This presentation evaluates the current evidence for the use of hip protectors and discusses the use of that evidence by manufacturers, suppliers, professional groups and guideline developers. Interestingly, despite the limitations of the evidence base, most advice has been broadly supportive. Reasons for this are proposed and discussed in the context of a critique of evidence-based healthcare.

Conclusions: Currently, the evidence base does not offer strong support for the use of hip

protectors. However, the available evidence can be used in different ways and for different purposes by those with an interest in promoting the use of hip protectors. A conservative approach is warranted, where, if we cannot demonstrate that hip protectors work, we presume that they do not. This presentation will be of use to practitioners wanting to evaluate the evidence base for hip protectors (and other recommended interventions) on behalf of clients. It will also be of interest to policy makers who must assess the claims made for health care technologies as part of the decision-making process.

Recommended reading:
Gullberg B, Johnell O, Kanis JA (1997) Worldwide projections for hip fracture. Osteoporos Int. 7(5):407-13.

Parker MJ, Gillespie WJ, Gillespie LD (2005) Hip protectors for preventing hip fractures in older people. The Cochrane Database of Systematic Reviews Issue 3. Art. No.: CD001255.pub3. DOI: 10.1002/14651858.CD001255.pub3.

6.5.3
An exploration of nurses' experiences, knowledge and practices of urinary catheterisation, management and care

Margaret McCann, Lecturer, School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland.
Mccanm1@tcd.ie
Co authors: Susan Hawshaw, Marie Hennigan

Abstract:
Background: Urinary catheterisation insertion and management is primarily a nursing responsibility (Crow et al 1988; Robinson, 2001). The management of such patients require nursing decision-making, which is based on best nursing practice. Nurses are, therefore, required to have a knowledge and understanding of the current scientific evidence underpinning this area of practice.

Aim of Study: To explore nurses experiences, knowledge and practices of urinary catheterisation, management, and care. This collaborative project was between a Third Level Education Institute and Two General Teaching Hospitals in Ireland.

Methodology: There are two phases to this study. In phase one a descriptive survey (Fleming et al 2000) was distributed to a random sample (N=553) of registered general nurses. A total of 207 questionnaires were returned (37%). Data analysis was carried out using the Statistical Package for the Social Sciences. Phase two of the study will involve a clinical audit of nursing management and care of patients with urinary catheters. Data will be collected from patients and relevant documentation. Data collection and analysis will be completed in time for the conference.

Results: Findings from the survey suggest that a majority of respondents (73%) indicate that their level of current knowledge is adequate yet an evaluation of their knowledge indicates gaps in their knowledge on the insertion, management and care of patients with urinary indwelling catheters. Findings from the clinical audit will identify the quality of nursing care provided.

Conclusions: This research and clinical audit will identify opportunities for continuing professional development in this area of practice. It

is anticipated that this continuing professional development will be delivered by the Nurse Practice Development Department in tandem with the launch of evidence based guidelines on the insertion and management of urinary catheterisation.

Recommended reading:
Crow R., Mulhall A. & Chapman R. (1988) Indwelling catheterisation and related nursing practice, Journal of Advanced Nursing, 13, 489-495

Fleming A., Day J. & Glanfield L. (2000) Registered nurse managment of urinary catheters in a rehabilitation and long term care hospital, International Journal of Nursing Practice, 6, 237-246.

Robinson J. (2001) Urethral Catheter Selection, Nursing Standard, 15(25), 39-42.

6.6
Theme: Sexual health
6.6.1
Risk factors for cervix cancer in sexual and menstrual practices

Lize Maree, Head Department of Nursing Science, Pretoria Campus, Tshwane University of Technology, Pretoria, South Africa. Co author: Susan Wright

Abstract:
Cervix cancer is the female cancer that causes most deaths in South Africa. The incidence rate of cervix cancer in South Africa varies according to population group. The annual incidence per 100 000 for cervix cancer in black women is 40 as compared to 9 in white females. Little is known about the sexual and menstrual practices during menstruation in high-risk communities in South Africa. Knowledge of the risks inherent in these practices might lead to changed behaviour. The focus of this research study is to investigate if there are inherent risk factors for cervix cancer in the black women's sexual and menstrual practices that could result in an increased incidence to provide an evidence base for future interventions. The design of the study is an exploratory, descriptive, contextual, quantitative survey. The context of the study is Ga-Rankuwa, an urban area. The target population was the women from the age of 18 years in Ga-Rankuwa. The sampling method was convenient (n=450). Data gathering was done during February to July 2006. A structured interview was conducted due to the high rate of illiteracy found amongst the women. The data was analysed with descriptive statistics. The results of the study will be reported in terms of the demographics, risks inherent in sexual and menstrual practices, use of sanitary protection, frequency of change and hygiene practices during menstruation, frequency of hand and genital cleaning. Privacy or the lack thereof will also be investigated. The results will be discussed in terms of the possible risk for cervical cancer and guidelines for future interventions.

Recommended reading:
DRAKSHAYANI, D.K. & VENKA, R.P. 1994. A study on menstrual hygiene among rural adolescent girls. Indian J Med Sci, (6):139-43.

CHIGAKA, S.P. 2000. Strategies for addressing management of growing up and sexual maturation among girls and boys and menstruation practices in primary schools in Nairobi and Bondo Districts in Kenya. Forum for African Women Educationalists, Kenya Chapte

HERRORO, R., ET AL. 1990. Sexual behaviour, venereal diseases, hygiene practices and invasive cervical cancer in a high-risk population. Cancer, 65(2):380-6.

6.6.2
Strategies used to increase chlamydia trachomatis screening in general practice a phenomenological study

Elaine Freeman, Primary Care Research Coordinator, Gloucestershire Research and Development Support Unit, Gloucestershire Research and Development Support Unit, Gloucester, UK.

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Co authors: Cliodna McNulty, Isobel Oliver, William Ford-Young, Sarah Randall

Abstract:
The introduction of a national DH Chlamydia screening programme (CMO Expert Advisory Group 1998) for under 25's has led to a reduction in infection, together with its related morbidity and pelvic inflammatory disease sequelae. The screening programme commenced initially within 10 sites in England. In a previous study (McNulty, Freeman, Bowen et al 2004) we explored the barriers to opportunistic testing. The greatest barriers in GP practices were: lack of knowledge, how to take specimens, lack of time, worries about discussing sexual health. Aims This qualitative study explores how healthcare staff have overcome the barriers to screening for genital Chlamydia in primary care. Methods Through semi-structured telephone interviews in 9 screening areas, we explored the strategies coordinators used to attain high screening rates in Phase 1 and 2 national Chlamydia screening programme areas. Data were analysed using an interpretive phenomenological approach (Smith Jarman and Osborn, 1999). **Results:** Coordinators reported that successful screening practices had a champion who drove the screening process forward. These practices had normalised screening, so all at-risk patients were offered opportunistic screening whenever they attended. This was facilitated by a variety of time saving methods including computer prompts, test kits in the reception area, youth clinics and receptionist involvement. The coordinators sustained chlamydia screening through frequent reminders, newsletters containing chlamydia screening rates, and advertising to the 'at risk' population. Coordinators' interpersonal skills were as important as sexual health experience. Coordinators reported that to facilitate chlamydia screening across all practices, screening could be included in the General Medical Services (GMS) contract, and a higher national profile was needed amongst health professionals and the public. **Conclusions:** All practice staff need to be encouraged to become champions of the Chlamydia Screening Programme through education, especially aimed at older clinicians and receptionists. The NHS should consider including chlamydia screening in the GMS contract. Increased public awareness will allow screening to be undertaken more quickly and by non-medical staff.

Recommended reading:
Chief Medical Officers Expert Advisory Group, Chlamydia trachomatis summary and conclusions. London. Department of Health 1998.

McNulty CAM, Freeman E, Bowen J, Shefras J, Fenton KA, Barriers to Chlamydia testing in primary care, British Journal of General Practice 2004, 54, 508-514

Smith JA, Jarman M, and Osborn M, Doing interpretive phenomenological analysis; in Qualitative Health Psychology, Theories and Methods, Thousand Oaks, Sage p218-240

6.6.3
The dynamics of the sexual assault team

Gwen Farrugia, Staff Nurse, Health Department, Institute of Health Care, Malta, Valletta, Malta.

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Abstract:
Sexual assault teams are interdisciplinary teams composed of various professionals with different professional training and experience, who care and support rape victims in a forensically secure environment. Understanding the dynamics of such a team is necessary for the team to interact if a good service is to be provided. No studies on the dynamics of sexual assault teams were retrieved, however the literature reviewed regarded team working in different backgrounds, as this provided insight into the nature of teams. Literature regarding sexual assault teams was restricted to the roles of team members, and the nature and effectiveness of such teams. The aim of this study is to understand the dynamics of the sexual assault team in Malta as perceived by various professionals, including nurses, hospital management, gynaecologists, police officers, social workers, as well as a psychologist. A single qualitative case study was the method chosen to obtain information on the dynamics of such a team locally. The case being studied is the group of professionals who are currently involved as well as others who should be involved in the handling of female rape victims in Malta. In-depth, semi structured interviews using open-ended questions were used with these different professional groups. Content analysis was then used to analyse the data collected. The results indicated that there is a great amount of confusion of roles amongst the various professionals and this led to certain conflicts amongst them. These issues of confusion and thus conflicts may be explained due to the issue of power that revolves around these roles that the professionals hold. Also the organisation from where the various professionals come from inflicts this power upon its professionals. Thus, from these results recommendations for management regarding role clarity were discussed, together with recommendations for future research so greater knowledge may be obtained regarding this subject.

Recommended reading:
Kerr, E., Cottee, C., Chowdhury, R., Jawad, R., & Welch, J. (2003). The haven: a pilot referral centre in London for cases of serious sexual assault. British Journal of Obstetrics & Gynaecology. 110, 267-271.

McNair, S., & Finigan, A.B. (1996). Shared roles ensure complete care for sexual assault survivors. Journal of Psychosocial Nursing. 34(10), 38-41.

Schei, B., Sidenius, K., Lundvall, L., & Lolk Ottesen, G. (2003). Adult victims of sexual assault: acute medical response and police reporting among women consulting a centre for victims of sexual assault. Acta Obstetricia et Gynecologica Scandinavica. 82

6.7
Theme: Young people & families

6.7.1
An exploration of reasons for low physical activity levels among children with asthma: Informing the development of new interventions

Brian Williams, Associate Director, Social Dimensions of Health Institute, Universities of Dundee & St Andrews, Dundee, UK.

Co author: Joanne Coyle

Abstract:
Background: Physical activity levels among children are low and falling. This is especially a problem for children and young people with asthma. The very existence of asthma can deter children, parents and school staff from engaging them in physical activity (National Asthma Campaign Scotland 2001). Yet exercise is essential for their overall health and well-being.

Aims: The aim of this study was to explore the children's, family members' and schools' explanations for levels of physical activity.

Methods: The study employed a qualitative research design. Thirty children and their parents were interviewed in depth and separately). Twelve focus groups were conducted in schools with peers and school staff. Data was analysed using framework analysis and facilitated by Nivo software.

Results: The study found that beliefs about capability and safety were critical in determining both children parent's motivation to participate in exercise and physical activity. In turn how children and parents managed taking part in activity depended upon their illness beliefs about the 'triggers' of asthma and the social value the placed on the particular activity.

Conclusion: The findings formed the basis of an intervention program aimed at initiating and sustaining increases in activity among children with asthma.

Recommended reading:
National Asthma Campaign Audit (2001) Out in the open. A true picture of asthma in the United Kingdom today. The Asthma Journal, 6, 3, special supplement.

6.7.2
Connectedness, belonging and feelings about school among healthy and chronically ill Icelandic school children

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Abstract:
Purpose: To evaluate the level of school connectedness and feelings about school among Icelandic pre-teenagers who were either with or without chronic health condition.

Methods: The study is cross sectional were 480 10-to 12- year old children (209 boys and 271 girls) and 38 teachers participated from 12 randomly selected public elementary schools in Reykjavik, Iceland. Data were collected from March 2004 to early June 2004. Independent t-tests and multivariate regression analysis were used to test the hypotheses.

Findings: Girls were found to report significantly higher connectedness to their school and significantly higher positive feelings about their school than the boys. Children with chronic illnesses were found to report significantly lower school connectedness and significantly lower positive feelings about their school than children without chronic illness(es). Further, Icelandic pre-teenagers with mental illness or learning disabilities were found to report significantly lower school connectedness and to reported significantly lower positive feelings about their school than their school mates who had physical chronic illness(es). The teachers' perception on children's social competence significantly predicted both the girls and the boys perception of their connectedness to school and feelings about school.

Conclusion: Preventive actions need to be taken by school nurses and other school personnel, to prevent disengagement in schools, especially for pre-teenage boys, and for chronically ill children, specifically, children dealing with mental illnesses or learning disabilities.

6.7.3
Evaluation of a project to support chaotic families through intensive, integrated interventions

Tony Long, Professor of Child and Family Health, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Salford, UK.
Co authors: Mike Ravey, Michael Murphy, Debbie Fallon

Abstract:
Background: This presentation relates to the design and implementation of a 2-year study to evaluate a project designed to break the cycle of dependency on health and social services and the pattern of intervention, closure, and reopening of cases for 60 families found to be "chaotic" or difficult to support. It will focus on some of the problems encountered and solutions applied (such as interagency co-operation, instrument design, and achieving "buy-in" to the project by individuals and agencies.

Study Aim: To measure the outcomes of the project as achievement of targets for families and change in practice amongst practitioners.

Method: Ethical approval was gained from the University Research Governance and Ethics Committee. Following identification of baseline targets specific to each family, the research team held a focus group with project team members to establish which targets could be monitored or measured for on-going and final evaluation. Measures include review of central data and statistics; review of case notes or school records; and administration of specific questionnaires or attitude scales. A standard proforma is used to gather information from practitioners about each family supported in the preceding month. This data builds into a substantial "individual family matrix" reflecting ongoing family outcomes. Four families are followed as case-studies to explore their experience of involvement in the project. Tape-recorded group interviews are held with each family twice yearly to elicit their perspectives and reflections. Cultural change within teams is explored in "World Café" meetings which allow for free exchange of ideas on issues found to be important to delegates (rather than issues set by the research team), eliciting perspectives on cultural change in a non-threatening and supportive atmosphere.

Findings: Preliminary results will be available by the time of the conference, including specific outcomes for families and early indicators of cultural change in teams.

Recommended reading:
Department for Education and Skills. (2005). Children's workforce strategy: A strategy to build a world-class workforce for children and young people (consultation document). London: HMSO.

Department for Education and Skills. (2005). Common core of skills and knowledge for the children's workforce. London: HMSO.

1) Brown J, Isaacs D (2001) The World Café: living knowledge through conversations that matter. The Systems Thinker 12 (5) 1-5.

6.8
Theme: E-learning

6.8.1
The use of health technology and information among nursing students: E-learning technological approach

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Co authors: Lisa Lo; Sandra Pun

Abstract:
Background: Millions of people go online in search of health and medical information. Likewise, health care professionals need to be able to retrieve and manage information in an efficient and effective manner (Kokol, 2003; Shirey, 2006). The development of health technology and informatics (HTI) has been rapid, yet little is known about the knowledge and attitudes of nursing students with regard to using HTI.

Objectives: 1. to explore the knowledge and attitudes of nursing students with regard to using HTI;

2. to use an E-learning workshop to enhance the effective use of HTI.

Methods & Results: It was a cross-sectional non-experimental study. Data were collected at a University in Hong Kong in two phases. Phase I (March, 2006), 115 first year full-time nursing students were approached and invited to complete a questionnaire regarding knowledge and attitudes to the use of computers and the Internet, knowledge of HTI and attitudes to the future development of HTI. The questionnaire consisted of 13 items, using a 5-point Likert scale as measurement. Participants perceived themselves to be knowledgeable in using personal computers and the Internet, while knowledge of HTI was perceived to be low and attitudes to the future development of HTI were generally positive. Phase II (June 2006) was an E-learning HTI workshop; topics covered an introduction to HTI, examples of HTI in use, the application and implementation of various HTI projects. There were 30 participants in the E-learning workshop, and their feedback was positive.

Discussion and Conclusions: Nurses and all health care professionals must be prepared to participate in the development of health technology and informatics (Magruder et al, 2005). To enhance health care quality and safety, teaching and learning activities should be geared towards mastery of health technology and informatics in the nursing education curriculum.

Recommended reading:
Kokol, P. Improving nursing education with intelligent systems. (2003). Online Journal of Nursing Informatics. Retrieved on July 8, 2006 from http://www.eaa-knowledge.com/ojni/ni/8_1/kokol.htm

Shirey, M.R. Evidence-based practice: How nurse leaders can facilitate innovation. Nursing Administration Quarterly, 30(3), 252-265. (2006)

Magruder, C., Burke, M., Hann, N.E., & Ludovic J.A. Using information technology to improve the public health system. Journal of Public Health Management Practice, 11(2), 123-130. (2005).

6.8.2
What influences mature age students to elect online modalities as their preferred mode of study?

Vicki Drury, Research Associate, School of Rural Health, Monash University, Moe, Australia.

Abstract:
Mature age students in universities are commonplace in most countries. In Australia, nursing has attracted significant numbers of mature age students. Increasingly online learning is becoming the most popular method of study for mature students. This study examined reasons that students chose to study online as well as exploring factors that enhanced their learning throughout the online unit. The unit undertaken by students was 12 weeks long. Initially students were asked to introduce themselves and tell each other why they had chosen the online unit over a face-to-face class. This was done via a discussion board that was called "the coffee shop". Additionally at 4 weeks and 12 weeks students were invited to complete the Unit and Teaching Evaluation Instrument (UTEI), a standardised three-part questionnaire that provides for unit, lecturer and tutor evaluation. 61 students were enrolled in the unit. Response rate for the "coffee shop" discussion was 90% whereas the response rate for week 4 evaluation was 13% and week 12 was 68%. Mature students it seems tend to have other lives always present with them, more so than conventional aged students. In this way extra curricula activities concerning children, partners, elderly relatives and pets appear to always be in the back of the mind. Thus the university experience develops the skills of juggling commitments and loyalties in order to balance the demands of academic work, family, and friends (not to mention the bank manager). Although online learning was chosen for psycho-social reasons it appears that these very same reasons are cited for withdrawal from online units. Students undertaking the course felt that few resources had been put in place to assist them to adapt to and mange this new environment.

Recommended reading:
Kevern, C. and Webb, C. (2003) Collegian, 10, 8-14.

Lauder, W., & Cuthbertson, P. (1998) Nurse Education Today, 18(5), 419-25,.

O'shea, E. (2003) Journal of Advanced Nursing, 43, 62-70.

6.9
Theme: Workforce

6.9.1
A study of occupational stress and stress management among critical care nurses in Taiwan using grounded theory

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Co authors: Jennifer Boore, Mary Jenkins, Ming-Jen Yang

Abstract:
In Taiwan, the implementation of new National Heath Insurance in 2002 has changed the ecology of health care systems, including the nursing profession. Moreover, the 2003 SARS outbreak has resulted in a high nurse turnover rate and influenced the health care service. Critically ill patient access to critical care is often difficult; however there is a deficit of information in understanding critical care nurses' (CCNs) work issues, ways of coping, and reasons for leaving. The original study aim was to develop and test an appropriate stress management intervention for CCNs. However, results from the pilot study contradicted prior studies and guided the researcher to reconsider the research question and design. Different qualitative approaches were compared. Grounded theory was chosen as the most appropriate method as it can identify contradictory theoretical paradigms and view familiar problems from new perspectives. Data was collected by interviewing 28 CCNs from 11 ICUs in 7 hospitals using theoretical sampling, and theoretical saturation was achieved. A multi-step synthesis of data analysis was developed by the researcher. Methods of constant comparisons, asking questions, self-reflection, keeping memoranda, and drawing diagrams were utilized. The core category 'Misuse of hierarchical power: big fish eat little fish', explained CCNs' work situation. Beliefs in the Confucius hierarchy were found to influence Taiwanese society, hospitals and nursing leadership, and consequently to affect CCNs' work attitudes. The organizational behaviour of misusing power encourages CCNs to treat their colleagues accordingly. With poor personal coping strategies and insufficient hospital stress management interventions, CCNs have high levels of stress and declining physical and psychological well-being, and provide poor quality of patient care. Lack of clarification in work stressors coupled with disregard of cultural difference in stress management interventions cannot help CCNs to cope with stress. A careful clarification of stressors is needed before providing any stress intervention.

Recommended reading:
Bakker, AB, Le Blanc, PM & Schaufeli, WB 2005, 'Burnout contagion among intensive care nurses', Journal of Advanced Nursing, vol. 51,no.3, pp.276-287.

Ngo, H, Foley, S & Liu, R 2005, 'Work role stressors and turnover intentions: a study of professional clergy in Hong Kong', International Journal of Human Resource Management, vol.16, no.11, pp. 2133-2146.

Chang, CS, Du PL & Huang, IC 2006, 'Nurses' perceptions of severe acute respiratory syndrome: relationship between commitment and intention to leave nursing', Journal of Advanced Nursing, vol.54, no.2, pp.171-179.

6.9.2
Career choices and constraints: Influences on retention in nursing

Sarah Robinson, Senior Research Fellow, Florence Nightingale School of Nursing and Midwifery, King's College London, UK.

Abstract:
Modernizing service delivery in the British NHS and improving patient care depends on increasing the nursing workforce (DH 2000a). Despite policies to expand career opportunities and improve working conditions (DH 1999, 2000b), nurse retention remains problematic. Aiming to illuminate this disjunction, we investigated careers from qualification to seven years, focusing on interactive influences of organizational and personal factors on decisions. Semi-structured interviews were held with 28 people, purposively selected to include diversity in: registration route; whether currently nursing; career intentions; and demographic profile. Analyses included: exploring likely retention (likely or ambivalent (in two minds)stayers; leavers or likely leavers);thematically developing substantive categories; and exploring associations between categories and likely retention. Presentation focuses on categories, associations, implications. 'Finding a pathway'/'building a career'. Positive experiences contributed to staying and included: diversity of available pathways; Trusts funding degrees; gaining qualifications; mentoring and guidance. Negative experiences contributed to ambivalence or leaving and included: pathways lost through service re-organization; courses and study leave reduced through financial crises and short-staffing; lack of managerial support for staff development; and lack of guidance. 'Sustaining a work/life balance'. Flexible hours, childcare and retaining grade encouraged retention but insufficient time with family/friends and difficulty maintaining physical/emotional health contributed to leaving. Satisfactions and challenges of nursing contributed to staying but were undermined by 'Nursing under pressure' (lacking resources abd support) despite career progress. 'Making financial assessments'. Disatisfaction with pay and insufficient salary for house ownership contributed to ambivalence and leaving, despite career progress. Considering leaving when dissatisfied with working life could be constrained by personal financial commitements but facilitated by a high earning partner. Implications for human resource managers include sustaining career development opportunities since these contribute to retention, but are insufficient alone. Retaining nurses also depends on: well-resourced working environments; managerial support; and staff feeling fairly remunerated.

Recommended reading:
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 (2000a) The NHS Plan. a plan for investment, a plan for reform. CM 4818-1. The Stationery Office, London

Department of Health (2000b) Improving working lives standard: NHS employers committed to improving the working lives of people who work in the NHS. Department of Health, London

6.9.3
Thinking about retirement? The financial and health implications of an ageing nursing workforce

Janette Bennett, Research Associate, Florence Nightingale School of Nursing & Midwifery, King's College London, UK.

Co authors: Barbara Davey, Ruth Harris

Abstract:
Despite short-term issues of over supply long-term shortages of skilled workers, especially in London, remains a key challenge to the modernisation of health care delivery. In nursing, staff shortages are exacerbated by the 'greying' of the workforce, and ever-increasing numbers of older nurses taking early retirement (Buchan et al 2003). In 2004 in England, almost one-third of qualified nurses were aged 45 and over, and levels of retirements are projected to increase (Meadows 2002). Planning for an older workforce has been identified as a key challenge for the NHS in London (Hutt & Buchan 2005). This paper presents the findings from a Department of Health funded study. The study was undertaken within two different contexts of service delivery in London, one an acute setting and the other an integrated health and social care trust. Data were gathered using focus groups and biographical semi-structured interviews, aided by the completion of a lifeline detailing key work and life events. Organisational, professional and personal factors that influence participation in the workforce for nurses working in mid-life (aged 45 and over) were examined. Retirement decisions are complex, and individuals' decisions to retire or remain in the workforce can be influenced by a range of factors, personal, professional and organisational. The study revealed little evidence of overall firm retirement planning. The findings suggest health and financial status in the future were important considerations in retirement planning, but financial factors were given precedence over health. The findings could have important implications for the health of the nursing workforce, and for workforce planning.

Recommended reading:
Buchan J, Finlayson B, Gough P (2003) In Capital health? Kings Fund, London

Hutt R, Buchan J (2005) Trends in London's NHS Workforce. King's Fund, London

Meadows S (2002) Great to be Grey. King's Fund, London

Concurrent session 7

7.1
Theme: Nurse prescribing/bench-marking

7.1.1.
Evaluation of supplementary nurse prescribing: Trends in community patterns

Veronica James, Professor of Nursing Studies, School of Nursing, Nottingham University, Nottingham, UK.

Co authors: Tony Avery; Ian Woolsey, Paul Bissell, Aileen Mcintosh, Allen Htchinson, Sue Read, Claire Anderson, Joanne Lynn, Elizabeth Murphy, Jon Karnon

Abstract:
Background: The prescribing patterns of 4,500 English 'Extended Formulary Nurse Prescribers' with access to over 240 prescription only medicines (POM's) for 112 medical conditions, as well as pharmacy drugs and general sales list medicines, illustrate the modernising of NHS workforce, and nurses contribution to the implementation of professionals boundary changes designed to improve patient care. Following embryonic forms of national nurse prescribing from 1998, supplementary prescribing was introduced as one of a series of medicines management policies in April 2003. Intended primarily for use in managing specific long-term medical conditions, local and organisational difficulties in implementation have been identified, including lack of professional and public awareness, the cumbersome nature of the required clinical management plan, confusion over legalities, concern over training requirements, anxieties about the influence of the pharmaceutical industry, and doubts about safety. The absence of a supportive IT infrastructure has caused difficulties in tracking the development of supplementary nurse prescribing in the acute sector, while the generation of community data is enabled through the Prescription Pricing Authority (PPA).

Aim: to use Prescribing Analysis Cost Tabulation (PACT) data to identify trends in community nurse prescribing in relation to government policy.

Method: Trend analysis of quarterly PACT data on community nurse prescribing from 28 Strategic Health Authorities in England for the years 2002-2005.

Results: The number and range of drugs prescribed has grown significantly, with an anticipated growth in costs. While wound management and dressings constitute 31% of all community based nurse prescribing in 2005, central nervous system; infection; and respiratory prescribing had grown to account for 14% of items. Cardiovascular prescribing demonstrates the greatest growth in 2005, with prescribing of respiratory, endocrine (diabetes) and immunological products and vaccines doubling during the period.

Discussion and Conclusion: Items prescribed by community nurses suggest growth in specialisms driven by the quality frameworks associated with GP contracts, suggesting a direct connection between government policy and nursing practice.

Recommended reading:
Allen, D. (2001) The Changing Shape of Nursing Practice. London, Routledge.

Department of Health (2006). Improving Patients' Access to Medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England.

Latter, S. and Courtney, M. (2004) Effectivenss in nurse prescribing: a review of the literature. Journal of Clinical Nursing, 13, 26-32.

7.1.2
An evaluation of nurse prescribing behaviour using constipation as a case study

Kathryn Davis, Research Fellow, Dept. of Primary Care & Pop. Sciences, Royal Free and UCL Medical School, University College London, London, UK.

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Co author: Vari Drennan

Abstract:
Background: Non medical nurse prescribing in the UK continues to evolve with new legislative frameworks (DH, 2004). Overall nurse prescriber numbers are increasing(NMC, 2005). However, empirical evidence exploring patterns of prescribing behaviour by nurse prescribers remain scarce. Constipation is a common condition and community nurses have long been involved in its management (Addison et al., 2003).

Aims: To investigate prescribing behaviors of nurses in England using constipation as a case study to inform their continuing professional development.

Methods: A secondary data analysis using anonymised national prescribing data. Descriptive data was generated to identify all community nurse and GP prescribing activity over a 12 month period in relation to;

- 2 distinct nurse prescriber groups (PCT/ Practice based)

- Type of nurse prescriber formulary (NPF/ ENPF)

- BNF laxative categories

- Monthly and

- Regional variation.

Results: From a potential pool of 37,683 nurse prescribers only a small subset (16.6%) prescribed items for constipation. Prescribing practices differed between PCT and practice employed nurses, GP's and across regions. 83% of nurse prescribing activity was by PCT employed nurses although prescribing activity increased more among practice based nurses. Pharmacological treatment choices differed between nurses and GP's with 60% of nurses predominantly prescribing items from one class of laxative compared to a wider range prescribed by GP's.

Discussion: This presentation explores several possible explanations for the low numbers of nurse prescribers and differences in prescribing behaviours identified these include; regional variation, insufficient nurse prescriber numbers, nurses not exercising their prescribing authority, alternative methods of management and prescriber preferences.

Conclusions: This analysis illustrates that nurse prescriber numbers in England remain lower than anticipated,and indicative that less nurses prescribing than are recorded to do so. By taking constipation as a marker condition the extent, impact and outcomes of non medical prescribing can be studied further.

Recommended reading:
DH, 2004

NMC, 2005

Addison et al., 2003

7.1.3
Identification of appropriate benchmarks for an effective primary care based nursing service for adults with depression

Carole McIlrath, PhD Student, Nursing, Institute of Nursing Research, University of Ulster, Northern Ireland, Belfast, UK.

Abstract:
Aim: To identify and gain consensus from experts in the field on appropriate benchmarks for an effective primary care led nursing service for adults with depression.

Background: Depression is a serious condition with significant morbidity and mortality. Evidence suggests that up to 40% of primary care attendees suffer from a well defined mental health disorder such as depression although this high prevalence and the associated workload implications have left GPs unable to cope with demand. Primary care based mental health nurses have become the 'linch-pin' for managing patients with depression, however there is a lack of appropriate benchmarks available to guide, develop and support their practice.

Methodology: An exploratory research design employing a Delphi survey was chosen to address the aim of the study. A multi-disciplinary expert panel was selected from an extensive literature review through the use of inclusion criteria. From 67 eligible professionals initially willing to participate in the study across the United Kingdom, 64 (96%) responded in round one, 61 (95%) in round two and 58 (95%) in round three. Qualitative data obtained was content analysed and quantitative data obtained was analysed using the software package SPSS 11.0. Descriptive statistics were used to order the data seeking consensus of 70% or greater on each benchmark.

Results: Round one generated 239 benchmarks. During subsequent rounds 140 benchmarks gained consensus from the expert panel members.

Conclusions: Used systematically and rigorously the Delphi technique can significantly contribute to the development of nursing knowledge and practice. Contribution to knowledge and practice: this study presents the methods, processes and outcomes of a practical application of a Delphi study utilising a multi-professional panel of experts. It also reports a list of benchmarks which currently did not exist to guide effective primary care based nursing services for adults with depression.

Recommended reading:
Badger, F. and Nolan, P. (2000) Primary mental health care: whose role is it anyway? Nursing Standard, 15 (9), 43-45.

Gillam, T. (2004) Managing depression: an overview. Primary Health Care, 14 (2), 43-49.

Tovey, A, and Harvey, L. (2004) A nurse-led service to identify and treat depression in primary care. Professional Nurse, 19 (8), 424-425.

7.2
Theme: Partnership working

7.2.1
Negotiation and its links to involvement in patient/nurse interaction

Kathleen Stoddart, Director of Education, Department of Nursing & Midwifery, University of Stirling, Stirling, UK.

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Co authors: Carol Bugge;

Abstract:
Background: Negotiation is a central, fundamental process in patient/nurse interaction and a core element of involvement. Based on a study of patient/nurse interaction, this paper will explore the developmental character and process of negotiation in particular as it relates to patient involvement.

Aims: The aim of this study was to examine what happens when patients and nurses meet and interact and to identify the meanings and understandings in patient/nurse interaction.

Methods: This grounded theory study examined patient/nurse interaction in the community practice setting. Four practices were recruited to represent the health status of communities in Scotland. Data were collected using non-participant observation, informal and semi-structured interviews with patients (n = 18) and nurses (n = 18). Participants were identified by a process of theoretical sampling and had a range of reasons for meeting. Analysis used the traditional constant comparative method.

Findings: The findings suggested that negotiation in interaction is developmental from the first patient/nurse contact and through stages of development. The processes a patient and a nurse engage in to develop shared agreements require them to draw upon social meanings and understandings generated from within and beyond their current interaction, for example wider experiences. Furthermore, the findings suggested that negotiation in interaction was influenced by: the relative balance of power between patients and nurses; the nature of the stakes of each party in the negotiation; the visibility of negotiation in patient/nurse interaction.

Discussion: We will consider the sense in which negotiation provides the framework that continually drives the development of the patient/nurse relationship. Within that relationship we will explore how the developmental character of negotiation and analysis of the process itself advances understanding of involvement in patient/nurse interaction.

Conclusion: Analysis of the process of negotiation contributes to the debate on meaningful involvement in patient/nurse interaction thereby interfacing with policy imperatives. Keywords: negotiation, interaction, involvement

7.2.2
What are we doing when we involve service users in nursing research?

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Co authors: Fiona Ross, Janette Bennett, Patricia Grocott;

Abstract:
In the United Kingdom government policies to involve service users (patients, carers, clients and the public) in health and social care research (DH 2001) provoke questions about what the purpose of research is within a 'consumer-focused' health system. Policy aims to open up research to public scrutiny and accountability, to improve the relevance of research to society and to 'empower' service users (Beresford 2003). However, in the absence of an established evidence base to link different approaches to service user involvement to different outcomes, how can we be sure that this agenda will not undermine and devalue research? There is a need to develop theoretically grounded understandings of what we are doing when we involve service users in research. The evidence that informs this paper stems from a funded review project about service user involvement in nursing, midwifery and health visiting research (Smith et al. 2005). The review used multiple methods to gather, analyse and interpret a wide range of evidence and opinions from the published literature and people with an interest in the topic area. A Service User Reference Group worked alongside the project team to inform the scope of the review and the methods used, to reflect upon the findings and plan for dissemination. The review identified numerous questions about the process and theory of service user involvement. This paper specifically outlines the need to address four key questions: (i) Are formalized service user roles a good thing? (ii) What is service user knowledge (if it's not data) in the research process? (iii) How can researchers give service users a voice? (iv) When is involvement tokenistic and when is it meaningful?

Recommended reading:
Beresford P. (2003) User involvement in research: exploring the challenges. Nursing Times Research. 8 (1) 36-46.

DH (2001) Research Governance Framework for Health and Social Care. Department of Health, HMSO London.

Smith, E., Ross, F., Donovan, S., Manthorpe, J., Brearley, S., Sitzia, J. and Beresford, P. (2005). User involvement in the design and undertaking of nursing, midwifery and health visiting research. London: Nursing Research Unit, King's College London.

7.2.3
Whose project is it anyway? Power, partnership and personality

Julia Ryan, Senior Lecturer, School of Nursing, University of Salford, Salford, UK.

Co author: Tracey Williamson

Abstract:
Collaboration, involvement and empowerment continue as key themes in health care policy and research. This paper focuses on the impact of personal relationships on power dynamics in collaborative research. It will argue that a more complex understanding of interplay within the multiple relationships inherent in collabora-tive research can lead to more meaningful involvement for all those involved. A case study of a participatory action research study, which seeks to maximise the involvement of older members of the public as 'lay co-researchers', will be presented to illustrate key ideas. The paper will identify some of the factors influencing the development of a diverse research team, which includes lay co-researchers, academic staff and community workers. These factors include different expectatins, goals and life experiences. The paper will go on to explore the impact of personal relationships between members of this team on the research process.

In particular, the paper will critically discuss:

- The difficulties in defining personal and structural elements of power, and the dangers if the power of lay co-researchers is underes-timated

- The understandings of 'equal' partnership, both amongst individuals and organisations, and how these influence ownership of the research process and product

- The importance of the individual- putting the 'I' back in team: recognising the impact of the individual on the research, and the impact of research on the individual.

In conclusion, it will be suggested that, in order to maximise the contribution of all members of the research team (professional and lay members), researchers need to understand and take into account the realities of power dynamics and the influence of personal rela-tionships on both the process and outcomes of the research.

Recommended reading:
Smith E. et al (2005) User involvement in the design and undertaking of nursing, midwifery and health visiting research. Final Report. National Co-ordinating Centre for NHS Service Delivery and Organisation Research and Development. Department of Health.

Williamson T. (2006) The individual in research. In: Long T. and Johnson M. (Eds), Research ethics in the real world: issues for health and social care professionals (In press), Elsevier, London

Kuokkanen L and Leino-Kilpi H (2000) Power and empowerment in nursing: three theoretical approaches, JAN, 31, 1, 235-241

7.3
Theme: Education

7.3.1
Diagnostic numeracy testing of pre-registration nursing students: An implication for nurse eduction

Sharon Harvey, Clinical Skills Tutor, School of Health Science, University of Wales Swansea, Wales, UK.

Co authors: Richard Lake, Fiona Murphy

Abstract:
Background: Numeracy is a fundamental key skill that nurses need to safely administer medicines and fluids to patients (Elliott & Joyce 2005). The Nursing and Midwifery Council (NMC 2004) and the Quality Assurance Agency for Higher Education state that nurses must be numerate, yet a U.K. and international review of nursing literature suggests that nurses lack proficiency in numeracy (Hilton 1999).

Aims: The study aimed firstly to identify pre-registration undergraduate nursing students' mathematical abilities on entry to the course; secondly, to compare their performace with selected demographic variables including their entry qualifications in mathematics.

Methods: This was a quantitative, population study of a cohort of 108 adult, child and mental health undergraduate nursing students. The students completed a web-based diagnostic mathematics test comprising of 25 non-clinical GCSE level multiple choice questions with a pass mark of 72%. The data was directly written to a secure anonymised database and analysed using Statistical Package for Social Sciences (SPSS).

Key Findings: 22%(24)of students passed the test. Students had difficulties with questions involving decimals, SI units, formulae and to a lesser extent fractions. These problems were particularly marked when these topics were combined as they would be when performing drug calculations. The key demographic variable that influenced test scores was previous mathematical qualifications on entry to the course. Students with higher mathematical entry qualifications scored significantly more than Access course students and those with no formal qualifications in mathematics.

Discussion and Conclusions: These results have wide ranging implications for nurse education. Firstly they indicate a need to review mathematical entrance requirements. Secondly, the necessity to develop appropriate teaching and learning strategies including remedial support for those students who are having difficulties with numeracy. Finally that numeracy is required in the pre-registration curriculum to ensure that students can safely perform drug calculations.

Recommended reading:
Elliott, Joyce J 2005, Mapping drug calculations skills in an undergraduate nursing curriculum. Nurse Education in Practice Jul p225-9

Hilton D.E. 1999. Considering academic qualification in mathematics as an entry requirement for diploma nursing programme Nurse Education Today 543-7

NMC 2004. Guidelines for the administration of medicines London NMC

7.3.2
Objective Structured Clinical Examinations (OSCE) and APN (Advanced Practice Nursing) Students

Lori Martin-Plank, Clinical Assistant Professor in Graduate Advanced Practice Nursing Program, College of Health Professions, Temple University, Philadelphia, United States

Co authors: Jane Kurz; Kathleen Mahoney

Abstract:
There is a growing demand for objective measures of competency in graduate nursing education. The OSCE is a problem-based learning modality that uses trained laypersons as "standardized patients" in a controlled clinical laboratory setting to demonstrate clinical application of didactic learning. The standardized patient acts out a scripted scenario written by faculty with specific clinical objectives and evaluative criteria. The "patient" has an evaluative checklist to rate the student performance and give feedback. This evaluation checklist is then given to faculty and incorporated into the student grade. Using the OCSE requires nursing educators to critically examine the content and methodology of both didactic and laboratory instruction. Student performance on the OSCE provides one objective measure of clinical competency in a controlled environment and can be used for evaluation and teaching. Prior studies reporting on OSCE have been inconclusive or reported only partial measures such as student satisfaction. **Aims:** Compare the outcomes of graduate nursing APN students completing an advanced health assessment course utilizing standardized patients and objective structured clinical examinations (OSCE) to the outcomes of graduate nursing students in health assessment utilizing traditional teaching methods. **Methods:** quasi-experimental, post-test design. Faculty designed OSCE scenarios and checklists, recruited and trained three paid Standardized Patients (SPs). Demographic information and student consent were obtained at outset. Research group exposed to SPs during 3 instructional classes, OSCE mid-term exam and OSCE final exam. Sample size: 14 for control group, and 26 for research group. Outcome measures included student self-evaluation of health assessment skills, student course evaluation forms, OSCE clinical exam grades, final didactic exam scores, and preceptor clinical evaluation ratings from subsequent clinical practicum. Results/Discussion: Preliminary analysis of data demonstrates higher ratings for OSCE research group in all areas except didactic exam scores. Final data analysis will be complete and reported in presentation.

Recommended reading:
Ahern-Lehmann, C. & Rauckhorst, L. 2003. Issues in integrating problem-based learning and OSCEs into nurse practitioner education. In: T. Guberski, ed.New paradigms in advanced nursing practice. Washington, D.C.: National Organization of Nurse Practition

Chessman, A.W., Blue, A. V., Gilbert, G. E., Carey, M., & Mainous, A.G.3rd.2003. Assessing students' communication and interpersonal skills across evaluation settings. Family Med.35(9): 643-648.

Jensen, L. A., Lock, S. E., & Kwolek, D. S. 2003. An interdisciplinary approach to women's health education: using the structured clinical instructional model. Washington, D.C.: National Organization of Nurse Practitioner Faculties, 28-31.

7.3.3
A case study of the value of problem-based learning (PBL) in developing critical thinking skills: A nursing/midwifery approach

Rita Devlin, Practice Development Co-ordinator, Nursing Research & Development Department, Ulster Community & Hospitals Trust, Belfast, Ireland.

Abstract:
Background: In order to provide quality care in an ever-changing environment nurses need to develop critical thinking skills that provide them with expertise in problem solving. Problem Based Learning (PBL) has been suggested as a method of promoting the development of these skills. It is been claimed that PBL orientates students towards meaning making over facts collecting, allowing them to achieve higher levels of comprehension. This study will investigate if PBL is a satisfactory approach to problem solving in clinical practice.

Aim: The aim of this paper is to discuss the development of critical thinking skills for nurses /midwives and to investigate if problem based learning (PBL) is a satisfactory approach to help nurses and midwives gain these skills within the clinical setting.

Method: A case study approach was used. Midwives (n=8) were facilitated within a problem based learning set with the researcher acting as facilitator. Evaluation was through participant reflection and researcher observation.

Findings: Midwives reported a high level of satisfaction with PBL. The ability to identify and learn about problems relevant to their clinical practice and develop realistic solutions for problems was seen as one of the main benefits of PBL. However, issues around organisational structures, accreditation and the requirement for experienced facilitation are identified as potential barriers to the implementation of this approach within clinical settings.

Conclusions: This small case study contributes to the collection of evidence around PBL as a alternative method of learning for nurses/midwifes within a clinical setting. This evidence base could be further developed by replicating the study across a wide range of clinical settings and with multidisciplinary learning sets as often the solution to clinical problems are multi-faceted and require input from a number of professions. Evaluating patient outcomes from this type of learning would also enhance the quality of the evidence.

Recommended reading:
Simpson,E. Courtney,M.(2002) Critical thinking in nursing education: Literature review. International Journal of Nursing Practice.8(2)

Vernon DT, Blake RL.(1993) Does problem based learning work? A meta analysis of evaluation research. Acad Med.;68:550–563

Williams,B.(2001) Developing Critical Reflection For Professional Practice through Problem-based Learning. Journal of Advanced Nursing 34 (1) 27-34

7.4
Theme: Diabetes

7.4.1
Beliefs about health and illness in women with gestational diabetes born in Africa and Sweden

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Abstract:
Background: In Sweden about 11% of the population (9 million) is born abroad and constitute a heterogenous migrant population. Africa migrants diagnosed gestational diabetes (GD) were chosen to study as women from Somalia had previously been shown to differ from Swedish women in attitudes to pregnancy and the cultural distance is great which might influence beliefs about health and illness and health-related behaviour. GD is increasing in prevalence among non-European groups and health beliefs might affect health both of the mother and child.

Aims: This qualitative study compare beliefs about health and illness in women with gestational diabetes (GD) living in Sweden.

Methods: An exploratory study with consecutive sampling procedure. Semi-structured interviews were conducted with 13 women born in Sweden and 10 born in Africa. Qualitative content analysis was performed.

Results: Health was described as freedom from disease. Avoidance of work-related stress, exercise and a healthy lifestyle were factors of importance for health in Swedes while Africans discussed following prescriptions. Africans didn't know the cause of GD, they had often been informed by staff that GD would disappear after delivery, expected to be taken care of and expressed more pregnancy-related health problems although not treated. Swedes related GD to hormonal changes and stress, expressed worries for the baby's health and development of type 2 diabetes, searched for information about management, used medications against pregnancy-related complications and were more often on sick-leave.

Discussion and Conclusion: Beliefs differed and affected self-care and care seeking. Lower risk awareness in Africans were related to limited knowledge and amplified by information about the temporariness of GD by health professionals. Individual beliefs and risk awareness must be disclosed and adequate information given to prevent negative future consequences of GD.

7.4.2
Babies born to fathers with diabetes are at risk of macrosomia and hypoglycaemia

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Co authors: Andrew Hattersley; Ewan Pearson

Abstract:
Background: Macrosomia (birthweight above 4000g) is associated with increased fetal and maternal morbidity. Insulin is a regulator of fetal growth and maternal diabetes is a common cause of macrosomia due to fetal hyperinsulinaemia. Macrosomia and hypoglycaemia in the neonate had been noted in two families where the father has a genetic form of diabetes caused by a mutation in the HNF4A gene. This paper presents our findings of birthweight and hypoglycaemia in other HNF4A families.

Aim: To determine if HNF4A mutation carriers have increased birthweight due to hyperinsulinaemia in-utero

Methods: We compared birthweights in all available UK families with HNF4A mutations. This included 106 family members, 52 mutation carriers and 54 non-mutation carriers (controls). Where possible, patient/parental reported neonatal hyperinsulinaemia, hypoglycaemia and birthweight were followed up by case-note review.

Results: Macrosomia was present in 56% of HNF4A mutation carriers (maximum birthweight 6050g) v 13% of non-mutation carriers (p⋖0.001). As expected, the prevalence of macrosomia was high (64%) if the HNF4A mutation was inherited from a mother with diabetes, but it was also elevated (46%) if inherited from the father. In contrast, in an unaffected neonate the equivalent rates

were 25% with an affected mother (p=0.007) and 6% with an affected father (p=0.003). Hypoglycaemia was found in 8/54 mutation carriers compared to 0/54 non-mutation carriers (p⋖0.003). Hyperinsulinaemia was documented in 3 cases.

Discussion: Birthweight dramatically increases in HNF4A mutation carriers reflecting the effect of hyperinsulinaemia in-utero and indicates a novel cause of hyperinsulinaemic hypoglycaemia.

Conclusion: We propose that families with a history of both hypoglycaemia and diabetes are tested for HNF4A mutations. Changing antenatal practice is required with early pregnancy screening of HNF4A families irrespective of which parent has diabetes. This will enable assessment of fetal development in utero which can be grossly affected by inheritance of an HNF4A gene mutation from either the mother or father.

Recommended reading:
American College of Obstetricians and Gynaecologists (2000) Fetal Macrosomia. Practice Bulletin No22. Washington DC

Byrne MM, Sturis j, Menzel S et al (1996) Altered insulin secretory response to glucose in diabetes and nondiabetic subjects with mutations in the diabetes susceptibility gene MODY3 on chromosome 12. Diabetes 44(6): 699-704

Stride A and Hattersley AT (2002) Different Genes, different diabetes: lessons from maturity –onset diabetes of the young. Annals of Medicine 34:207-216

7.5
Theme: Children & family nursing

7.5.1
Paediatric health care providers' self-reported practices in recognising and treating maternal depression

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Co authors: Mary Baker; Andrea Hazen

Abstract:
The public health issue of maternal depression (MD) among women of childbearing age continues to be an international health priority (World Health Organization 2005), in part because opportunities for early identification and treatment are missed. This missed diagnosis is important to pediatric health care given the enormous effect that parental well being has on children (Osofsky 2004). Pediatric guidelines emphasize screening for MD with appropriate intervention, but engaging providers to implement such procedures remains challenging (Tam et al. 2002). Aim: To examine the current self-reported attitudes, confidence, and practices of pediatric health care providers (PHCPs) in recognizing and treating MD. **Methods:** Utilizing a descriptive cross-sectional design, a convenience sample of 98 PHCPs, practicing in a large metropolitan area of Southern California during 2004, completed a 48 item survey eliciting information about the provider's perceived responsibility for recognition and treatment of MD, confidence in his/her skills in diagnosis and treatment, and willingness to change his/her practices

regarding MD. **Results:** Eighty-five percent of PHCPs indicated screening for depression was a high priority, over 80% of the agreed that recognizing MD was their responsibility, yet less than 10% reported asking mothers about depression or using a screening tool. Only 11% agreed that treating maternal depression was their responsibility, almost 72% reported that treating MD was not within the scope of their responsibilities. Almost three fourths were willing to change their approach. Clear differences in practice, treatment, and perceived barriers by confidence level were found.

Conclusions: PHCPs report responsibility to recognize and address MD during routine well child care. However, few are currently screening for depression regularly and their current practices towards depression are influenced by their confidence level in recognizing it. Implications for practice, research, and training will be discussed.

Recommended reading:
World Health Organization 2005, The world health report 2005: Make every mother and child count. [online]. Available from: http://www.who.int/entity/whr/2005/02 [cited 12 September 2006].

Osofsky, J. 2004, Statement presented before the Subcommittee on Substance Abuse and Mental Health Services Committee on Health, Education, Labor, and Pensions. [online]. Retrieved November 12 2005 from: http://www.zerotothree.org/policy

Tam, L. W., Newton, R. P., Dern, M., & Parry, B. L. 2002, 'Screening women for postpartum depression at well baby visits: Resistance encountered and recommendations'. Archives of Women's Mental Health,vol. 5, no. 2, pp. 79-82.

7.5.2
Understanding the contribution community parent advisors have made to improving health within school communities in Middlesbrough

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Abstract:
This qualitative research study explored the implementation of an innovative public health initiative aimed at improving family health within areas of deprivation. Community Parent Advisors were introduced in September 2004 to work alongside school nurses. They were based in schools and came from the local community. Their role was predominantly health promotion, emphasising building links with parents and children. From the literature the value of reinforcement of healthy messages, tailored interventions and parental inclusion in promoting health to children was noted (Hayman et al, 2003). The lack of research into the effectiveness of UK school nursing was a barrier (Hall, 1999; Wainwright et al, 2000). This was compounded by the difficulty of evaluation of health promotion in schools (Denman, 1999). Community Parent Advisors were introduced partly in response to the changing role of school nurses (Hall, 1999; Wainwright, 2000) using peer coaching, as advocated by Hoddinott et al, 2006, to target areas of poor health. Aims of the study were to describe and understand the Community Parent Advisor's role in their first year. This involved semi-structured interviews

with a purposeful sample of Community Parent Advisors (n=7) and School Nurses (n=3) working in eight primary schools and drawn from five locality teams within the PCT. Content analysis was used to analyse the transcripts (Strauss and Corbin, 1998). Analysis showed that communication was paramount for the Community Parent Advisors' job to function effectively. Relationships and the Advisor's qualities and skills were also important. There were many examples of supporting parents to implement healthier practices and initiating health-promoting activities within school. Conclusions show that at first the role was threatened by inadequate communication however, within the sample, good relationships have since developed. Advisor's succeeded in raising children's awareness of healthy living and in some cases witnessed changes to healthier behaviours. School staff and nurses have benefited from the extra help by releasing them to other work and increasing health promotion activities. Recommendations include introducing Advisor's to other schools (following clear preparation of all staff) while continuing to tailor the service to address specific community requirements.

Further references

1) Denman, S. (1999) Health Promoting Schools in England – a way forward in development. Journal of Public Health Medicine, Vol. 21, p215-220, June

2) Hayman, L. and Reineke, P. (2003) Preventing Coronary Heart Disease: the implementation of healthy lifestyle strategies for children and adolescents. The Journal of Cardiovascular Nursing, Vol 18(4), p294-301, September/October

3) Strauss, A. and Corbin, J. (1998) Basics of Qualitative Research: techniques and procedures for developing Grounded Theory. 2nd ed. London: Sage

Recommended reading:

Wainwright, P., Thomas, J. and Jones, M. (2000) Health Promotion and the School Nurse. Journal of Advanced Nursing, 32(5) p1083-1091, November 2000 [online]

Hall, D. (1999) School Nursing: past, present and future. Archives of Disease in Childhood, Vol. 81, p181-184, August [online]

Hoddinott, P., Lee, A. and Pill, R. (2006) Effectiveness of a Breastfeeding Peer Coaching Intervention In Rural Scotland. Birth, Vol. 33:1, March

7.5.3
Nursing support for parents of preterm infants during transitions in neonatal nurseries

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Co authors: Liz Jones; Ms Anndrea Flint

Abstract:
The transfer of preterm infants from neonatal intensive care (NICU) to special care nurseries prior to discharge home is a common practice that marks important transitions for babies and their parents and family. In Australia transfers occur between units within the one hospital or between tertiary NICU's and regional nurseries. Transfers also present some unique challenges for nurses to support parents. This presenta-

tion discusses neonatal nurses' understandings of practice strengths and challenges in facilitating these important transitions. Parents' experience and needs across the preterm neonatal care spectrum are well documented, however, there is a lack of research focus on how nurses support parents and particularly, during transitions. Given the strong intersections between nurses, parents, and the care environment in neonatal nurseries which are linked to support for parenting stress and coping, both in the short and longer term, this is an important practice field to investigate. The study reported here used an Appreciative Inquiry approach (Cowling 2004, Reed et al. 2002) to investigate nurses' support for parents of premature babies, specifically as parents' manage their baby's transfer between neonatal units, either from NICU to special care or during back transfer. We examined practice strengths, organizational dynamics that influenced practice, and possibilities for practice development. Data were collected in 2005 in a series of focus group interviews conducted with two, purposively sampled, groups of neonatal nurses; one from a metropolitan tertiary level III nursery (3 interviews), and a second group, from a regional Level II special care nursery (2 interviews). Data were audio-recorded and transcribed verbatim and then were subjected to an inductive, qualitative, content analysis. In this paper we will discuss the findings, focusing on the tensions that exist between practice ideals and realities and potential practice development in supporting parents and facilitating transitions within this intense health care service.

Recommended reading:
Cowling III, W. R. (2004), Pattern, participation, praxis, and power in unitary appreciative inquiry. Advances in Nursing Science 27(3), 202-214.

Reed, J., Pearson, P., Douglas, D., Swinburne, S. & Wilding, H. (2002), Going home from hospital - an appreciative inquiry study. Health and Social Care in the Community 10(1), 36-45.

7.6
Theme: Clinical education & skill development

7.6.1
Can simulation support clinical skills development in pre-registration nursing education?

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Co authors: Amanda Wilford, Rachel Sales, Lesley Lockyer

Abstract:
Background: The research was conducted as part of a pilot study for the Nursing and Midwifery Council following requests from education providers to consider permitting some practice hours within the pre-registration curriculum to be used for simulation. The paper reports the outcomes from one of the 3 pilot sites. This has relevance for clinical practice as it is essential that students are adequately prepared to carry out clinical skill delivery during practice and have the ability to

link theory and practice which is aided through simulation (Morgan, 2006).

Aims: We aimed to investigate whether simulation could support the clinical skills development of pre-registration nursing students.

Methods: Following consent, 124 pre-registration adult and child students were randomised into one of two groups. The experimental group attended for five days simulation exploring a range of clinical skills, whilst the control group remained in practice placements. Both groups completed vignette scenarios. The experimental group and 20 of the control group also undertook videoed Objective Structured Clinical Examinations (OSCEs), looking at how they applied knowledge to practice. Comparison of group means together with standard errors will be analysed for the vignette and OSCE scores.

Results: The project is due for completion in December 2006, though preliminary results suggest that simulation is popular with pre-registration students and clinical knowledge and skills are improved following simulation.

Discussion & Conclusion: Simulation appears to offer an alternative approach to developing clinical skills. The discussion will explore the implications of adopting simulation for a proportion of clinical hours to support clinical skills development in adult and children's pre-registration nursing education. It will also reflect on the issues that will need consideration if simulation is applied more widely.

Recommended reading:
Morgan, R. (2006) Using clinical skills laboratories to promote theory-practice integration during the first practice placement- an Irish perspective. Journal of Clinical Nursing. 15 (2), 155-165

7.6.2
Meeting the challenges of modern day practice: Exploring the clinical skills required of undergraduate nursing students

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Co authors: Ann Humphreys, Elizabeth Stenhouse, Morag Prowse

Abstract:
Background: Recent policy initiatives have fundamentally altered the scope of professional practice, led to an expansion in nursing roles and altered the expectation of student nurses and the clinical skills they require at the point of registration. While curricular development has increased the emphasis on clinical skills teaching, there is ongoing debate regarding the range of skills that should be taught to undergraduate nursing students.

Aim: To determine whether health care practitioners and Trust policy support an expansion of the clinical skills currently undertaken by nursing students

Methods: A scoping exercise conducted with acute and primary trusts in the Southwest of England identified eight clinical skills which have historically been regarded as 'advanced skills' undertaken by qualified practitioners; exemplars, venepuncture, IV drug administration, defibrillation. Using these data an

electronic questionnaire was circulated to 18 Acute and Primary Care Trusts to determine

- if local policies allowed students to perform these skills
- whether Trusts perceived these skills a requirement of pre-registration training
- the grade of staff currently performing the skill

Results: Responses were received from 61% (n=11) of trusts. Descriptive statistical analysis identified:

- Primary care trusts tended to support students' expanding their role compared to acute trusts (exemplar- venepucture, Primary care 67%, Acute 37%)
- Existing Trust policies frequently prevented students undertaking these more expanded roles (exemplar- venepuncture, Primary care 89%, Acute 84%)

Discussion: There appears to be a general, if not universal, consensus supporting expansion of existing skills training to a more advanced level. However, this is frequently at variance with trust policy that prevents students performing these more advanced skills Conclusions Educational providers need a dynamic, ongoing review of clinical skills training to ensure that graduates are 'fit for purpose' and 'fit for practice'. Simultaneously, Trust providers need to review and amend local policies to facilitate any expansion in the profile of clinical skills undertaken by pre-registration nurses.

Recommended reading:
Farrand, P.,McMullan,M.,Jowett,R.,Humphreys,A . (2006) Implementing competency recommendations into pre-registration nursing curricula: Effects upon levels of confidence in clinical skills. Nurse Education Today (26) 97-103.

Burke,L.(2006) Competition or collaboration-the tensions within the purchaser provider relationship in nurse education. Journal of Nursing Management (14) 160-169.

7.6.3
Evaluation of the role of the clinical nurse educator

Lorraine Ellis, Director of Postgraduate Education, Acute and Critical Care, University of Sheffield, Sheffield, UK.

Co author: Carol Pollard

Abstract:
Background: The last five years has seen the launch of a series of policy directives aimed at promoting clinical education for quality health and social care practice prompting the introduction of a range of new clinical education roles (Milner 2005). However, the value and efficacy of these roles has yet to be demonstrated, few of these roles evaluated.

Aim: Commissioned by a Primary Care Trust (PCT) this study evaluates the impact of a clinical education on a community hospital within one P.C.T.

Method: Illuminative Case Study was used to study the role of the clinical educator. Data collection methods included a diary completed by the Clinical Educator over a two week period and a series of follow up one to one interviews (face to face and tape recorded). These data provided details of the role and responsibilities of the Clinical Educator and initiatives launched. Data collection methods also included telephone interviews with 30 staff (20-30 minutes) who worked in the community hospital and the P.C.T on their perceptions and experience of clinical education, the clinical education role and impact on practice. A range of documents were also content analysed following up on some of the initiatives introduced by the clinical educator.

Findings: The study showed that there are several factors that contributed to the success of clinical education producing an environment receptive to change and improvements to health care provision. This study also highlighted those factors that challenged the sustainability of such an environment, the barriers faced and how these were overcome in some but not all instances.

Conclusion: These findings have implications for those responsible for clinical education, those on the receiving end of clinical education, and those considering the introduction of a designated individual responsible for education and practice development.

Recommended reading:
Ellis L.B. (2004) Illuminative Case Studies. In Bassett C. (Ed) Qualitative Research in Health Care. Whurr publishing. 5: 90-114

Milner M., Eastbrooks C., Humphrey C. (2005) Clinical nurse eduators as agents for change: increasing research utilisation. International Journal of Nursing Studies. 428, p.899-914

Glossop, D, Pollard C, Lees S (1998) Nurse Teachers returning to clinical practice. British Journal of Nursing 86, p394-400

7.7
Theme: Education – international perspectives

7.7.1
Sustaining social consciousness: What happens after an international learning experience?

Sheryl Reimer Kirkham, Associate Professor, Nursing, Nursing, Trinity Western University, Langley, British Col, Canada.

Abstract:
Background: Nursing education is increasingly turning to international learning experiences to teach concepts such as community development, health promotion, global health, and intercultural communication. Yet few studies have examined the nature and effect of learning in international settings. What are the long term effects of international learning experiences?

Aims: The aims of this study were to a) explore the nature of learning achieved by students regarding perspectives of social justice in the context of international health experiences, and b) facilitate strategies that support students in the integration of this learning into personal and professional domains upon return to Canada.

Methods: Participatory action research was employed through a process of engagement with a sample of 18 students (2 cohorts) who had returned from a 4 week international health placement. Discussion groups and action initiatives were engaged in over a period of two years.

Results: Study results revealed that initial responses to international placements were typically reported as "life-changing" with an increased awareness of health disparities and other social justice issues. But translation of this learning into North American settings was difficult, both in initial articulation and sense-making of the experience, and in longer term connection to social justice issues at home.

Discussion: Discussion will focus on the challenge and process of fostering sustained social consciousness (Giddings 2005; Reimer Kirkham et. al. 2005).

Conclusion: In light of the growing use of international exchanges and placements in nursing education within a larger trend of globalization of higher education, this paper contributes to knowledge for health professional education by drawing attention to the urgent need for research eliciting stakeholder responses, particularly those in host countries, and a pedagogical framework that includes intentional learning activities upon return from international placements.

Recommended reading:
Giddings, L., 2005. A theoretical model of social consciousness. Advances in Nursing Science, 28(3), pp. 224 – 239

Reimer Kirkham, S., Van Hofwegen, L., and Hoe Harwood, C., 2005. Narratives of Social Justice: Student Learning in Innovative Clinical Placements. International Journal of Nursing Education Scholarship. 2(1), article 28. Available: http://www.bepress.com/

7.7.2
The meaning of empowerment for student nurses in Japan and the UK: a cross-cultural study employing the critical incident technique

Caroline Bradbury-Jones, Lecturer, School of Healthcare Sciences, University of Wales Bangor, Bangor, UK.

Co authors: Fiona Irvine, Sally Sambrook

Abstract:
Nursing literature is replete with research about power and empowerment, but researchers tend to concern themselves with experiences of registered, rather than student nurses. There is a paucity of research that considers empowerment as an issue for student nurses, with lack of research most evident in relation to the healthcare practice setting. Additionally, there is no evidence of an attempt to draw together global perspectives of the phenomenon that might serve to illuminate the issue of student nurse empowerment in an international context. In this paper we report on a study that served to address this deficit by exploring the meaning of empowerment for student nurses cross-culturally. The aim was to compare the experiences of student nurses in the UK with those of student nurses in Japan. A qualitative approach was adopted, utilising the critical incident technique, first described by Flanagan (1954). A purposive sample of student nurses from the UK submitted written narratives in the form of critical incidents and data were then similarly gathered from student nurses in Japan. Themes and categories were revealed through a process of content analysis and comparisons made between experiences of both groups of participants. The data suggest that although there are differences in the organisation of clinical placements between both groups of student participants, there are striking similarities to be drawn between their experiences of empowerment. The findings offer insight

into empowerment as a global concept for student nurses and illuminate the universality of the phenomenon. We share the methodological and analytical approaches adopted in the study which will appeal to the diverse conference audience. Specifically we reveal our experience of the challenges and complexities of undertaking cross-cultural research and counter this by reporting the significant benefits that arise from engagement in international nursing research.

Recommended reading:
Flanagan (1954) The critical incident technique. Psychological Bulletin. 51, 327-358.

7.7.3
The costs of educating a nurse in Italy: A regional study

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Co author: Comand Federica

Abstract:
Background: The debate on educating healthcare workers and the costs involved is re-emerging on an international level. In the United States medical students' costs have been examined. In Canada the cost of educating nurses was compared with 28 other disciplines from arts to science (excluding medicine). Results showed that the cost of $ 45,000 was not significantly different from that of an art degree ($ 44,000 /- 7,500) and was less than a science degree ($ 59,000 /- 19,000).

Aim: the objectives of the study were 1) To calculate educational costs of a nursing student incurred by an Italian university and the National Health Service, 2) To estimate the cost to one student (or his/her family) to obtain a nursing degree, and 3) to formulate a hypothesis on the total costs involved in educating a degree-trained nurse.

Materials and Methods: The cost variables of the university, the NHS and of the student were investigated. The first lot of variables were obtained by interviewing administrative staff and the second lot were obtained by giving a questionnaire to students in the first, second and third years of their course in the academic year 2004/05.

Results: The annual cost of educating a nurse is estimated at 5,041.26. On the basis of the answers given by the students interviewed (226), the average cost to the student is about 1,909.44 annually, distributed as follows: 560.60 for transport - both to go to lectures or to locations for work experience, 194.80 for books, 128,00 for photocopies and 1,026.04 for university fees.

Conclusion: To educate a nurse in North American countries, considering the gross national product pro capite, the amount invested is two to four times that invested in Italy. Student nurses in Udine spend more on transport than books and they spend about the same amount on books as they do on photocopies.

Recommended reading:
Franzini L., Low MD. Using a cost construction model to assess the cost of educating undergraduate medical students at the University Texas - Houston Medical School. Academic Medicine 1997; 72: 228-237.

Weeks L, Starck P, Liehr P, La Fontaine K. Graduate Nursing education: what are the benefits and costs to hospitals? Journal of Nursing Administration 1996; 26:20-30.

Roberts BM. An estimate of the cost of educating a BN graduate and graduates of other discipline at a canadian University: a case study. Journal of Nursing Education 1989;28:3; 140-143

7.8
Theme: Lay & professional education

7.8.1
The educational and supportive needs of informal caregivers working at Refentse Clinic, Hammanskraal

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Co author: S Richter

Abstract:
The purpose of the study was to explore and describe the educational and supportive needs of informal caregivers that will assist in planning and establishing health education programmes and supportive network for the informal caregivers at Refentse clinic at Hammanskraal. A qualitative, explorative and descriptive design was followed to collect the data. Participants in this study were informal caregivers who were participating in Refentse clinic in Stinkwater village. Focus groups were utilized to gather data. An unstructured interview with a schedule was followed. Tesch's method was used to analyse the data. The results indicated that the informal caregiver's educational needs were mostly concentrated on health promotion and disease prevention activities. Their needs concerning support mainly concentrated around support from government, the community, the university and the PHC clinic in the area where they are serving. Personal needs focussed on recognition and respect.

7.8.2
Stretching boundaries in the approach to clinical assessment of nursing students-Phase 2 of a research study

Joan Irwin, Senior Lecturer, School of Nursing, University of Paisley, Paisley, UK.

Co authors: Noeleen Finlay; Christine James

Abstract:
For many years there has been an established and confident partnership between higher education and local providers of practice placements for student nurses. A collaborative study was commenced to develop an evidence based assessment tool, for use by practice assessors, to award academic credit for clinical experience. There has been on-going and protracted debate within the nursing profession regarding the need for equal emphasis on clinical nursing and academic assessment with regard to academic credit (Nicol & Glen 1999). In order to register as fit to practice, nursing students must evidence achievement of academic and clinical assessment. However a substantial number of Pre registration nursing programmes continue to give academic credit within the academic domain only (Andre 2000). This

approach of awarding credit solely for academic work not only devalues clinical nursing but creates potential to widen the theory-practice gap. Phase 1 of this study highlighted the need to develop an evidence based assessment tool for use by metors toward academic credit for clinical experience. Phase 2 implemented the revised assessment tool. This paper will specifically address the findings in relation to the potential to enhance care delivery through evidence based practice.

Recommended reading:
Andre, K (2000) Grading Student Clinical Practice Performance: The Australian Perspective. Nurse Education Today 20 (8) 672-79

Finlay, N (2000) Student Nurse Attrition Doctoral Thesis: Strathclyde University

Nicol, M & Glen, S (1999) Clinical Skills in Nursing: The Return of the Practical Room

7.9
Theme: Methods/Nursing as a career

7.9.1
Using guided reflection to elicit the theorectical and practical experiences of a critical care nursing students

Rina de Swardt, Lecturer, Nursing, Tshwane University of Technology, Pretoria, South Africa.

Co authors: H S du Toit; A D H Botha

Abstract:
Whilst accompanying critical care nursing students in practice the past seven years, it became apparent that some students found it hard to integrate practical events with theoretical knowledge. From literature, it appears that various factors may contribute to this problem. In an attempt to addresses this problem, a qualitative study was done to explore and describe the theoretical and practical experiences of second-year critical care nursing students. Semi-structured interviews, narrative descriptions and field notes were used as data collection tools. The focus of this paper is sharing the implementation of reflection as a data collection tool. An adaptation of Johns' Framework, the Guideline for the Facilitation of Reflection as Teaching Strategy, was used during the interviews to guide participants in reflecting on theory-practice integration. The framework guided the researcher to collect data regarding the following aspects: aesthetics, personal, ethical empirics and reflexivity. The participants could select any incident which they felt was complex and out of their usual sphere of experience, that occurred while caring for the critically ill patient. Guided by the framework, the participants had to reflect on these incidents. Data analysis was done using a combination of thematic and open coding. The results of the study indicate that guided reflection appears to assist the participants in clarifying theoretical and practical experiences. Difficult issues could be solved by giving them a new perspective and a feeling of ownership of these issues. It appears thus, that guided reflection may be useful for educators in assisting students organising their thought processes and evaluating their application of theory to practice.

Recommended reading:
ATKINS, M & MURPHY, K. 1995. Reflective practice. Nursing Standard, 9(45): 31-5.

FOSTER, J & GREENWOOD, J. 1998. Reflection: A challenging innovation for nurses. Contemporary Nurse, 7(4): 165-72.

POLIT, DF & HUNGLER, BP. 1999. Nursing research: Principles and methods. 6th Edition. Philadelphia: Lippincott.

7.9.2
Observations of care: Beginning a discussion on their use in health care research

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Abstract:
'Observations of care', whereby the researcher 'observes' a range of environmental and inter-personal dynamics within a specified setting, is becoming more common as a method of data collection in nursing research studies (Royal College of Nursing, 2005). However, its popularity and use in research practice appears to have increased ahead of theoretical and philosophical debate as to its usefulness and applicability. Primarily used as a means of qualitative data collection, there is increasing interest by nursing and other health care researchers regarding the value that observations of care can bring to naturalistic research, in that the process is grounded it in the real world practice setting and offers a means of providing real-time feedback and opportunities for reflection for researchers and participants and alike. Despite this, there is limited literature regarding its use as a research strategy, with little published discussion concerning its suitability, the methodological processes involved, its practical application, ethical considerations and its limitations.

This paper will begin to redress this lack of discussion on the subject by offering the following:

• Review the epistemological underpinnings.

• Description and definition of observations of care when applied to the research setting.

• Discussion regarding the ethical issues that need to be considered when planning to use observations of care in research.

• Discussion of the strengths and weaknesses of observations of care within nursing and health care research.

To illustrate major philosophical, methodological and ethical issues, reference will be made to the presenter's current work in the area of participatory action research with nurses caring for older people with mental health needs in the general hospital. This paper provides an opportunity to urgently address the use of observations of care in health care research by contributing much-needed debate to the development of a meaningful discourse on the subject.

Recommended reading:
Royal College of Nursing (2005) "Changing Patients' Worlds Through Nursing Practice Expertise" London: RCN.

Kite, K. (1999) Participant observation, peripheral observation or apart-icipant observation? "Nurse Researcher", 7 (1): 44-55.

7.9.3
"It's not a good enough job". Perceptions of nursing as a career among British South Asian school pupils

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Abstract:
Background: The desire for an NHS workforce which is more representative of the multi-ethnic composition of the UK population is a major theme of British government policy. However, recruitment to nurse education from British minority ethnic communities, especially South Asian groups, remains poor (Iganski & Mason 2002). The image and status of nursing is one important aspect of career choice (Darr & Archibong 2004). Little is known, however, about how people from British South Asian communities perceive nursing careers (Culley & Major 2001).

Aims: The study aimed to explore the perceptions of nursing as a career among school children and parents from British South Asian communities.

Methodology: Data collection included a questionnaire survey of pupils in four secondary schools (n=497); a scripted focus group exploration of perceptions of nursing with pupils of Indian, Pakistani and Bangladeshi origin in 2 schools (n=47) and three focus group discussions with South Asian parents (n=21), in one English city in 2002. Qualitative data was analysed thematically. The paper reports the findings from the focus groups with pupils and parents.

Findings: Nursing was generally perceived by pupils as a 'hands-on' job, with most mentioning feeding and washing patients, making beds, cleaning and general 'caring' for patients in a ward setting, as the most common nursing 'tasks'. Nurses were described as caring, sensitive, sociable and good communicators, but nursing was seen as hard work, tiring, stressful, emotionally difficult work, involving unsocial hours and as a low paid occupation. There was a strong feeling among pupils that nursing was not seen by their parents or their community as a 'good enough' job. This view was echoed in the parents' discourse, with nursing seen as a low paid and low status occupation.

Conclusion: There was little awareness of the variety of nursing careers and general career prospects and pathways among pupils or parents. Strategies are suggested for positive action and outreach work to improve recruitment to nurse education.

Recommended reading:
Culley, L & Mayor, V (2001) Ethnicity and Nursing Careers, in L Culley & S. Dyson (eds) Ethnicity and Nursing Practice. Basingstoke, Palgrave.

Iganski, P & Mason D (2002) Ethnicity, Equality of Opportunity and the British National Health Service. Aldershot:Aldgate

Darr, A & Archibong U (2004) Improving the recruitment of South Asian people into nursing. Nurse Education Today 24:417-419

7.10
Theme: Renal

7.10.1
The illness experience of CKD, the critical processes of communicating and comparing to learning to live with CKD: A Grounded Theory Study

Jane Bridger, Doctoral student, Faculty of Health and Social Care, University of the West of England, Bristol, UK.

Abstract:
Background: Chronic Kidney Disease (CKD) represents a devastating challenge for patients, their families and friends (Bridger, 1994). Research has demonstrated that risk for CKD can be reduced and prevented (RCP, 2006; Brenner, 2003; Parmar, 2002, UKPDS, 1998; DCCT, 1993; Wang et al, 1993).

Aim: The challenge is how to translate these findings into practice (Stevens and Levin, 2004), given a dearth of research about experiences of people in these earlier stages of kidney disease.

Methods: This one year longitudinal study, collected data using interviews, journals and pictures to record one years'experience of living with CKD. The 23 participants ranging in age from 35 to 84, demonstrated many co-morbidities.

Results: Utilising Grounded Theory methodology, a three phase theory was developed which describes the illness experience of the individual with CKD. Core to each phase was an enabling/disabling continuum which will be described. Initially only seven participants were aware of having a kidney problem although all met the diagnostic criteria for CKD. Discussion: Using data from participants, the different phases of the theory will be presented, with applied aspects of the enabling/disabling continuum. Those with CKD are generally unable to access the social processes of social comparison and lay referral available to others with long term conditions, e.g Diabetes, or cancer. In combination with a lack of communication with health care professionals, the illness experience of CKD becomes one they were unprepared for.

Conclusions: The presentation will reveal that for the majority however, the diagnosis of CKD is one they are unaware of, and thus are unable to engage with, in terms of self care management. Thus, contributing to the continuing prevalence of late referral, and individuals finding coping with established kidney disease a very strong physical, and psychosocial challenge. This research helps to explicate the current picture that faces both patients and healthcare professionals with respect to the management of CKD.

Recommended reading:
Brenner, B.M. (2003) Retarding the progression of renal disease Kidney International 64(1) 370 – 378

Bridger, J. (1994) Chronic Renal Failure: is there a case for prevention? EDTNA/ERCA Journal 20 (1) 13 – 16

Joint Specialty Committee on Renal Medicine of the Royal College of Physicians of London and the Renal Association (2006)Chronic kidney disease in adults: UK guidelines for identification, management and referral.

7.10.2
Patient preferences for pre-dialysis education – Identifying the ideal package of education for patients requiring renal replacement therapy

John Sedgewick, Director Multi Professional Programmes & Principal Lecturer Nephrology, School of Health and Social Care, University of Teesside, Middlesborough, UK.

Abstract:

Background: The National Service Frameworks for Renal Services (DoH 2004) emphasises strengthening patient choice for patients requiring renal replacement therapy for Established Renal Failure. This study utilised Conjoint Analysis to understand the trade off's individuals make when choosing between various products or services.

Aims: This study identifies patient preferences for pre-dialysis education and how preferences can be used in developing the 'ideal' package of pre-dialysis education.

Method: A mixed methods approach (triangulation) was adopted in the collection of qualitative data during stage one (focus group) and quantitative data collected during stage 2 (conjoint survey). Ten participants purposely sampled from across three renal units participated in stage one. Fifty participants undergoing dialysis for between 3-12 months were invited to participate in the completion of the self administered conjoint survey during stage two. A fractional factorial design was used, allowing estimation of the main effects between attributes and levels.

Results: Importance was most strongly associated with the content of education session (17.78%), staff grade providing education (17.36%) and the need for review sessions to occur at three monthly intervals (17.11%). Least importance was associated with type of educational resource used within pre-dialysis teaching (10.27%), venue for pre-dialysis education sessions (10.09%) and the format of delivery of pre-dialysis education (9.36%).

Discussion & Conclusion: Developing an 'ideal' package 'of pre-dialysis education emerged taking into account both individual and group preferences. The difference between the ideal package of pre-dialysis education (80% respondent satisfaction) and the least preferred package (30% satisfaction) suggested an overall reduction in satisfaction of 27%. Conjoint analysis provides the opportunity to identify the critical attributes and levels associated with a particular service as well as help understand what 'trade-offs' are made in choosing between various aspects of pre-dialysis education provided.

Recommended reading:
Department of Health (2004) The National Service Framework for Renal Services: Part One: Dialysis and Transplantation.. London. DOH

Landreneau K J & Ward-Smith (2006) Patients' Perceptions Concerning Choice Among Renal Replacement Therapies: A Pilot Study. Nephrology Nursing Journal: 33 (4), 397-402

Ryan M, McIntosh E & Shackley P (1998) Using conjoint analysis to elicit the views of health service users: an application to the patient health card. Health Expectations 1: 117 - 129

7.10.3
Waiting: The experience of being a patient on haemodialysis therapy

Aoife Moran, Health Research Board Clinical Nursing & Midwifery Fellow, School of Nursing, Dublin City University, Dublin 9, Ireland., School of Nursing, Dublin City University, Dublin 9, Ireland.

Co authors: Anne Scott; Philip Darbyshire

Abstract:

Background: Haemodialysis is one form of renal replacement therapy for patients with end stage renal disease (ESRD). It requires the person to comply with a strict regime of dialysis, medications, and dietary and fluid restrictions. These patients are also dependent on the haemodialysis machine for survival, and must accept frequent interaction with the healthcare team (Al-Arabi, 2006; Ravenscroft, 2005). The lifestyle disruptions caused by the illness and treatment make it difficult for some patients to adapt to life on haemodialysis therapy.

Aim: The overall aim of the study was to provide an in-depth understanding of the experience of being a patient with ESRD on haemodialysis therapy.

Methods: The methodology employed was interpretive phenomenology. A purposive sample of sixteen participants aged from 20-70 years was recruited. Two semi-structured interviews were conducted with each participant. An approach to interpretive data analysis by Diekelmann & Allen (1989) was used to analyse the data.

Results: The findings indicate that the experience of waiting is significant for the participants in the study. Their experience of waiting was found to have six themes: Having time to prepare; Passing time; Wasting time; Living in hope; Being uncertain; and Being on hold.

Discussion: The experience of waiting for the participants in the study will be discussed from a phenomenological perspective. The existing literature does not address the experience of waiting in relation to the patient with ESRD on haemodialysis therapy. Therefore, the findings of this study will provide a new perspective of the patient's experience, which could be a useful contribution to the existing literature.

Conclusion: The patient's experience of ESRD and haemodialysis is the most appropriate starting point for providing effective, patient-centred care. It is anticipated that the findings from this study could be used to improve existing healthcare strategies, and contribute to evidence-informed practice.

Recommended reading:
Al-Arabi, S. (2006) Quality of life: Subjective descriptors of challenges to patients with end stage renal disease. Nephrology Nursing Journal, 33(3): 285-292.

Ravenscroft, E. (2005) Diabetes and kidney failure: How individuals experience kidney failure. Nephrology Nursing Journal, 32(4): 502-509.

Diekelmann, N & Allen, D. (1989) A hermeneutic analysis of the NLN criteria for appraisal of baccalaureate programs. In Diekelmann, N; Allen, D; Tanner, C (eds). The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis. Ne

7.11
Theme: Student nurses

7.11.1
The effectiveness of tutorial strategies on student nurses' diagnostic reasoning accuracy: A pragmatic experimental study

Alvisa Palese, Associate Professor in Nursing Science, School of Nursing, University of Udine, Udine, Italy.

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Co authors: Luisa Saiani, Laura Refattin

Abstract:

Background: There are many and variable choices in didactic areas of education in the nursing degree courses. Some courses only do laboratory work, others put a competent clinical and teaching tutor with students on a daily basis to help develop reflective practice and others place students with ward staff who assist with practical teaching and organise regular weekly debriefing. However, there is little evidence to show how efficacy these strategies are on the accuracy of diagnostic reasoning.

Study design: A pragmatic trial was adopted. 144 students were involved in the first year of their Nursing Science Degree course (Italy). The hypotheses of the study were: a) students who had had one laboratory session and were placed in an intensive learning situation, had less probability of making reasoning errors in diagnosing a simulated case in comparison with a control group; b) students who only had weekly tutorials or who had no other learning strategies, were more likely to make errors in diagnostic reasoning on a simulated case than a trial group.

Results: The students doing laboratory work and intensive clinical tutorials demonstrated fewer errors compared to the control group [OR 3.75; IC 95% 1.77-7.88]. Although the students who do not receive any strategy teaching demonstrated higher risk of mistaking the problems of the patient. [OR 0.22; IC 0.95% 0.07-0.65].

Conclusion: Within limits, those who had had tutorial strategies aimed at developing critical thinking abilities, formulated fewer wrong hypotheses in the first list they made when confronted with a simulated situation

Recommended reading:
Atkins S & Murphy K. Reflection: a review of the literature. J Adv Nurs 1993; 18: 1188-1192.

Barrows HS, Feltovich PJ. The clinical reasoning process. Med Educ. 1987; 21(2):86-91.

Boney J, Baher J. Strategies for teaching clinical decision-making. Nur Educ Today 1997; 17:16-21.

7.11.2

Pre-registration student nurses knowledge and attitudes towards patients in pain: A longitudinal quantitative study

Carolyn Mackintosh, Senior Lecturer, Division of Nursing, University of Bradford, Bradford, UK.

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Abstract:

Background: The management of post-operative pain is consistently reported as a problematic area of practice, with limited evidence of improvements in the last 30 years.

Objectives: This study aims to identify and explore causative factors which contribute to the persistence of this poor practice.

Design: The study used a longitudinal design following volunteers from one cohort of student nurses throughout their training. Three points of data collection each used the same questionnaire, consisting of; classification questions, opinion questions and vignettes, specifically designed and piloted for this study. Settings. Participants were all registered on a three year full time Advanced Diploma programme at a Higher Education Institution in the north of England. Clinical practice in surgery took place at two local District General Hospitals.

Participants: A total of 52 students out of a total cohort of 104 agreed to take part in the study, however less than 50% of this total returned the questionnaire at each data collection stage.

Analysis: Data was analysed using the Stata 8.0 statistical software package, using a repeated measures multiple regression model, specifically for longitudinal data.

Results: Key findings indicated no statistically significant changes in responses to all sections of the questionnaire at any data collection stage. Classification questions indicated no significant impact on any variables. A trend in descriptive statistics was observed in responses to the vignettes where pain scores were lower at stage two than stage one and then higher at stage three. Assessment of pain and use of analgesic and anti emetic drugs were identified as problematic areas of knowledge.

Conclusion: Overall the study was unable to identify specific causative factors, however findings did indicate an overall theme of apathy or disinterest in the subject of pain. Implications for practice. This disinterest potentially promotes the persistence of poor practice in this area.

Recommended reading:

Allcock, N. and Standen, P. (2001) Student nurses experience of caring for patients in pain. International Journal of Nursing Studies. 43 (4), pp. 287-295

Twycross A. (2002) Educating nurses about pain management: the way forward. Journal of Clinical Nursing. 11 705-714

Twycross A. (2002) Educating nurses about pain management: the way forward. Journal of Clinical Nursing. 11 705-714

7.11.3

Exploring the impact on student nurses of being screened for dyslexia following academic failure - a phenomenological study

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Mck4@soton.ac.uk

Abstract:

Background: Whilst the needs of dyslexic children have been recognised for some time, it is only in recent years that the extent of the problem concerning previously undiagnosed adults has become apparent. Despite this there is a paucity of research on the topic and none relating specifically to student nurses.

Aims: The aim of this study was to explore how student nurses felt about being screened for dyslexia following academic failure, and to examine if the outcome of the screening influenced this.

Methods: An in-depth transcendental phenomenological study was designed and 6 student nurses were selected using a purposive sampling technique. Of these, 3 had been found at screening to be dyslexic. Data collection took place during May 2005 and involved unstructured interviews each lasting approximately 30 minutes. A thematic analysis was carried out on the transcripts using the framework developed by Moustakas (1994).

Results: Three major themes emerged from the interviews.

- The dyslexic students were angry that it had not been identified earlier.

- The non dyslexic students were initially relieved, but then anxious that they would not receive learning support.

- All of the students had suffered emotionally as a result of repeated failure.

Discussion: These findings echo what is already known about how children feel about being identified as dyslexic. The emotional impact of repeated failure was more evident however, and demonstrates the need for large scale research involving students within Higher Education. With 43% of the dyslexic population at University being identified following admission (Singleton, 1999) significant numbers of students are affected.

Conclusions: This study, although small scale has highlighted the need for all Schools of Nursing to develop strategies to facilitate early recognition of dyslexic students, to enable appropriate and timely support to be offered.

Recommended reading:

Moustakas, C. (1994) Phenomenological research methods. London: Sage

Singleton, C.H. (Chair) (1999) Dyslexia in Higher Education: Policy, provision and practice. Report of the National Working Party on dyslexia in Higher Education. Hull: University of Hull

Concurrent session abstracts

Friday 4 May

Concurrent session 8

8.1
Theme: Children

8.1.1.
Providing a children's palliative care service in the community: The staff perspective

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Co authors: Nicola Eaton, Gareth Jones

Abstract:
We report findings of a study to investigate the experience of Community Children's Nurses involved in setting up or extending community palliative care services for children with life-limiting conditions. These services recently received fixed term government funding awards in order to help meet the policy aim of improving children's palliative care provision in the community. Telephone interviews were conducted with 21 nurses from 12 different teams providing palliative care for children at home and in hospices. Staff were questioned about the services they provided and their own roles in this provision. NVivo qualitative data analysis software was used to explore themes arising from the transcribed recorded interviews. Staff reported their experience of a 'steep learning curve', their enduring enjoyment of direct care and the stresses associated with managing finite resources. The study revealed the potentially detrimental effects of time limited funding on referral patterns and staff recruitment and confirmed the importance of physical location in facilitating multi-disciplinary communication. In conclusion, the value of specific preparation and ongoing support for staff providing palliative care services is recommended.

Recommended reading:
McKenna, H., Keeney, S., & Bradley, M. (2003). Generic and specialist nursing roles in the community: an investigation of professional and lay views. Health and Social Care in the Community, 11(6), 537-545.

Street, A., & Blackford, J. (2001). Communication issues for the interdisciplinary community palliative care team. Journal of Clinical Nursing, 10, 643-650.

Smith, E. (2005). Telephone interviewing in health care research: a summary of the evidence. Nurse Researcher, 12(3), 32-41.

8.1.2
Being overshadowed: one aspect of the process of communication between children and health care professionals in a paediatric hospital setting

Veronica Lambert, Lecturer, School of Nursing, Dublin City University, Dublin, Ireland.

Abstract:
Family centred care (FCC) has long been promoted as the ideal model of care for delivery of a quality service to hospitalised children. It emphasises the importance of involving the child's family in his / her care. Smith et al (2002: pg. 20) offer a contemporary definition of what FCC encompasses; 'the professional support of the child and family through a process of involvement, participation and partnership underpinned by empowerment and negotiation'. For this process to be successfully instigated effective child centred communication is required. However, little is known empirically about the communication process as it involves members of the health care team and children. To date, studies have almost exclusively explored parents and nurses' perspectives of their interactions and relationships. The purpose of this paper is to present one emerging theme from an ethnographic study which is exploring the nature of communication, as perceived by children, in a paediatric hospital setting. The theme to be presented has been labeled being overshadowed. This theme conceptualizes one of the positions children hold within the communication process, namely the background, with the parent and health care professional taking the forefront. It is comprised of 4 sub-themes "standing in the background, left in the dark, being blocked and competing demands". The data that contributed to this theme was collected over a 3 month period. Forty-nine children ranging in ages from 6 –16years with a variety of acute / chronic and medical / surgical problems participated. Given the population involved various modes of data collection were employed; namely semi-participant observations, unstructured interviews, draw and write technique and child-friendly activity worksheets. Data analysis was facilitated by the computer software package, NUDIST. The principles of Bronfenbrenner's (1979) Ecological Model of Human Development guided the study. In this paper, the author will discuss the development of the theme.

Recommended reading:
Bronfenbrenner, U. (1979) The Ecology of Human Development. Experiments by nature and design. Harvard University Press. London.

Smith, L., Coleman, V., Bradshaw, M. (2002) Family Centred Care: A Practice Continuum. In: Smith, L., Coleman, V., Bradshaw, M. (Eds) Family-centred care: concept, theory and practice. Palgrave. Basingstoke.

8.1.3
Using protocol deviations to improve practice in paediatric clinical trials

Margaret Fletcher, Reader in Children's Nursing, Faculty of Health and Social Care, University of the West of England, Bristol, UK.

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Co authors: Joy Farrimond, Becky Powell, Sheila Shatford, Wendy Horseman, Niamh Redmond, Alastair Hay

Abstract:
Recording protocol deviations in clinical trials is required for Research Governance and is an essential component of Good Clinical Practice. As with all errors, recording deviations has two key purposes – to document what went wrong and to learn the general lessons in order to prevent, or minimise the impact of, future occurrences. As clinical practice and research become increasingly protocol driven, the (potential) requirement on the practitioner to justify deviations also increases. By recording and subsequently analysing deviations, it is possible to establish whether the problem lies with the protocol, the system within which it is applied or individual practitioners. This paper uses the experience of an ongoing major randomised controlled trial of antipyretics in early childhood (PITCH) to describe how protocol deviations can be used to inform practice, to educate new staff and to lead to improved protocols which reflect the working environment more appropriately. Over 20 months, 68 deviations were recorded of varying significance (to the trial or to the family). By considering minor (e.g. potentially insignificant changes the sequence of events during recruitment) through to major deviations (such as incorrect dosing by a parent) the study team developed a better understanding of the problems parents, children and nurses had in executing the study successfully, which in turn led to a better understanding of the demands placed on all three of these groups. This level of scrutiny allowed the whole team, but especially those new to this type of work, to understand the research process and priorities much more readily than is possible in any other way. By making recording and reviewing deviations a team affair with frequent regular reviews, any sense of a blame culture can be removed and the study benefits accordingly. This strategy compliments the immediate reporting and appropriate response to deviations as they occur.

Recommended reading:
ICH harmonised tripartite guideline for good clinical practice E6(R1) 1996 http://www.ich.org/LOB/media/MEDIA482.pdf accessed 31/08/2006

Salerno, SM, Wrenn, KD and Slovis, CM. 1991. Monitoring EMS protocol deviations: a useful quality assurance tool. Ann Emerg Med. (12):1319-24

8.2
Theme: Mentorship/preceptorship

8.2.1
The essence and experience of a new role in supporting mentors in practice learning environments

Karen Elcock, Project Leader Learning Communtiy Development, Faculty of Health and Human Sciences, Thames Valley University, Slough, UK.

Co author: Dave Sookhoo

Abstract:
Background: In response to the Fitness to Practice (UKCC, 1999) and Making a Difference (DoH, 1999) reports a number of posts have been created nationally to enhance the effectiveness of learning in practice. These posts have variously been called Practice Education Facilitators, Practice Educators and Clinical Placement Facilitators which Scholes et al (2004) described as the most effective praiseworthy development of recent years. Whilst these new roles have been described in the literature there is little research evaluating them, suggesting this is an area worthy of further investigation. Thames Valley University implemented the new role of Learning Community Education Advisor (LCEA) with appointments to six posts across three learning communities in 2004-5. The main function of these roles was to provide dedicated academic support to mentors and students in practice learning environments

Aim: To explore the experience of the Learning Community Education Advisors in enacting their role.

Methods: A qualitative approach using focus group interviews was adopted to gather data from a purposive sample of the five LCEAs currently in post at TVU. Recorded interview data was transcribed and analysed using thematic analysis in order to elicit common meanings concerning the experiences and perceptions of this new role in different practice learning environments.

Results: Analysis suggests isolation, social presence, empowerment and self-regulation as the main themes which not only describe the experiences of the individuals in the new role but also the perceived experiences and impact on mentors.

Discussion: The discussion will focus on the implications for the future implementation and further development of this new role.

Conclusion: Early indications are that this role is having a significant impact on the quality of learning in practice. However there are lessons to be learnt about how service-education partnerships can support the implementation and advancement of this and similar roles nationally.

Recommended reading:
Department of Health (1999) The New NHS. Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health Care. Department of Health, London

Scholes J, Freeman M, Gray M, Wallis B, Robinson D, Matthews-Smith G & Miller C (2004) Evaluation of Nurse Education Partnership. University of Brighton, Brighton. Available at: http://www.brighton.ac.uk/inam/research/index.htm (accessed 23rd January 2006

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1999) Fitnes for Practice. UKCC, London

8.2.2
An evaluative study on the effectiveness of a teaching and assessing/preceptorship programme in Ireland

Catrina Heffernan, Lecturer, Department of Nursing and Health Care Studies, Institute of Technology Tralee, Co. Kerry, Ireland.

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Co authors: Mary Brosnan; Elizabeth Heffernan

Abstract:
Background and Context: The allocation of student nurses to the clinical placement area is an integral part and major component of the undergraduate Bachelor of Science Degree (BSc.) in nursing curriculum in Ireland. While on placement each student should be assigned a named preceptor. A preceptor is a registered nurse who has been prepared for their role by completing a Teaching, Assessing/ Preceptorship programmes.

Aim of the Study: This research aims to evaluate the effectiveness of a locally facilitated Teaching and Assessing/ Preceptorship programme in preparing preceptors for their role and in achieving seven nationally designed expected learning outcomes.

Methodology: A utilisation focussed evaluation approach was adopted. This approach values the opinions and experiences of stakeholders. A sequential triangulation approach was implemented:

- Stage 1 examined the end of programme evaluations since September 2002 to develop themes.

- Stage 2 involved 3 focus group interviews purposefully selected, with all major stakeholders.

- Stage 3 formulation, distribution and analysis of questionnaire.

The questionnaire, following a pilot, was adapted and distributed to every student nurse on the undergraduate programme and to every preceptor who had completed the locally provided Teaching and Assessing / Preceptorship programme being evaluated.

Analysis: Stage 1 analysis is qualitative and inductive. A thematic analysis approach was adopted. Focus groups were analysed utilising a thematic approach. Stage 3 questionnaires: descriptive and inferential analysis carried out using SPSS version 13.0.

Summary of Key Findings: The preceptorship programme was viewed as beneficial for preceptors. Differences in judgements of the effectiveness of the outcomes are evident between preceptors and students. Conclusion: It is intended that findings will inform future changes in the current preceptorship programme being offered and to disseminate these within the nursing profession as the results may have wider application to other areas offering similar programmes.

8.2.3
Evaluation of the national pilot education programme to prepare the community matron to fulfil their role

Elizabeth Rosser, Principal Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, UK.

Co author: Caroline Rickaby

Abstract:
Background: Investment in community services has been a key target to introduce new ways of working, particularly for those with complex long-term conditions. Development of the Community Matron role acts as an exemplar in the creation of modern nursing careers that are fit for purpose.

Aims: This paper evaluates the national education pilot programme to prepare the Community Matron to adequately fulfil their role.

Methods: A mixed methods approach to data collection was adopted and includes a documentary analysis of a range of sources used in the development of the programme. Additionally, during June/July 2006, a self-administered questionnaire was sent to all Community Matrons undertaking the programme (n=70; response, n=47, 67%). Individual telephone interviews were invited from all Community Matrons and mentors and selected (n=17; n=6 respectively) and a focus group interview was undertaken with the Development Team (n=5). Data analysis: Quantitative data were analysed using SPSS version 11. Qualitative data were analysed using content analysis for the self-administered questionnaires and telephone interviews, with thematic analysis for the focus group interview.

Results: The majority of Community Matrons believed the programme helped them achieve the functions of their role against the national competences and met their expectations. Although the majority felt positive about the quality of support they received from their mentor and organisations, there were a number of exceptions. Although mentors and organisations were generally supportive of the role, there was a lack of clarity regarding expectations.

Conclusions: The study concluded that with appropriate support and by using a competency, work based and flexible learning approach to new role development, Community Matrons learned significantly from the programme. In spite of a recognised need to develop the workplace to support such activity, Community Matrons were committed to the role and patient stories confirmed the role had improved the quality of their lives.

Recommended reading:
Department of Health (2006a) Modernising nursing careers: setting the direction. Department of Health - CNOs Directorate, 4th September, London.

Department of Health (2006b) Our health, our care, our say: a new direction for community services. January, Department of Health, London.

Department of Health (2006c) Caring for people with long term conditions: an education framework for community matrons and case managers. April, Department of Health, London.

8.3
Theme: Palliative Care/Chronic disease

8.3.1
The lived experience of a chronic illness: Challenges, dialogues and negotiations in adherence and non-adherence (a phenomenological study from the perspective of the person with diabetes)

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Abstract:
Background: Patient non-adherence to a prescribed treatment regimen is regarded as a problem within the healthcare system and remains unsolved, in spite of decades of extensive studies. Attention has been called to the fact that patients' perspectives are rarely addressed in such studies.

Aim: To explore the experience of having a complex regimen prescribed when living with diabetes, and what happens in encounters with healthcare professionals when patients are non-adherent.

Methods: Phenomenological study (done in 2005) using purposeful sampling and data consisting of 16 dialogues with 11 diabetics, who were seen as co-researchers.

Main **Results:** In a constant attempt to live a normal and fulfilling life diabetics strive to balance their regimen with their physical and psychosocial wellbeing. The need for autonomy plays an important part although differently between the adherent and non-adherent person. Extreme periods of self-deception give way to a sense of responsibility, and desires and fear play an important part in this conflicting experience. Respecting the disease without letting it dominate one's life is the key to successfully integrating what constitutes quality of life and a modified treatment regimen. According to the co-researchers healthcare professionals use varying communication approaches with enabling or disabling effects, and these can have either a negative or positive impact on the adherence experience.

Discussion: The lived experience of adherence and non-adherence is a complex, dynamic and multi-structured phenomenon, which the dominant biomedical model, that tends to guide healthcare professionals, fails to describe sufficiently. It involves two parties: the patient and the healthcare professional, and is deeply ethical in nature as conflicts may arise between the ethical principles of autonomy and beneficence that guide healthcare practices.

Conclusion: The challenges that meet diabetics are dealt with by negotiating with oneself. Healthcare professionals can provide support with authentic dialogues, based on respect and trust.

Recommended reading:
World Health Organisation (WHO) (2003) Adherence to long-term therapies: evidence for action, Genevea: The World Health Organisation (Chair: Sabaté, E.)

Halldorsdottir, S. (2000) 'The Vancouver school of doing phenomenology', in Fridlund, G. and Hildingh, C. (editors) Qualitative research methods in the service of health, Lund: Studentlitteratur, pp. 47-81.

Lutfey, K. (2005) On practices of 'good doctoring': reconsidering the relationship between provider roles and patient adherence, Sociology of Health and Illness, 27(4), pp. 421-447.

8.3.2
Supporting palliative patients and their carers in primary care: Methodological challenges in a study of early support visits by district nurses

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Co authors: Margaret Rogers; Jane Griffiths

Abstract:
Background: DNs are expected to provide holistic palliative care to support cancer patients and their families at end-of-life (NICE 2004). DNs value their palliative care work (Pateman et al 2006), yet little is known about their skills in meeting patients' and caregivers' support needs and no studies have examined their supportive interactions with patients and carers at home.

Aims: To identify the nature of DN support and factors which facilitate and act as barriers to the delivery of support to patients and their informal carers.

Methodology: Pilot study purposive sample: 10 DN, patient and caregiver triads (30 participants). DNs recruited through individual PCTs. Patients and carers accessed via participating DN teams. Data collected at home visits by interviews with patients and carers and audio-recording of interactions with DNs.

Results: Methodological and practical challenges are the focus of this presentation. First is the hurdle of gaining R&D approval for research in the community. Lack of standardisation between R&D areas, lengthy approval processes and unclear procedures for accountability have major implications for small studies where disproportionate amounts of time must be dedicated to the approval process. Second is the mismatch between the supportive role identified by NICE for DNs and the reality of PCT referral policies. Finally, there is the tension faced by DNs between pressures of practice and need for research to provide evidence of good practice. These methodological issues, insights gained and resolutions achieved will be discussed.

Conclusions: A greater understanding of the supportive role of DNs in the care of palliative patients is important, particularly in the light of new initiatives in place in the UK to increase choice in end-of-life care. However there are many hurdles to be overcome in obtaining such research evidence. Useful lessons can be gained from this study for future research.

Recommended reading:
Pateman B, Wilson K, McHugh G, Luker KA (2003). Continuing care after cancer treatment. J Adv Nurs 2003; 44:192-9.

National Institute for Clinical Excellence. (2004) Improving Supportive and Palliative Care for Adults with Cancer. London, NICE.

8.4
Theme: Psychosocial

8.4.1
Self help information in facial disfigurement: A systematic review

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Co author: Lucy Ziegler

Abstract:
Background: Facial disfigurement affects around 400,000 people in the UK and research indicates (Bjordal,1995 Bhatia,1996) that the the psychological consequences can be profound.Despite this,there are few formal facilities for psychological support,and access to these facilities is variable.Currently,self-help material is the most accessible means of support available but the extent to which existing self help materials reflect approaches that research evidence indicates are effective is unknown.Given this, there is potential for some of these materials to be ineffective and perhaps even detrimental.

Aim: To determine whether self-help materials in current use lead to an improvement in psychological wellbeing for people with disfigurement.

Method: Established systematic review methodology(CRD report 4)was used to identify and evaluate research evidence relating to the efficacy of self-help materials from relevant electronic databases.A protocol consisting of a hierachy of evidence was developed for reviewing the literature provided by self help organisations.

Results: The findings of the systematic review show that there are few studies that predominantly use self help as an intervention in facial disfigurement. Of these only two achieved the highest level of evidence and these yielded modest, equivocal results.The majority of resources provided by self help organisations are not based on empirical evidence other than clinical or other expert opinion.

Conclusion: No self-help interventions for people with facial disfigurement can be wholeheartedly endorsed. In the absence of good direct evidnece for the effectiveness of any intervention, advice to peop[-le with disfigurment regarding which resources might be useful must be garded. However, it might be best to advise only those resources which have either a firm theoretical basis or those whose underpinning ideas have been tested to some degree in groups other than disfigured people.

Recommended reading:
Bjordal K, Kaasa S. Psychological distress in head and neck cancer patients 7—11 years after curative treatment. Br J Cancer 1995;71:592—597.

Bhatia V, Harari PM, Thompson SF, et al. Head and neck cancer patient perspectives regarding pain, cosmesis, voice and quality of life (abstract). t J Radiat Oncol Biol Phys 1996;36(1):265.

8.4.2
An intervention of zen meditation to manage anxiety

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Co author: Lorraine N Smith

Abstract:
Background: The impact of anxiety disorder on society is often overlooked. General anxiety disorder (GAD) is the largest epidemiologic disease in anxiety. While psychiatric diseases have gained more attention GAD receives little attention in Taiwan.

Aim: To explore the experience of Zen meditation among GAD patients to manage anxiety

Design A

2 phase interpretative phenomenological approach. 2 pilot studies between Sept 2005-March 2006. Main study April-Aug 2006. Ethics Approval Granted by the Chang Gung Memorial Hospital (CGMH) in 2005 Study Site CGMH, Taoyan, Taiwan

Inclusion criteria

- A psychiatric diagnosis of General Anxiety Disorder (GAD)

- 18-65 years

- Without antecedent experience on Zen meditation practice

- Willingness to attend 6 week Zen meditation intervention

- Willingness to participate in one focus group and one in-depth interview

- Willingness to maintain a diary related to Zen meditation Exclusion criteria

- GAD in combination with any other severe psychiatric disorders, e.g.: Schizophrenia

- Considered to be a suicidal risk.

- Participants who in the researcher's clinical judgement are not suitable for Zen meditation.

Sampling and size Purposive, volunteer sample: Phase 1: 2 males, 7 females; Phase 2: 4 males, 8 females. Methods Each phase comprised 6 sessions of Zen interventions delivered by a Zen teacher. Following each session a focus group was held. Individual one-to-one interviews held with each participant at the end of the 6 sessions. RSTAI administered at 3 points; field notes maintained. All focus groups and interviews audiotaped and transcribed verbatim.

Discussion: Major themes: 1. Pre-understanding and imagination: cultural health concepts held by participants re Zen meditation; 2.The process: changing sense of time, instability of progressing, swing between poles. This presentation concentrates on recruitment issues including maintenance of study sample over time and balance between participants' demands and researcher needs.

Recommended reading:
Wittchen, H. U. 2002, "Generalized anxiety disorder: prevalence, burden, and cost to society", Depression & Anxiety.16(4):162-71.

Carlson, L. E., Speca, M., Patel, K. D., & Goodey, E. 2003a, "Mindfulness-based stress reduction in relation to quality of life, mood, symptoms of stress, and immune parameters in breast and prostate cancer outpatients", Psychosomatic Medicine.65(4):571-8

Sjostrom, B. & Dahlgren, L. O. 2002, "Applying phenomenography in nursing research", Journal of Advanced Nursing, vol. 2002 Nov; 40, no. 3, pp. 339-345.

8.5
Theme: Competencies/leadership

8.5.1
National nursing competency frameworks: A stakeholder evaluation

Charles Hendry, Senior Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK.
Co authors: Michelle Roxburgh, William Lauder

Abstract:
Background: Clinical competency is a 'defining hallmark' of a professional nurse (Baulcomb and Watson 2003; Ormrod and Casey 2004). Wright et al (2000) suggest that competency based approaches can demonstrate quality, accountability and effectiveness. Bench et al (2003) further suggest that competency frameworks ensure that different clinical settings employ consistent practice standards. There is a consensus amongst key stakeholders that nurses must be able to provide safe and competent nursing care when they qualify. Competence at the point of registration is now often supplemented with nurses working towards the acquisition of role-specific competencies particular to a well-defined area of nursing or clinical setting, e.g., critical care, school nursing, care of older people. NHS Education for Scotland (NES) have undertaken work with the intention of supporting competence development in a range of Scottish practice settings by the development of over twenty competency frameworks to date.

Study Aims: 1. Measure the uptake of three specified competency framework documents in curriculum and NHS documents

2. Conduct a stakeholder evaluation of the extent to which framework documents have influenced CPD planning at organisation, education provider and individual levels

3. Explore the extent to which stakeholders perceive that competence frameworks have influenced education for practice

Method: Methods employed in this study included an initial scoping exercise to gauge awareness of the specified competency framework documents and to identify and negotiate access to a range of curriculum and other relevant documents used by nurse educators in Higher Education Institutions (n=10) and the NHS in Scotland (n=7). Documents were then subject to Documentary Analysis methods. Finally a stakeholder evaluation approach involving key informants (n=24) in HEI's and NHS Divisions using semi-structured interviews was undertaken.

This paper will report the methods and findings from a NES funded study of competency frameworks. Implications and a series of recommendations will be discussed.

8.5.2
The current role and contribution of clinical leaders in Wales

Allyson Lipp, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales, UK.
Co authors: Joyce Kenkre, Gail Lusardi

Abstract:
Background: Following the introduction of Modern Matron, primarily an English phenomenon, it was deemed an appropriate juncture to explore the role of clinical leaders in Wales.

Aim: Identify the role and contribution of clinical leaders with reference to that of the English Modern Matron and to ascertain any areas of improvement for Wales.

Methods: A comprehensive literature review relevant to clinical leadership preceded a scoping exercise of NHS staff. The scoping exercise included a questionnaire sent to all 13 NHS Trust Chief and Nurse Executives in Wales followed by a telephone survey of all NHS Nurse Executives in Wales.

Results:

- Leadership has been highlighted as being interpreted differently by different people.

- Transformational leadership alone is insufficient preparation for leaders.

- The expectations that people have of leaders are likely to differ depending upon priorities.

- Leadership is not unique to nursing, but is a multidisciplinary phenomenon.

- Currently there is a lack of coherent leadership framework in Wales.

- At the present time, leaders' roles are inconsistently linked to strategy.

- Ward managers are considered by many to be front line clinical leaders.

- No evidence was presented to the researchers for the promotion of the Modern Matron role in Wales.

Discussion: There is an opportunity to develop a coherent all-Wales leadership framework to foster career development in light of Agenda for Change, Realising the Potential its associated briefing papers, the Knowledge and Skills Framework and career development with a separate pathway for nursing. At trust level protocols should be in place to ensure potential leaders are directed to effective and accredited leadership courses appropriate to their needs.

Conclusion: A specific role equivalent to the Modern Matron in England cannot be recommended as a result of the literature review and scoping exercise.

Recommended reading:
RCN (2003). Discover Yourself Inspire Others: The RCN Clinical Leadership Programme. London, Royal College of Nursing.

RCN (2004). The RCN Clinical Leadership Toolkit. London, Royal College of Nursing.

FoNS (2001). Taking Action: Moving Towards Evidence Based Practice. London, Foundation of Nursing Studies.

8.5.3
Using Bourdieu to theorise advanced practice roles in community nursing

Kay Aranda, Principal Lecutrer, Institute of Nursing and Midwifery, University of Brighton, Brighton, UK.

Abstract:

Background and Aims: This paper aims to assess the value of Bourdieu's concepts of capital, field and habitus in theorising practitioners' experiences of new advanced roles. His theories may offer a way to re-think healthcare structures and practitioners' agency, as they actively seek to accrue capital within particular boundaries or fields, underpinned and possibly constrained by dispositions towards particular forms of habitus or familiar ways of practising. This analysis may contribute to understanding new roles and advanced practice as expressions of social change and gendered social relations within the reorganisation of healthcare work.

Methods: A systematic search and review of social science, nursing and health and social care related literature was undertaken. Key themes relevant to the experience of new advanced practice roles were identified, reviewed and analysed, drawing upon recent theoretical insights and debates in sociology, feminism and psychology.

Findings: Bourdieu's insights offer some understanding of the cultural and social processes involved in occupying advanced practice roles. However, there are limits. Using critical reworkings of Bourdieu's theories by key feminists, I suggest such roles may not, for example, offer increased status or privilege in taking on doctoring work. Instead, occupying such roles and accumulating cultural or symbolic capital may actually involve a reworking of social categories of gender which reinforce conflicts, rivalry and tensions.

Conclusions: This analysis reveals the cultural and social processes involved in developing advanced practice roles. It reveals how new identities are mobilised and employed and how differentiating oneself from others in a field occurs, and how relational claims of difference appear. Community nursing culture is then seen as an expression of relationships between people connected to a broader socio-political context. This politicises such practices and involves a continual critique of the cultures of nursing and medicine as they appear in supposed new forms.

Recommended reading:

Adkins, L. Skeggs, B. 2004 Feminism after Bourdieu. Oxford, Blackwell Publishing

Allen, D. Pilnick, A. Making connections: healthcare as a case study in the social organisation of work. Sociology of Health and Illness. 27 (6) 683-700

Kelly, A. Symonds, A. 2003 The Social Construction of Community Nursing. Basingstoke, Palgrave Macmillan.

8.6
Theme: Primary/Ethical issues

8.6.1
Revisiting the UDI and IIQ: Proposed more stable models

Louisa Sheward, Nurse Lecturer, School of Health Nursing & Midwifery, University of Paisley, Ayr, UK.

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Co authors: Suzanne Hagen, Angus McFadyen

Abstract:

Incontinence is common and a key area for nurses. Nurses need rigorous tools to quantify it. Shumaker et al (1994) published original versions of the Urogenital Distress Inventory (UDI) and the Incontinence Impact Questionnaire (IIQ). Subscales with high internal consistency, bar one, were reported. The sample used was highly selective. Based on the same data Uebersax et al (1995) developed short forms of the UDI and IIQ. Both long and short forms are recommended in the Scottish Intercollegiate Guidelines Network (SIGN) and are used widely. However, a more recent publication based on a different demographic population yielded different subscales (Huub van der Vaart et al, 2003). No study has been found which confirms the validity of the short forms. The above raises concerns about the interpretation of results obtained from these instruments. A new direction to assess reliability and stability was thus thought appropriate. An investigation commenced to determine what subscales and short forms are most relevant for a Scottish population. The sample used consisted of 237 females with urinary incontinence from two regions in Scotland. Data were collected as part of a study carried out between 1996-97. These data were re-analysed to look at structure of the instruments. Factor analysis on the UDI and IIQ data resulted in five sub-scales in each. These exhibit some similarities and differences to those previously published. These subscales are being used to develop potentially more stable models of both instruments using structural equation modelling. The goodness of fit of the new models will be tested with the original Scottish data and then, to assess stability, on retest data available from the same population, collected at a second collection point (approximately four days after the first). Analysis is ongoing. Results will be compared with the earlier studies and the different analytical techniques discussed. The most stable models of the UDI and IIQ will be recommended.

Recommended reading:

Shumaker S.A, Wyman J.F., Uebersax J.S. McClish D. and Fantl J.A. 1994. Health-related quality of life measures for women with urinary incontinence: the Incontinence Impact Questionnaire and the Urogenial Distress Inventory. Quality of Life Research, 3: 2

Uebersax J.S., Wyman J.F., Shumaker S.A., McClish D.K. and Fantl J.A.1995. Short Forms to Assess Life Quality and Symptom Distress for Urinary Incontinence in Women: The Incontinence Impact Questionnaire and the Urogenital Distress Inventory.

Huub Van der Vaart C., J. Rob J. de Leeuw, Jan-Paul W.R. Roovers and A. Peter M. Heintz. 2003. Measuring Health-Related Quality of Life in Women with Urogenital Dysfunction: The Urogenital Distress Inventory and Incontinence Impact Questionnaire Revisited

8.6.2
A quantitative study, to identify the incidence of bladder and/or anal incontinence and /or low mood at six weeks or nine months postnatal

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Abstract:

Aims of study: To investigate the potential association between incontinence and low mood six weeks or nine months postnatal, and to identify the rate of women who had reported incontinence to a health professional.

Study design: The study was conducted at three health centres during a three months period in the UK in 2005. All women who were due low mood screening at 6 weeks or 9 months postnatal using the Feelings and Moods in Motherhood Assessment Tool, based on the Edinburgh postnatal depression scale (1), were invited to participate in the study. A self-completed continence questionnaire (2) was used to identify urinary symptoms of stress, urgency or overflow and/or anal symptoms such as incontinence of flatus or stool. Based on an initial overall low mood rate of 15%, and estimating a rate of 30% of women presenting with incontinence, a 2-sided power calculation with alpha = 0.05, and 80 confidence determined a sample size of 114 for each period of time being investigated. 300 questionnaires were distributed 150 at 6 weeks and 150 at 9 months.

Results: The majority of women identified with low postnatal mood did not report symptoms of incontinence. 6 Weeks Postnatal 61 (41%) questionnaires were returned, low mood was identified in 50/59 (85%) The most common continence symptoms were leaking on exertion 8/42 (19%), only wet pants when leak 16/32 (50%), incontinence of flatus 32/41(78%). Only 6/37(16%) had reported the problem. Women identified with low mood, 6/29 (21%) recorded symptoms of stress urinary incontinence and 27/35 (77%)flatus incontinence. 9 Months Postnatal 79 (53 %) questionnaires were returned. The most common continence symptoms were leaking on exertion 31/70 (44%), frequency of urination 31/68 (45%), only wet pants when leak 20/54 (37%), incontinence of flatus 58/67 (87%). only 11/54 (20%) had reported the problem. Women identified with low mood, 17/45 (38%) recorded symptoms of stress incontinence, 50/57 (88%) flatus incontinence.

Discussion: Although this study did not identify a significant association between low mood and incontinence, both conditions appeared to be under reported. Conclusion The postnatal mood assessment appears to be an opportune time to screen for incontinence.

Recommended reading:

Cox, J.L., Holden, J.M. and Sagovsky, R. (1987) Detection of Postnatal depression: development of the Edinburgh Postnatal Depression Scale. British Journal of Psychiatry (150):782-786.

Bayliss, V., Cherry, M., Locke, R. and Salter, L. (2001) Pathways for continence care: background and audit. Quay Books. London.

Brown, S. and Lumley, J. (2000) Physical health problems after childbirth and maternal depression at six to seven months post partum. British Journal of Obstetrics and Gynaecology 107. (10):1194-1201.

8.6.3
Ethical dilemmas in neonatal nursing research: A personal perspective

Ginny Henderson, Associate Lecturer, School of Nursing and Midwifery, Griffith University, Brisbane, Australia.

Abstract:
Neonatal nursing research has seen a shift over the years focusing away from purely clinical driven studies to encompassing the wider aspects of neonatal care involving the family as a whole. This shift has in itself brought about changes to the way neonatal nurses think and act in their everyday role of providing optimal care to fragile infants and their families[1]. It has also brought to the forefront ethical dilemmas faced by highly skilled health professionals as they carry out their daily work and become more involved in an array of research activities. Such dilemmas can be seen through nurses' roles in their duty to do no harm when providing care to infants and families, which on occasion is brought into question. Conducting investigations or exploring experiences in both parents and their children can touch upon sensitive matters at a particularly delicate time for this vulnerable section of the population[2]. There is a growing debate around numerous legal and ethical concerns that surround these quandaries all of which need to be addressed. One such debate that is emerging within the literature is the growing conflict faced by neonatal nurses dealing with a range of ethical dilemmas in their role as carers and researchers[3]. This paper proposes to address key ethical dilemmas which presented themselves during a study undertaken to explore parents experiences of feeding premature infants following hospital discharge. It will endeavour to contribute to the mounting body of evidence surrounding an emerging spectrum of ethical topics in the field of neonatal nursing research.

Recommended reading:
Frank, L.S. (2005). Neonatal Nursing Research with newborn participants: doing the right research and doing it right. Journal of Perinatal Neonatal Nursing. 19 (2). pp. 177-186

Oberle, K. et al (2000). Development of an instrument to investigate parents' perceptions of research with newborn babies. Nursing Ethics. 7(4). pp. 327-338

Spence, K. (1998). Ethical Issues for Neonatal Nurses. Nursing Ethics. 5(3). pp. 206-217

8.7
Theme: Decision making/Quality of life

8.7.1
Findings of a mixed method study of decision making in mental health nursing

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Co authors: Padraig McNeela, P.A. Scott; Kate Irving, Gerard Clinton

Abstract:
Introduction: Nurses' decision making has been the subject of much academic interest over the last decade. There is no consensus regarding the components of decision making processes, but there is general acceptance that a range of analytic, heuristic and intuitive strategies are involved (Thompson and Dowding 2001, Lamond et al 1996).

Methods: The current research used three contrasting methodologies, protocol analysis, cognitive task analysis interviews and quantitative ratings, to explore the judgement and decision making process of 38 nurses in community and acute mental health settings. The nurses responded to four case simulations, each of which related to a particular task (initial assessment, monitoring, discharge assessment and intervention decision making).

Findings: The data were analysed through qualitative content analysis with three aims, to articulate the judgement and decision making process, explore differences by experience level and area of practice, and assess effectiveness. This paper illustrates the degree to which these aims were achieved and comments critically on the use of mixed methods in the study of nursing decision making.

Conclusion: Mental health nurses make judgements and decisions routinely. However, from a research perspective we know comparatively little about the strategies nurses use in this regard and the nature of the judgements and decisions that are reached. Current thinking on nursing decision making is re-visited in light of the study's findings.

Recommended reading:
Lamond, D., Crow, R., Chase, J. and Swinkels, K.D.M. (1996) Information sources used in decision making: considerations for simulation development. International Journal of Nursing Studies. 33, 47-57.

Thompson, C. and Dowding, D. (2001) Handling clinical uncertainty in nursing practice. International Journal of Nursing Studies. 38 (15), 609-615.

8.7.2
Patients' perceptions of and quality of life after intensive care: Results from a multi-centre study

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Co authors: Martyn Jones; Cheryl Crocker

Abstract:
Background: It is clear that a number of patients suffer psychological problems after intensive care (Rattray et al. 2005). These appear to be associated with their memories of the intensive care experience. Patients memories of intensive care are very variable, with very little or indeed nothing at all being remembered. For some the memories consist of 'nightmares' and 'hallucinations' that are usually unpleasant or disturbing in nature (Jones et al. 2003). This multi-centre study assessed a) patients perceptions of their intensive care experience and b) the effect of such an experience on health-related quality of life, anxiety, depression and post-traumatic stress, up to six months after discharge.

Methods and Participants: Inclusion criteria were: patients with an ICU stay of ≥ 24 hours were mechanically ventilated and aged ≥ 18 years. Patients were recruited from seven intensive care units in the Mid-Trent Critical Care Network. Patients completed the Intensive Care Experience Questionnaire (ICEQ) (Rattray et al. 2004), the Hospital Anxiety and Depression Scale (HADS), the Impact of Event Scale (IES) and the Short-Form 36 (SF-36) on three occasions after ICU discharge. These were at during a structured interview at time of hospital discharge (n=103), and by postal questionnaire two (n=64) and six (n=50) months later.

Results: The data from this study are currently being analysed. The main emphasis of this paper will be to describe the exploratory factor analysis of the ICEQ and explore the relationship between the domains of this measure and scores from the HADS, IES and SF-36. In addition, how anxiety, depression, posttraumatic stress and health-related quality of life scores change over time will be presented.

Discussion: Results from this study will improve our understanding of the longer term outcomes from intensive care. This should inform the delivery of critical care services.

Recommended reading:
Rattray, J., Johnson, M. and Wildsmith, J. A. W. (2004) The Intensive Care Experience: Development of the Intensive Care Experience (ICE) Questionnaire Journal of Advanced Nursing, 47, 64-73.

Jones, C. Griffiths, R. Humphris, G. Skirrow. P., (2001) Memory, delusions, and the development of acute posttraumatic stress disorder-related symptoms after intensive care. Critical Care Medicine 29(3) 573-580.

Rattray, JE. Johnston, M., Wildsmith, J.A.W. (2005) Predictors of Emotional Outcome of Intensive Care Anaesthesia 60 (11) 1085-1092.

8.7.3
Midwives' perception of the influence of the Internet on women's decision making

Briege Lagan, PhD Student/Clinical Midwife Specialist, Institute of Nursing Research, University of Ulster, Coleraine, UK.

Co authors: Marlene Sinclair; George Kernohan

Abstract:
Background: The Internet has become an increasingly popular source for healthcare information. Previous work suggests that pregnant women are accessing and using Internet based information to influence their care and management (Maijala et al, 2003; Pandey et al, 2003). This paper will provide illuminative data on this subject.

Aim: To elicit the extent and nature of pregnant women's use of the Internet from a midwifery perspective.

Method: To achieve the stated aim an exploratory descriptive design was selected using an online questionnaire to collect data. An international sample of midwives was recruited between March and July 2006 using midwifery e-discussion groups. Members who had direct contact with pregnant women were invited to share their experiences of working with women who presented them with information gleamed from the Internet. Ethical approval was granted from the local Office for Research Ethics Committee (OREC). Data was collected using a php Easy Survey Package and downloaded into SPSS for analysis. Qualitative data was analysed using NVivo.

Results: A total of 303 midwives (261 qualified midwives and 42 student midwives) accessed and completed the questionnaire. Eighty-nine per cent of the respondents (n=271)

were aware of an increase in Internet use among pregnant women with 86% (n=260) having had experience of pregnant woman discussing information from the Internet in the clinical area. The majority of midwives (67% n=174) considered the information affected the woman's decision making. Qualitative data provided illustrations of how the Internet can influence women's choice and management of care in pregnancy.

Discussion/Conclusions: According to midwives pregnant women are using the Internet as an accessible source for health to inform decision making in pregnancy. This paper underlines the need to understand the information seeking behaviour of pregnant women and subsequent choices in their care. The Internet is an intriguing source for women, midwives and researchers.

Recommended reading:
Maijala H, Åstedt-Kurki P, Paavilainen E, Väisänen L (2003) Interaction between caregivers and families expecting a malformed child. Journal of Advanced Nursing 42(1): 37-46.

Pandey SK, Hart JJ, Tiwary S. (2003) Women's health and the Internet: Understanding emerging trends and implications. Social Science & Medicine. 56(2003): 179-91.

8.8
Theme: Children & young people

8.8.1
Reaching those who do not reach out to us: Convening and engaging suicidal young men

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Abstract:
There has been an undisputed rise in suicide and suicide attempts in Ireland in recent years, particularly among young men between the ages of 15-34 years, the latter group accounting for 39% of deaths by suicide in 2003. Despite government strategies aimed at addressing this issue, which have supported the establishment of suicide prevention and intervention programmes, there has not been a concomitant decrease in suicide rates. According to Althaus and Hergerl (2003) no single intervention has been shown to be effective, which is understandable in the context of suicide being a multidimensional complex phenomenon. This study, utilizing A Grounded Theory Methodology (Glaser & Strauss, 1967), seeks to build on existing research by developing a substantive theory pertaining to the needs of this group. It aims to: develop a comprehensive understanding of the key concerns and experiences of suicidal young men in Ireland; and, elicit their views about what constitutes meaningful professional responses and health service provision for the suicidal person. The sample will comprise 40 participants including those who have and have not been involved with health services. A noted trend is that many of young men do not seek professional help or fail to remain engaged with mental health services following initial contact. This raises both clinical and economic concerns in terms of responding meaningfully, and in a timely and accessible manner to this population (McIvor, Ek & Carson, 2004). It also poses a challenge for the research team in terms of convening and engaging this population in the study. Hence, some core philosophical assumptions about the identity of these young men, associated ethical issues and proposed engagement strategies were examined. This paper discusses how this process informed an approach aimed at creating an acceptable space within which the study participants can explore their ideas and experiences.

Presenter is part of an International Suicide Research Consortium

Recommended reading:
Althaus, D. & Hergerl, U. (2003) The evaluation of suicide prevention studies: state of the art. World Journal of Biological Psychiatry. 4 (4); 156-165.

Glaser, B.G. & Strauss, A.L. (1967) The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine.

McIvor, R, Ek, E. & Carson, J. (2004) Non-attendance rates among patients attending different grades of psychiatrist and clinical psychologist within a community health clinic. Psychiatric Bulletin, 28: 5-7.

8.8.2
Safeguarding children in primary care: Is 'working together' really working?

Jane Appleton, Post-Doctoral Research Fellow, CRIPACC, University of Hertfordshire and Oxford Brookes University, Hatfield,, United Kingdom

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Abstract:
Aim/Background: This study set out to examine how Primary Care Organisations (PCOs) in England, which include Primary Care Trusts, Care Trusts and Children's Trusts are organising and delivering their safeguarding children responsibilities. In the light of changing organisational configurations across primary care and a wealth of policy directives including the Children Act (2004), Every Child Matters: Change for Children (2004) and new Working Together (2006) guidance, this presentation will explore how PCOs are responding to national policy and shaping safeguarding children services. In particular the presentation will focus on the nature of multi-agency children in need and child protection work.

Method: Following multi-centre research ethics approval, this national study used a telephone survey method incorporating semi-structured qualitative interviews with Designated Child Protection Nurses across England. A maximum variation sampling strategy has identified 2 PCOs within each of the original 28 Strategic Health Authority sites, 3 Care Trusts and 3 pilot areas, to reflect geographical variation, levels of deprivation and different organisational configuration. The Designated Nurse was selected as the key informant in each PCO. Designated Nurses take a professional lead on all aspects of the health service contribution to safeguarding children, they are a vital source of professional advice to health and other agencies and take a strategic role in driving forward safeguarding work. Their views on the progress of implementation of change are important in determining how PCOs are responding to national policy and delivering multi-agency safeguarding children services.

Results: Data analysis using QSRN6 is on-going, final study results will be reported.

Conclusions: This paper will highlight models of good practice in multi-agency child protection work. It will contribute to an understanding of the challenges being faced by PCO configurations in delivering safeguarding children services in partnership with other agencies, such as social care, education, police and voluntary agencies.

Recommended reading:
The Stationery Office (2004) Children Act 2004. London, The Stationery Office.

HM Government (2004) Every Child Matters: Change for Children. Nottingham, DfES.

HM Government (2006) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. London, HM Government.

8.8.3
Responding to children and young people who witness domestic abuse: An exploration of the views and experiences of nurses and midwives working in community settings

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Co author: Julie Taylor

Abstract:
Background: Within the current policy arena children and young people living with domestic abuse are considered to be 'children in need'. A correlation between domestic abuse and child abuse is now widely acknowledged. Once domestic abuse is identified as an issue in the life of their clients, nurses and midwives working within a community setting may find themselves responding to family members with different and competing needs. This can present them with a balancing act between autonomy for the family and individual members within the family, and the risk of harm to children.

Aims: To explore the views and experiences of nurses and midwives working in a community setting in relation to their response to children and young people who witness domestic abuse.

Methods: Nineteen individual semi-structured face-to-face interviews were conducted. A criterion based sampling process was adopted, targeting senior nurses and nurse managers involved with services delivered within a community setting. A systematic framework approach was utilised in the analysis

Findings: Factors were identified at a personal, professional and organisation level that enhanced or inhibited nurses' responses to children and young people. It was crucial that nurses and midwives were willing and able to recognise and respond to this phenomenon in the life of adults in the first instance. Only then was it possible to identify and respond appropriately to children.

Conclusion: The challenges facing nurses working in a community setting are not insurmountable. However, the need to understand and address them is clear if the needs of children and young people who witness domestic abuse are to be considered and addressed in their

own right. Keywords: Domestic abuse, children, community nurses

Recommended reading:
Featherstone, B., & Trinder, L. 1997 Familiar Subjects? Domestic Violence and Child Welfare. Child and Family Social Work 2 147-159

Scottish Executive 2004 Children and Young People Experience Domestic Abuse: Guidence Notes for Planners

8.9
Theme: Cardiac care

8.9.1
How do illness perceptions relate to decision time amongst patients with possible symptoms of Acute Coronary Syndrome who contact NHS 24?

Barbara Farquharson, PhD student / Team Leader, Department of Nursing & Midwifery, University of Stirling, Stirling, UK.

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Co authors: Carol Bugge, Marie Johnston

Abstract:
Background: Acute Coronary Syndromes (ACS) are a leading cause of morbidity and mortality in the UK. Effective treatments are available but require prompt administration. Evidence has shown that delay to receipt of treatments is common with the time taken by people to decide to seek help being particularly important (Gruppo Italiano per lo Studio della Sopravvivenza nell'Infarto (GISSI) 1995). Interventions based on existing evidence have not been successful in reducing patient decision time.

Aim: To learn how illness perceptions (Self Regulation Model (Leventhal et al. 1984)) relate to decision time, amongst patients with possible symptoms of ACS.

Method: A cross-sectional survey of patients who contacted NHS 24 (out-of-hours telephone triage service) was undertaken between July and September 2006. Patients with possible symptoms of ACS were identified and a random sample invited to take part. Data were collected using a specifically adapted, piloted version of the Revised Illness Perception Questionnaire (Moss-Morris et al. 2002) within 2 weeks of the patient's contact. Data regarding demographics and timings of symptoms were obtained from NHS 24 records.

Results: Data collection has just completed. 710 eligible patients were invited to take part, of whom 174 participated. In this paper correlations will be used to explore the relationship between illness perceptions and patient decision time. Multiple regression will be used to assess if illness perceptions explain variance in patient decision time additional to that explained by demographic and clinical factors.

Discussion: Reasons for the low participation rate will be discussed and include: the serious clinical condition of the population being studied; the methods of approach possible with patients identified at NHS 24 and the limited timeframe for participation due to the need for patients to recall their symptom episode. The implications of the results both for clinical practice and for the development of an intervention aimed at reducing patient decision time will be discussed.

Recommended reading:
Gruppo Italiano per lo Studio della Sopravvivenza nell'Infarto (GISSI) (1995) Epidemiology of Avoidable Delay in the Care of Patients With Myocardial Infarction in Italy: A GISSI-Generated Study. Archives of Internal Medicine 155, 1481-1488

Leventhal, H., Nerenz, D.R. and Steele, D.J. (1984) Illness Representations and Coping With Health Threats. In: Baum, A., Taylor, S.E. and Singer, J.E., (Eds.) Handbook of Psychology and Health, pp.219-252. Hillsdale, New Jersey: Lawrence Erlbaum Associat

Moss-Morris, R., Weinman, J., Petrie, K., Horne, R., Cameron, L. and Buick, D. (2002) The revised illness perception questionnaire (IPQ-R). Psychology and Health 17, 1-16

8.9.2
Post myocardial infarction: Women's understanding of their personal predisposition to coronary heart disease

Brenda Clarke, Senior Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, UK.

Co author: John Albarran

Abstract:
Background: Coronary heart disease is the most common cause of death in women in Britain today, easily exceeding the number of deaths from breast cancer. Yet despite this few women identify coronary heart disease as a major health issue partly because of an incorrect, yet widely held belief that the condition predominantly affects men. Women may therefore underestimate or be unaware of their risk factors for coronary heart disease.

Aim: This qualitative study sought to explore the degree of understanding of personal predisposition to coronary heart disease amongst a group of women who had recently experienced their first myocardial infarction.

Method: A purposive sample of twelve women participated in the study. The average age of these women was 63 years covering a range of 48 to 78 years. Semi-structured in-depth interviews were conducted and tape-recorded while the women were in hospital. Following verbatim transcription of the tapes, data analysis adopted a thematic approach. Data collection lasted 18 months ending in 2004.

Results: Three themes emerged these were: it happens to other people; I'm doing alright; the doctor's monitoring me. Discussion Despite the fact that these women had already experienced a myocardial infarction the themes reflect a tendency to rationalise or minimise their personal risk factors. There was no relationship between knowledge of cardiovascular risk factors and risk-reducing behaviours. Conclusion Coronary heart disease is a phenomenon which is increasingly affecting women worldwide. There is an urgent need to promote education among women about the risks of coronary heart disease and nurses are in a prime position to use research to inform this practice.

Recommended reading:
Albarran, J.W., Clarke, B.A. and Crawford, J. 'It was not chest pain really, I can't explain it!' – An exploratory study on the nature of symptoms experienced by women during their myocardial infarction Journal of Clinical Nursing (In print)

Mosca, L., Ferris, A., Fabunmi, R and Roberts, R.M. (2004) Tracking women's awareness of

heart disease: An American Heart Association National Study. Ciruclation 109: 573-579

Oliver-McNeil, S. and Artinian, N. (2002) Women's perceptions of personal cardiovascular risk and their risk reducing behaviours. American Journal of Critical Care 11: 221-227

8.9.3
Patients' perspectives on medication therapy for treatment of coronary artery disease: A qualitative study

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Co author: Geraldine McCarthy

Abstract:
Background: Healthcare interventions to date have neither been cost-effective nor predictably clinically effective in assisting patient medication-taking (Haynes et al 2005). A contributing factor to such poor outcomes lies in the fact that the majority of studies have been focused on establishing the influencing factors from the healthcare professionals' perspective (Gascon et al 2004). This approach is at odds with numerous recommendations from adherence research which advocates that the optimal assessment and management of patients' medication-taking must be conducted at an individualised patient level. It is therefore being increasingly recognised that patients' perspectives need to be understood if healthcare professionals wish to aid individuals in taking long-term medication regimens.

Aims: To explore patients' perceptions of taking medications and their reasons for adhering or not adhering to medication regimens for the treatment of coronary artery disease (CAD).

Methods: A qualitative descriptive research design was adopted to explore the perspectives of a purposive sample of ten patients on pharmacological treatment for CAD. Data were collected through semi-structured interviews and analysed using thematic content analysis. Steps were taken to ensure the validity and relevance of the findings throughout the conduct of the study.

Findings/Discussion: Findings indicated the presence of an overall sense of uneasiness associated with medication-taking. A reasoning process influenced by core factors was apparent as were specific ways of tablet-taking. This presentation will predominantly discuss the dynamics of this reasoning process with reference also to the daily instrumental acts of taking medications. Practice-Research

Implications: This work contributes to the body of knowledge interested in understanding the complexities of medication-taking from the patients' perspective. This understanding can facilitate realistic assessments by healthcare professionals of patients needs regarding medication-taking and provide direction for effective, tailored support as directed by patients' accounts. Suggestions for future research to translate this understanding into practice will also be presented.

Recommended reading:
Royal Pharmaceutical Society of Great Britain & Merck, Sharpe & Dohme (1997). From Compliance to Concordance – Achieving Shared goals in Medicine Taking. London: Royal Pharmaceutical Society of Great Britain & Merck, Sharpe & Dohme.

Haynes, R. et al (2005). Interventions to enhance medication adherence. Cochrane Database Systematic Review, (4):CD000011.

Pound, P., Britten, N., Morgan, M. et al (2005). Resisting medicines: a synthesis of qualitative studies of medicine taking. Social Science & Medicine, 61, 133-155.

Concurrent session 9

9.1
Theme: Midwifery

9.1.1
Mother's experiences of adaptation to emergency caesarean birth using Roy's Adaptation Model

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Abstract:
Background: The rising caesarean birth rate has been recognized as an international phenomenon, and has been identified as cause for concern for the well-being of mothers, particularly when it is an emergency procedure (National Institute of Clinical Excellence (NICE), 2004). The Caesarean birth rate in Ireland stands at 22.4 %, an increase of 80.8 % since 1992 (Bonham, 2006) A conceptual framework of adaptation, Roy's adaptation Model (1999) was used to guide a research study in which adaptation to emergency caesarean birth was examined under four modes of adaptation which are: Physiological Mode, Self Concept Mode, Role Function Mode and Interdependence Mode.

Study Aim: The aim of the study was to describe women's experiences of adaptation to emergency caesarean birth. The objective was to describe the factors which promoted or inhibited adaptation in the four modes of adaptation.

Methodology: A quantitative descriptive design was employed to conduct a study, using a convenience sample of mothers (n=39), 1-4 days post emergency caesarean birth. Following ethical approval, a pilot study on a sample (n=3) preceded the main study. Data were collected in 2006 using the previously validated Caesarean Birth Experience Questionnaire (CBEQ) (Fawcett, 1981). Descriptive statistics were derived by the use of content analysis, and analysed using SPSS. The findings: The findings were presented under the four modes of adaptation. Pain, tiredness, nausea/ vomiting, fear of the surgery, and failure to realise birth expectations were found to be factors which inhibited adaptation. The achievement of giving birth, the presence of the birth partner, effective communication and information were identified as factors which promote adaptation to emergency caesarean birth.

Discussion: The factors which promote and inhibit adaptation identified in this study are supported by research conducted internationally. Measures to facilitate adaptation for mothers who give birth by emergency caesarean section are required. Education regarding emergency caesarean birth should be incorporated into curricula for all healthcare professionals concerned with caring for these mothers. Further research to identify the underlying causes of inhibiting factors needs to be undertaken.

Conclusion: The aim of the study was achieved and factors which promote or inhibit adaptation were identified. Mother's experiences of adaptation to emergency caesarean birth were described from the view point of consumers of maternity care in Ireland.

Recommended reading:
Fawcett, J. (1981) Needs of Caesarean Birth Parents Journal Of Obstetric, Gynecologic and Neonatal Nursing 10 372-376.

Roy, Sr C. and Andrews, H.A. (1999) The Roy Adaptation Model 2nd Edition Stamford Connecticut: Appleton and Lang.

Bonham, S. (2006) Report on Perinatal statistics for 2002 Dublin: Economic and Social Research Institute.

9.1.2
Delivering effective midwifery services in rural Australia

Eileen Clark, Lecturer in Sociology, School of Nursing & Midwifery, La Trobe University, Wodonga, Victoria, Australia.

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Co authors: Susan McDonald, Lynette Lang

Abstract:
Background: The Rural Maternity Initiative of the Department of Human Services, Victoria, Australia, aims to develop sustainable midwifery models in rural areas. This paper reports on the evaluation of one pilot scheme, the Midwifery Team Approach, implemented by one rural health service. The service has approximately 50 births annually, shared between three small hospitals, with postnatal care provided for another 30 women who give birth in regional centres 100 km away. The service has struggled to provide midwifery services at each site. Midwife recruitment, retention and skill development are problematic. The Midwifery Team Approach aimed to address these issues while providing a holistic, safe, and sustainable maternity service. Each mother receives individualised continuity of care from one midwife, through pregnancy, birth and the post partum. There is collaboration between care providers, and midwives have full scope of practice. Aim The evaluation collected data from all stakeholders to establish whether the Midwifery Team Approach was effective. This paper reports data from midwives.

Methods: The initiative began in February 2006, and data were collected throughout 2006. The Team Midwives (n=8) completed skills inventory booklets before, during and after the trial, and maintained reflective journals. Focus group interviews were conducted in June and November with the Team Midwives, and separately with other midwives employed by the health service.

Results: Preliminary results indicate increased confidence and job satisfaction among the Team Midwives, together with concerns about the intrusion of work into non-working hours. Findings also suggest that all staff need to be involved in change management when significant changes in work practices are introduced.

Discussion: The Midwifery Team Approach offers one way of maintaining midwifery services in rural areas. This paper will assess the effectiveness of the model for midwives, and outline how such models can influence recruitment and retention of rural midwives.

9.1.3
Epi-No birth technology: Efficacy, effectiveness and women's birthing experience

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Abstract:
Epi-No is a birth training product with a medical licence for use in the UK, Europe and Canada (MHRA,2006). The product claims to prepare women for vaginal birth, reduce the episiotomy rate and increase the normal birth rate. Women purchase the device and begin use at 36 weeks. The process requires them to insert a silicone rubber balloon into their vagina, inflate it to a comfortable level and practise giving birth. Several trials have been conducted claiming efficacy and effectiveness (www.epino.com/). This paper sets out to provide a critical analysis of the published trials as well as a qualitative analysis of women's experience of using the product. The method included a structured literature search with confirmatory analysis of data interpretation by an expert group (including a librarian). Qualitative telephone interviews were conducted with 10 UK women who used the product in the last three years. Data were analysed using Ritchie and Lewis (2004) framework for case analysis. Ethical approval was granted by the University LREC and access to women was gained through the distribution records held by the UK product representative. Findings from the literature revealed a lack of robust evidence for claims made about the product's efficacy and effectiveness. The profile for women who have used the product demonstrated higher social class and a strong desire to have a normal birth. Case analysis has highlighted increased maternal confidence to be a common birth outcome for those using EPI-No. However, concerns about product safety and effectiveness remain. In conclusion, adequately powered trials are needed to provide gold-standard evidence of product efficacy and effectiveness and further qualitative research is necessary to explore the true value of this birth technology to women and midwives.

Recommended reading:
Richie, J. & Lewis, J. 2004 Qualitative Research Practice: A Guide for Social Science Students and Researchers. London Sage.

http://www/epino.com/ (accessed 16th September 2006)

(MHRA Device Regulations http://www.mhra. gov.uk/home/idcplg?IdcService=SS_GET_ PAGE&nodeId=48) accessed 15th September 2006

9.2
Theme: Children

9.2.1
Welfare and protection needs of children with albinism in Zimbabwe: Feasibility study

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Co author: Patricia Lund

Abstract:
Background: Albinism, a generic term for a number of genetic conditions resulting in reduced melanin synthesis, can lead to lead to a host of physical health problems. Vision impairments and skin diseases are common, often exacerbated by exposure to harsh sunlight and reduced access to health care. The physical appearance of African children with albinism can be quite startling: consequently they may be rejected by their communities, associated with witchcraft and devilment. The 'death myth' is common: the belief that people with albinism do not die a natural death, but just disappear. Recently, sex with a virgin with albinism has been believed to cure HIV/AIDS, and rape and sexual assault are frequent. Zimbabwe has a chequered political history, and is one of the poorest countries in Africa. Albinism rates are about 1:4000, but little is known about the experiences and welfare needs of affected children. Whilst a few studies have focused on physical aspects of albinism in southern Africa, the psychosocial consequences remain relatively unknown.

Aims: To explore how specific welfare and protection needs of children with albinism in Zimbabwe can be scoped, understood and documented systematically

Methods: Given the vulnerable population, issues of access, language, ethics and not least the turbulent political climate, a feasibility study was undertaken in Zimbabwe over a six week period in 2006. This paper reports on the practicalities of the study, including discussion of barriers to access, seeking collaborators and potential methods.

Conclusions: Child protection issues, such as neglect or sexual abuse, are likely to be more prevalent in Zimbabwean children with albinism than in a comparable population without the condition. Without systematic enquiry there is a huge gap in our knowledge and understanding. This hidden problem deserves attention in order to devise intervention programmes that will respond directly to this unique population.

Recommended reading:
Gaigher R, Lund P & Makuya E (2002) A sociological study of children with albinism at a special school in the Limpopo province. South African Journal of Nursing 25, 4-11.

Lund PM & Gaigher R (2002) A health intervention programme for children with albinism at a special school in South Africa. Health Education Research 17, 365-372.

Lund PM (2001) Health and education of children with albinism in Zimbabwe. Health Education Research 16, 1-7.

9.2.2
Sun protection behaviour of black children with albinism in northern South Africa

Patricia Lund, Senior Lecturer, Dept. of Biomolecular and Sport Sciences, Coventry University, Coventry, UK.

Co author: Julie Taylor

Abstract:
Background: The lack of protective melanin pigment in children with the inherited condition albinism makes their skin extremely sensitive to sun-induced damage, including sun burn, skin lesions and a high risk of developing skin cancer. It is important that these children adopt sensible sun protection habits from a young age, to limit their exposure to damaging ultraviolet (UV) light.

Aim: To investigate sun protection behaviour and access to sunscreen preparations by pupils with albinism attending a special school for the blind in northern South Africa where albinism is the major cause of visual impairment among children.

Methodology: Ninety children (aged 11 to 19 years) were asked to bring the hats and creams or sunscreens to a face to face interview conducted in English, with the nurse interpreting in the vernacular language if required.

Conclusions: Although there is no cure for albinism, it is a stable condition that can be managed effectively. The children in this study were well informed about their sun protection needs, although the hats worn often gave inadequate protection to the face and neck. Some gender differences were found, with boys more likely than girls to increase their exposure at times of peak UV intensity. The study identified the need for education for both pupils and parents on appropriate creams for blocking UVA and UVB radiation; only a small minority were able to afford regular SPF preparations.

Implications: Albinism has a negative impact on the health, social life and psychological well being of children with albinism; sun protection measures should be part of an integrated approach to deliver health and social services to this vulnerable group. Regular supplies of SPF 15 creams provided free by the state and delivered through the school system, as well as annual visits by a dermatologist to treat the children's skin lesions, should be encouraged.

Recommended reading:
Lund P (2005) Oculocutaneous albinism in southern Africa: Population structure, health and genetic care Annals of Human Biology 32,168-173.

Simona B (2004) Albinos in black Africa: problems and solutions International Journal of Dermatology 43, 618-621.

Lund P & Gaigher R (2002) A health intervention programme for children with albinism at a special school in South Africa Health Education Research: Theory and Practice 17, 365-372.

9.2.3
Follow up after childhood cancer: A typology of young people's health care needs

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Co authors: Helen Aslett, Gill Levitt, Alison Richardson

Abstract:
Background: The paediatric oncology community is focused on providing appropriate care to survivors of childhood cancer, given that despite increases in survival rates it is estimated that 60% will have one or more problems related to their disease or treatment. Agreement and consistency in how follow-up for this group should be designed and delivered has not yet been reached and rarely have young people been asked to contribute to this discussion.

Methods: The study aimed to find out what young people would like from their follow-up service. It aimed to illuminate the dimensions of care valued by young people as well as to make explicit to professionals the spectrum of health care needs that must be met if we are to provide optimum care into their adult life. The emphasis was on qualitative, participatory methods using reflexive and responsive approaches to give primacy to the voice of participants. Data were generated through a series of workshops, interviews and questionnaires.

Findings: Forty young people (12 male and 28 female) participated in the study. Analysis yielded a descriptive typology that could serve as a basis for classifying and clarifying health care needs: defined as what the young people in this study wanted from a follow-up service. Five categories of need were identified: need for a positive relationship with health care professionals; need for information; need for communication; need for parents to be supported; need for health care professionals to have appropriate knowledge.

Conclusion: Assembling data into a typology of health care need presents those delivering and commissioning services a tangible indicator of outcome that can be confidently described as what young people want from a follow-up service. This paper will present the detail of the study and reflect on the development and usefulness of the typology.

Recommended reading:
1. Wallace, W.H., Blacklay, A., Eiser, C., Davies, H., Hawkins, M., Levitt, G.A., Jenney, M.E.M. 2001. Regular review: Developing strategies for long term follow up of survivors of childhood cancer. BM.J 323 (7307), 271-274.

2. Veale, A. 2005. Creative methodologies in participatory research with children. Chpt in Greene, S., Hogan, D. Researching children's experience: approaches and methods. Sage Publications, London. p. 253-272.

3. Patton, M. 2002. Qualitative analysis and interpretation. Chpt in Patton, M. Qualitative research and evaluation methods (3rd edition). Sage Publications, Thousand Oaks, California. p. 431-534.

9.3
Theme: Research governance/ethics

9.3.1
Centralisation and research governance: Does it work?

Michelle Howarth, Lecturer in Nursing, School of Nursing, University of Salford, Salford, UK.

Co author: Rosie Kneafsey

Abstract:
Background: In 2001, the Government published the Research Governance Framework which detailed how research being undertaken in health and social care settings should be managed (DH 2001). However, variations in the implementation of the framework across organisations has led to confusion and increased bureaucracy (Howarth & Kneafsey 2005).

Study Aims: In response to this confusion a Greater Manchester Research Governance and Management Model (RG&M) was implemented across 14 Primary Care Trusts (PCTs). An evaluation study was also commissioned in April 2005 to identify the extent to which the model fostered a culture of research quality and explore benefits or constraints of the model for researchers and research and development (R&D) managers.

Methods: A questionnaire was distributed to all researchers within the 14 PCT's (n=76) and semi-structured in-depth interviews were held with five R&D managers. SPSS (Version 13) was used to ascertain descriptive statistics for the questionnaire. Interview data were transcribed verbatim and analysed thematically by attaching codes and categories to key issues arising.

Results: Researchers reported that gaining research governance approval took on average 0-3 months (n=44, 59%), whilst the majority waited between 3-5 months for honorary contracts (19, 25.7%). Data illustrated confusion regarding the centralised governance processes. Managers suggested the model had supported the development of the research infrastructure and had reduced paperwork. However, benefits of centralisation were balanced against managers' perceptions of reduced autonomy and control.

Discussion: Centralising the management of research governance may be an effective way of maximising R&D resources. However, it is essential that these processes and practices are transparent throughout the organisations involved. **Conclusions:** Partnership working between PCTs in relation to research governance can streamline research governance mechanisms but need to be properly resourced. This presentation will draw on key findings which highlight the impact of partnership working on the management of research.

Recommended reading:
Department of Health (2001) Research Governance Framework for Health and Social Care. DH. London.

Howarth M. & Kneafsey R. (2005) Exploring the impact of Research Governance in health and social care, Journal of Advanced Nursing, 49(6), 675-683

9.3.2
Research ethics and the wisdom in whisky: a new framework for examining the functioning of ethical review panels

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Co authors: Andrew McKie, Sheelagh Martinadale; Anne Marie Rennie; Bernice West; Sylvia Wilcock

Abstract:
Procedures for ethical review of healthcare research vary considerably across, and sometimes within, different countries. Within Europe, the UK has one of the most complicated and arduous processes (Hearnshaw 2004), despite being structured around one National Health Service. For nurses in the UK, particularly those engaging in research for higher degrees, there may also often be a requirement to consult a university-based research ethics committee. These bodies can be single university committees (central model) or based within specific disciplines (devolved/multiple model). As relatively little is known about the functioning of discipline-specific committees (Tinker and Coomber 2004), this paper presents critical reflections from a group of researchers and educators who have recently developed a research ethics review panel within a university school of nursing and midwifery. A key feature of the paper will be the presentation of a novel framework which has been developed by the authors to structure these reflections. The framework adopts and adapts some of the knowledge to be found in the art and science of malt whisky tasting. This enables critical reflection and analysis of the main contemporary issues for a review panel that is primarily concerned with research into nursing education and practice. The analysis of issues should be of potential value to all clinical nurses, educationalists and researchers with an interest in the purpose and process of ethical review. The new framework should be of potential value not only to ethics review panels for self-assessment, but also to individuals when engaging with their local research ethics committee(s).

Recommended reading:
Hearnshaw H. Comparison of requirements of research ethics committees in 11 European countries for a non-invasive interventional study. BMJ 2004; 328: 140-141.

Macduff, C; McKie, A; Martindale, S; Rennie, A; West, B and Wilcock, S (2007) Application of a novel framework for reflecting on the functioning of research ethics review panels. Nursing Ethics 14 (1) in press

Tinker A and Coomber V. University Research Ethics Committees: their role, remit and conduct. London: King's College, 2004.

9.3.3
Imperialism or empowerment: Debating the ethics of research in resource poor countries

Julie Taylor, Research Dean, School of Nursing and Midwifery, University of Dundee, Dundee, UK.

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Co authors: Pat Lund; Alex Greene; Steve Greene

Abstract:
Background: Nurses are increasingly becoming involved in international projects. Some of the poorest nations in the world are concentrated in sub-Saharan Africa; these areas offer unique opportunities to undertake research that fosters sustainable development. Although the humanitarian and educational benefits to the citizens of participating countries seem obvious, there may be some parallels with early colonial exploitation and imperialism. Further, much contemporary debate focuses on the different ethical standards applied to research in affluent countries, in contrast to those applied in countries with low income. Researchers therefore need to be aware of the potential conflict that engaging in research in resource-poor societies elicits.

Aims: Drawing on our current and recent studies, this paper explores the inherent ethical challenges of conducting research in resource-poor countries, highlighting areas of good practice.

Studies: Various community based studies illuminate the potential challenges to ethical integrity. All studies involve partners in the African regions, but are driven largely from the UK:

- Matabeleland and Venda: projects on health promotion, genetic care and wellbeing of children with albinism;

- Tanzania: training and support projects to paediatricians and nurses in `e-health, evidence based medicine and paediatric care;

- Lesotho: enhancing nurse education and health care placement support.

Implications: Careful management is required to ensure that any elements of exploitation, however unwitting, may be avoided. Preparation of the research protocol must give due consideration to the cultural context, fair benefit, collaborative partnership, and transparency.

Conclusions: Nursing is increasingly a global profession. International research carries both opportunities and potential threats. Nurses need to participate fully in the ethical debate.

Recommended reading:
Angell M (2000) Investigators' Responsibilities for Human Subjects in Developing Countries [Editorials]. The New England Journal of Medicine 342, 967-969.

Geissler PW & Pool R (2006) Popular concerns about medical research projects in sub-Saharan Africa - a critical voice in debates about medical research ethics

UN Development Group (2006) Millennium Project [Online]. Access Date: 01.09.06: Available: http://www.unmillenniumproject.org/index.htm.

9.4
Theme: Workforce issues

9.4.1
Uncaring nurses? A proposed theory of value disharmony in the National Health Service

Patricia Pearcey, Lecturer, Department of Nursing and Applied Health Studies, University of Hull, Hull, UK.

Abstract:
Background: Media accounts increasingly indicate the caring attitude associated with nurses is apparently decreasing (Magnet 2003, Sergeant 2003, Templeton 2004) and this study set out to explore the validity of this supposition.
Aims: The purpose of this study was to explore personal, humanist values (including caring) in an increasingly target driven NHS. The overall aim was to provide an overview of acute clinical nursing practice through the experiences of those currently involved in it.

Methods: The study used a grounded theory approach that involved three separate studies. Study one involved novice student nurses (n=12); the second study final year nursing students (n=17) and a third study involved qualified nurses (n=25). Samples from the latter studies were generated through theoretical sampling to develop emerging theory from study one, using volunteers. Semi-structured interviews were data collection instruments for the first and final study and open-ended questionnaires were used for the second study.

Results: Combined findings from the three studies suggest there may be a disharmony of values in nursing care with subjugation of personal values to institutional values, and to some extent, to professional values.

Discussion: The findings suggest that institutional values, including meeting targets, excessive documentation, and fast throughput of patients may dominate the work of nurses at the expense of personal values including nurse-patient relationships, fundamental care and compassion. This has implications for student nurse recruitment, attrition rates and for nurses' job satisfaction.

Conclusions: The findings of this study, to some extent, validate the media allegation that nurses are losing the caring aspect of their role. However, all samples indicated a real concern that this might be happening and did not embrace the notion of a target driven, depersonalized health service as something they wanted. It mattered to them that could not be as caring as they would like to be.

Recommended reading:
Magnet J (2003 November 23) Sickened by the nurses who don't care The Sunday Times page 9

Sergeant H (2003 November 29) I would not trust my dog, let alone my mother, to many nurses The Daily Telegraph 21-22

Templeton S-K (2004 April 25) Nurses are too clever to care for you The Sunday Times 4

9.4.2
Modernising the NHS school health workforce using a rapid rollout approach, nurses perceptions of being part the programme

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Co authors: Barbara Jack, Mary O'Brien, Julie Kirby, Jeremy Brown

Abstract:
The school health workforce has been subject to numerous policy statements and reviews aimed at defining their involvement in pursuing healthier lifestyles for school children. To contribute to this health improvement agenda school nurses will need to embrace new ways of working (DfES 2003,2004;DofH 2004 a,b). The School Health Workforce Rapid Roll-out Programme was established as part of the Changing Workforce Programme aiming to accelerate the pace for role re-design and spreading tested and effective roles. 31 teams across 8 Strategic Health Authorities across the North of England engaged with the programme. The programme was independently evaluated using pragmatic stakeholder evaluation, which is extensively used in education, health and policy underpinned by the need for utility, rather than purity of methodological quality (Rossi et al 1999). Data was collected from multiple sources obtaining an overall picture of the programme, this included: electronic questionnaires distributed to all 31 participating teams with 16 responding (50%); to all new post holders (n=10) and their managers (n=5); 6 interviews with members of the project steering group and 5 case studies of different teams. Data was analysed using a content thematic approach. Findings demonstrated changes in working practices enabled post holders to develop and in some cases expand their roles, examples included freeing up time spent on administration and appropriate staff doing appropriate tasks. This change in working resulted in increased capacity across services, and increased job satisfaction. Generally respondents identified participating in the programme as extremely positive providing resources, support and direction, opportunity to develop new skills, enhanced multi professional knowledge and providing networking and partnership opportunities. This paper discusses the programme and the findings from the study along with suggestions for further research into the long-term impact of the roll out programme.

Recommended reading:
Rossi, P., Freeman, H., Lipsey, M. (1999) Evaluation A Systematic Approach (6th edition) Sage Publications, London

Department for Education and Skills (2003) Every Child Matters. London: HMSO

Department of Health (2004b) Choosing Health: Making healthy choices easier. London: HMSO

9.4.3
Blogging, action learning and international student mobility: An evaluation

Melanie Stephens, Lecturer in Adult Nursing, School of Nursing, University of Salford, Greater Manchester, UK.

Co author: Helen Keegan

Abstract:
Each year a small number of pre registration undergraduate students choose to carry out clinical placements in another country using Erasmus/Socrates agreements. Traditionally correspondence has been through email and discussion boards via the university virtual learning environment. Whilst always trying to improve ways for students on International Placements to communicate with lecturers and their fellow students, a recent advancement to the Independent Learning Module was the trial of a blog. A 'Blog' is shorthand for a 'web log' and is an online, chronological collection of personal commentaries and links. However in the University of Salford's School of Nursing the use of a community blog or "hive brain" was to allow students to connect with their action learning group, the facilitator and the course material. Data sources included the action learning set of 10 students of whom 2 were on international placement. Content was analysed from the emerging themes in the blog posts, particularly focusing on themes of pedagogical and psychological support from both students and facilitator. From the evaluation the key themes identified were: the factors influencing student use of the blog, the significance of psychological support, the importance of instructional immediacy, increased participation in discussions by quieter members of the group, supplemental memory support (i.e able to recount what they discussed in class), efficacious and integrated learning and deeper reflection and analysis of topics. Blogging, it seems, has allowed students to become subject matter experts, facilitating them in relating theory to practice and has increased their interest and ownership of their chosen topic. The presentation will include: the definition of a blog, the history of blogs, how the blog was utilised and the evaluation of the blog for both students and lecturer

Recommended reading:
Boulos, M.N.K., Maramba,I. and Wheeler,S. (2006) Wikis, blogs and podcasts: a new generation of Web-based tools for virtual collaborative clinical practice and education. BMC Medical Education 6 (41)

Lefevre,M. (2005)Facilitating Practice Learning and Assessment: The Influence of Relationship. Social Work Education. 24(5) pp. 565–583

Melrose, S. and Bergeron,K. (2006) Online Graduate Study of Health Care Learners' Perceptions of Instructional Immediacy. The International Review of Research in Open and Distance Learning. 7(1) pp. 1 -13.

9.5
Theme: CHD

9.5.1
Are chest pain units acceptable to patients? Qualitative findings from the ESCAPE trial

Maxine Johnson, Research Associate, ScHARR, University of Sheffield, Sheffield, UK.

Co authors: Angela Tod, Steve Goodacre

Abstract:

Background: The ESCAPE trial is a national randomised controlled trial (RCT) designed to assess cost-effectiveness and acceptability of chest pain units (CPUs). The CPU, as a nurse-led, protocol-driven system of care, was designed to improve management of acute chest pain (Goodacre 2000), and was compared with usual care across 14 sites. This paper presents findings from qualitative aspects of the trial.

Aims: The study aimed to explore comparative patient experiences in CPU and control settings, and views of acceptability of different methods of care organisation. This would allow providers of emergency care to make informed decisions based on the impact of new models of provision on users.

Methods: Twenty-six semi-structured face-to-face interviews were carried out with people attending 7 of the 14 intervention and control sites with acute chest pain. Questions focussed on expectations, experiences, and reflections of attendance, including suggestions for improving the service. Data were analysed using 'Framework' (Ritchie & Spencer 1994), with categories being compared across intervention, site, gender, and condition.

Results: Responses highlight the heterogeneity of care experiences depending upon site, time of attendance, risk factors, and diagnosis. Satisfaction with care was high, particularly with speed of attention received. Aspects of care that could be improved were delays in discharge, information-giving and after-care. Discussion Interviews after a chest pain event highlight important aspects of care, thus informing future practice. However, the emergency department context needs to be taken into account when evaluating experiences; patient priorities change over time from onset of symptoms through the pathway of care, and on reflection.

Conclusion: CPU care can be acceptable to patients. Communication and after-care may need addressing in the delivery of chest pain care. The changing context of patient views needs to be taken into account when assessing satisfaction.

Recommended reading:

Goodacre SW (2000) Should we establish chest pain observation units in the United Kingdom? A systematic review and critical appraisal of the literature. J Accid Emerg Med 17: pp1-6

Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. In A Bryman & RG Burgess (eds.) Analysing qualitative data. London, UK: Routledge

9.5.2
Perceived social support and self-perceived need in coronary artery bypass grafting (CABG) patients and partners before, and 4 months after surgery

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Co authors: Catherine Niven, Dave Peck

Abstract:

Background: Meeting the information and/or support needs of CABG patients and partners is of paramount importance in the promotion of self-care activities, psychosocial recovery and rehabilitation. The perceived availability of social support is related to outcome in patients and partners up to one year following CABG (King et al 1992). Traditionally, much patient support has come from the partner in the form of tangible or emotional support, which is thought to be beneficial. Patients and partners may differ in the type and level of support required. Moser et al (1993) examined the information needs of recovering cardiac patients and spouses and found that many of their important information needs were unmet.

Aims: The study aimed to identify the perceived social support and information needs of CABG patients and partners before and after surgery; to identify any discrepancies between the patient-partner in pre- and post-operative scores; to explore whether pre-operative discrepancies predicted patient and partner health status 4 months after CABG.

Design and Methods: The study was part of a multi-factorial exploratory prospective study. A consecutive sample of 80 patients and partners self-completed the MOS Social Support (Sherbourne and Stewart 1991) and Self-Perceived Need (Moser et al 1993) questionnaires before and 4 months after CABG.

Results: Patients' perceived social support had improved significantly post-operatively and more of their information needs were met, compared to pre-operatively. There was no significant improvement in partner support or in the amount of information needs met. There was a differential influence in the support perceived by the patients and partners. Although some pre-operative differences in social support were significantly greater than the post-operative differences, there were no significant predictors of patient or partner post-operative health status.

Conclusion: Perceived availability of social support was sub-optimal in CABG patients and partners; also the provision of appropriate information needs.

Recommended reading:

King KB, Porter LA, Norsen LH, Reis HT (1992) Patient perceptions of quality of life after coronary artery surgery: was it worth it ? Research in Nursing and Health 15 (5): 327-334.

Moser D Dracup K Marsden (1993) Needs of recovering cardiac patients and their spouses: compared views. International Journal of Nursing Studies 30 (2): 105-114

Sherbourne CD Stewart AL (1991) The MOS Social Support Survey. Social Science and Medicine 32 (6): 705-714

9.5.3
An evaluation of the development and implementation of a clinical guideline for nurse led extubation of adult coronary artery bypass graft patients

Claire Hawkes, Research Fellow, Research, RCN Institute, Oxford, UK.Co authors: David Foxcroft and Paul Yerrell

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Abstract:

Background: Early extubation of adult cardiac surgical patients has been shown to be safe, reducing intensive care unit (ICU) and hospital length of stays (Cheng et al., 1996). The organisation and delivery to patients contributes to the effectiveness of treatments and therapies. Guidelines offer one way of introducing effective treatments into practice. Rigorous evaluations of the development and implementation of guidelines are needed (Thomas, et al., 1999; Grimshaw et al, 2004).

Aim: To evaluate the development and implementation of a clinical guideline for nurse led extubation of adult cardiac surgical patients at one centre in the UK.

Methods: The research used of a mixed methods approach in a single case study: a systematic review of the existing evidence base, an interrupted time series (ITS) to quantify the impact of the guideline implementation, using a random sample of 567 patients Eleven qualitative interviews to explore the results of the ITS and the process of implementation

Results: Early extubation reduces ICU and hospital length of stay. The guideline did not impact on any of the variables studied in the ITS, including time to extubation. The themes that emerged from the qualitative interviews were context, process and tensions.

Discussion: The quality of studies of extubation practice in this patient population needs to be improved. Interrupted time series seems useful in practice evaluation where randomised trials are not possible. The guideline appeared to be a consensus of opinion that required no change in practice.

Conclusion: Early extubation reduces intensive care unit and hospital length of stay; the evidence for its impact on mortality and morbidity is weak. Evidence to support various decision-making processes for early extubation is also lacking. The ITS demonstrated no changes in the outcomes studied. The guideline developed was a consensus of existing practice. However, while it did not change patient care, it maintained standards in a changing environment.

Recommended reading:

Cheng, D C H, Karski, J, Peniston, C, Asokumar, B, Raveendran, G, Carroll, J, Nierenberg, H, Roger, S, Mickle, D, Tong, J, Zelovitsky, J, David, T and Sandler, A (1996) Morbidity outcome in early versus conventional tracheal extubation after coronary arte

Thomas, L, Cullum, N, McColl, E, Rousseau, N, Soutter, J and Steen, N (1999a) Guidelines in nursing, midwifery and professions allied to medicine, The Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD000349. DOI: 10.1002/14651858.CD000349.

Grimshaw, J, Thomas, R, Maclennan, G, Fraser, C, Ramsay, C, Vale, L, Whitty, P, Eccles, M, Matowe, L, Shirran, L, Wensing, M, Dijkstra, R and Donaldson, C (2004) Effectiveness and efficiency of guideline dissemination and implementation strategies, Health

9.6
Theme: Student nurses

9.6.1
What are nursing students' experiences of being research subjects?

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

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Co authors: Melissa-Jane Snaddon, Aisling Murphy

Abstract:
Research activity in UK university nursing departments has expanded significantly over the past decade, driven particularly by staff undertaking higher degrees. For many of these staff the most accessible target population for their research is the undergraduate nursing students within their School/Faculty. Accordingly studies of nursing students' experiences are many and various, and have become the staple fare that sustains much academic enterprise and several nursing education journals. In the midst of this activity, however, very little enquiry has systematically sought to find out what the process of being a research subject has been like for these nursing students. Indeed review of the CINAHL database failed to identify any such studies. This seems peculiar, considering that the vast majority of UK universities now have research ethics committees (Tinker and Coomber 2004) which should have interest in learning from their students' experiences. Accordingly this paper describes an ongoing study that has started to address this knowledge gap by researching students' experiences within one UK university School of Nursing and Midwifery. Specifically the School Ethics Review Panel has worked with its student representatives to develop and test a survey questionnaire which will be sent to all student nurses and midwives in autumn 2006 (target population = 1100). In addition to seeking views on the amount and type of research study invitations received, the questionnaire seeks experiences of taking part in studies. In this regard, the focus is on four central issues identified by Clark and McCann (2005), namely: unequal power relationship/coercion; valid informed consent; anonymity and confidentiality; and fair treatment. This joint presentation by a staff and student member of the School's Ethics Review Panel will summarise the findings from the survey and a subsequent focus group discussion (research due to finish in January 2007). This will address a knowledge gap, and inform wider critical discussions about involving nursing students as research subjects.

Recommended reading:
Clark, E and McCann, T (2005) Researching students: an ethical dilemma. Nurse Researcher 12 (3), 42-51

Macduff, C; McKie, A; Martindale, S et al (2007) Application of a novel framework for reflecting on the functioning of research ethics review panels. Nursing Ethics 14 (1)

Tinker A and Coomber V. University Research Ethics Committees: their role, remit and conduct. London: King's College, 2004.

9.6.2
Literature and poetry as part of the ethical development of pre-registration nursing students: Some initial findings

Andrew McKie, Lecturer in Nursing, School of Nursing and Midwifery, The Robert Gordon University, Aberdeen, UK.

Abstract:
This presentation reports upon data collected between July-October 2006 in the first part of a qualitative research study examining the impact of literature and poetry reading on student nurses' ethical and professional development. This study is set against a background of developing links between the humanities and health care and the use of such approaches in professional health care education, in particular.

Aims: (1) student nurse perspectives on the place of ethics in nursing curricula

(2) student nurse perspectives on the influence of literature and poetry in their ethical and professional development

(3) the place of the arts and humanities in nurse education Six students, drawn from a third-year expressive arts module within a Bachelor of Nursing programme, make up the sample for this stage. A narrative methodology, linking reading of texts, readers, interpretation, response and (transformation of) practice, is adopted. Rooted in a theory of action, narrative seeks to 'appropriate' participants' 'aesthetic reading' of texts into a 'narrative' of their own practice experience. This study's main narrative is developed via:

• student participation in 'reading/briefing' group reflecting on learning and discussion of texts

• student compilation of reflective journals during final practice placement

• student interviews conducted by researcher Four elements comprise data analysis and material for presentation:

(1) thematic issues arising from audiotaped 'reading/briefing' group

(2) 'transformational' issues arising from use of a suggested reflective practice model in students' reflective journals.

(3) interview content analysed in narrative terms via 'referential meaning' or how themes relate together.

(4) The researcher's own journal, written as part of 'reflexivity' within the research process. This analysis will take place from November 2006 onwards and would be in a form presentable for this conference, if selected. This presentation contributes to current approaches on teaching ethics within nurse education and to the place of the arts within the overall practice of nursing.

Recommended reading:
Sakalys, J.A. (2002) Literary pedagogy in nursing: A theory-based perspective Journal of Nursing Education 41 9 386-392

Polkinghorne, D. (1998) Narrative Knowing and the Human Sciences State University of New York Press, New York

Darbyshire, P. (2005) Lessons from literature: Caring, interpretation and dialogue Journal of Nursing Education 34 5 211-216

9.6.3
Academic and nonacademic factors: Relationship to academic performance of the students in the nursing diploma program in Pakistan

Parveen Ali, Senior Staff Nurse, Windsor Unit, Swinton Lodge Care Home, Swinton, UK.

Abstract:
Background: Identification of the students who are most likely to succeed in the nursing programs has always remained an important goal of nursing schools and nurse educators. There is paucity of research conducted to determine the value of academic and non-academic factors in predicting the academic performance of student of basic nursing diploma programs in Pakistan

Aim: The purpose of this study was to determine the relationship between academic and non-academic factors and academic performance of the students in the basic nursing diploma program in the province of Sindh, Pakistan.

Methods: A descriptive corelational study design was used to collect data from Sindh Nurses Examination Board and all schools of nursing in the province of Sindh. Academic records of the entire students population enrolled in the batch of September 2000 and March 2001 were reviewed. With multiple linear regression analysis method, three regression models were developed to identify the group of variable that could predict academic performance of the students in the three years of basic nursing diploma program.

Results: Results indicated that academic factors including entry qualification, previous academic performance, and type of school are significantly related with the academic performance of the students. Among the non academic factors, gender was the only factor which was found significantly related with the academic performance of the students in the basic nursing diploma program.

Conclusion: The study concluded that academic factors are better predictors of students' academic performance than the non academic factors. Therefore, it is appropriate to consider these factors in the admission criteria for selection of the suitable candidates for basic nursing diploma programs. Nurse educators may be helped to modify current admission criteria to ensure selection of suitable candidates who are most likely to succeed in the nursing program.

Recommended reading:
Hall, D. B. (2003). Non-intellective factors as predictors of academic performance of

Kevern, J., Ricketts, C. & Webb, C. (1999). Pre-registration diploma students: A quantitative

Wharrad, H.J., Chapple, M., & Price, N.(2003). Predictors of academic success in a bachelor

9.7
Theme: Family

9.7.1
Living with a relative who has a spinal cord injury: A grounded theory approach

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Co author: Jennifer Boore

Abstract:
Spinal cord injury is one of the most disastrous injury a person may experience. Although one family member experiences the injury, the entire family is affected. Awareness of how family/carers view their own situation and what they want to know and learn is essential to providing effective nursing care for the family changed dramatically by disability. In Taiwan, family carers carry the primary responsibility of providing care on a 24-hour basis during the rehabilitation hospitalisation. However, very limited knowledge exists regarding family/carers in Taiwan or other countries worldwide. This paper reports a study which discovered family/carer's experiences of taking care of a relative who has a spinal cord injury. Grounded theory was used. Data were collected through tape-recorded, semi-structured interviews and complete observation of a group discussion focusing on family/carers in a rehabilitation hospital in Taiwan. The number of the family/carers interviews for this study was seven, involving twelve interviews. Moreover, seven clients and seven family/cares participated in the group discussion. Data were analyzed using a multi-step analytic procedure. Data collection and analysis occurred concurrently. The findings resulted in the core category "living with a relative who has spinal cord injury" point to the experiences of a relative suffering a spinal cord injury. Three stages, including four categories: stage 1 "A catastrophic life event"; stage 2 "Confront challenges"; and stage 3 "Family resilience" or "family breakdown" were interpreted as the family/carer's experience. Family carers' perceptions of nursing care consisted of nurses as teachers, as carers during family crisis, and as promoters of understanding of sexuality. Health professionals need to recognise family/carer's experiences, perceptions and needs, in order to provide better nursing care.

Recommended reading:
Walsh, F. (2003) Family resilience: a framework for clinical practice. Family Process 42(1), 1-18.

Yang, J.P., Yen, M.F. & Chang, H.L. (2002) Relieving burdens of care for a primary caregiver. The Journal of Nursing 49(6), 89-94.

Glaser, B.G. & Strauss, A. (1967) The discovery of grounded theory: strategies for qualitative research. Chicago: Aldine Publishing.

9.7.2
Family members lived experience in the intensive care unit

Margaret McKiernan, Clinical Nurse Manager, Catherine McCauley School of Nursing and Midwifery, University College Cork, Ireland, Cork, Ireland.

mckiernanm@yahoo.co.uk

Co author: Geraldine McCarthy

Abstract:
Aim: To describe the experiences of family members of patients in Intensive Care.

Background: Admission of a critically ill relative causes anxiety and stress to family members of the patient. Description of the meaning of this experience will assist nurses in understanding the impact of critical illness on the family.

Methodology: A phenomenological mrthod was used to describe the lived experiences of family members of patients in an intensive care unit. The purposeful convenience sample consisted of six family members of patients in an eight bedded intensive care unit which admits medical and surgical patients. In-depth interviews were conducted with participants within 72-120 hours of the patient's admission to intensive care. Interviews were tape recorded and transcribed verbatim. The interviews were analysed using qualitative thematic analysis. Participants were given an opportunity to review a summary of the interview for clarification.

Findings: Five main themes emerged from the data: the needto know, making sense of it all, caring reassurance, being with them and support. Family members required honest information about the patient's progress and outcome. Making sense of the situation required that family members took on a monitoring role where they tracked and evaluated the care their relative was recieving. Remaining close to their relative was described in terms of sustaining their family bond and also in terms of love and support for the patient. Caring reassurance provided by the nurses was a source of support to families as was social and spiritual support.

Conclusion: Using hermeneutic phenomenology met the aim of gaining a greater understanding of the described experiences of family members when their relative is a patient in the intensive care unit. It provided an insight into how family members make sense of the admission and how they subsequently find ways of dealing with it

Recommended reading:
Morton, P. G., Fontaine, D. K., Hudak, C. M. and Gallo, B. M.(2005). Critical Care Nursing- A Holistic Approach 8th ed. Philadelphia: Lippincott, Williams and Wilkins

Bergbom, I. and Askwall, A. (2000). The nearest and dearest: a lifeline for ICU patients. Intensive and Critical Care Nursing 16, 384-395

Burr, G. (1998). Contextualising critical care family needs through triangulation: An Australian Study. Intensive and Critical Care Nursing 14, 161-169

9.8
Theme: Cancer

9.8.1
People with advanced cancer and their care givers in conflict over food

Jane Hopkinson, Senior Research Fellow, School of Nursing and Midwifery, University of Southampton, Southampton, UK.

jbh@soton.ac.uk

Abstract:
Background: Conflict over food can be a problem as end of life approaches (Holden, 1991; Meares, 1997). This paper is the first to describe strategies that patients with advanced cancer and their caregivers use to manage eating related conflict.

Method: The research was an in-depth case study of weight loss and eating difficulties in people with advanced cancer. The study participants included 32 patient-caregiver pairs receiving palliative home care in the South of England in either 2003 or 2005. Methods of data collection included semi-structured interviews that were analysed using both content and thematic approaches. An emergent theme was 'conflict'. This paper reports an analysis and interpretation of the conflict data.

Findings: Conflict over food had arisen between 26 of the patient-caregiver pairs. There were four different pathways to the conflict: 'battle for control', 'competing goals', 'competing understandings' and 'feeling uncared for'. Strategies used to manage life with conflict over food, such as 'education', could lead to conflict resolution. When conflict resolution had been achieved, the conflict could be seen as a catalyst that aided adaptation to life with eating related problems. In other words, conflict could be beneficial.

Conclusions: Facilitating resolution in conflict over food may be an important role for cancer care nurses. A follow-on study is now in progress. This study will test an intervention intended to help patients and their care givers manage eating related conflict.

Recommended reading:
Holden C.M. (1991) Anorexia in the terminally ill cancer patient. Hospice Journal: Physical, Psychological and Pastoral Care of the Dying 7, 73-84.

Meares C.J. (1997) Primary caregiver perceptions of intake cessation in patients who are terminally ill. Oncology Nursing Forum 24, 1751-7.

9.8.2
Feasibility, acceptability and impact of a wellness programme (ENJOY) for patients treated for colo-rectal cancer

Jackie Rodger, Lead Colorectal Nurse Specialist, Department of Surgery and Oncology, NHS Tayside, Dundee, UK.

Co authors: Kay Craig, Annie Anderson, Mary Wells, Robert Steele

Abstract:
Background: Appropriate lifestyle actions in patients who have received curative treatment for cancer may have important effects on the progression of the disease as well as the development of second primary cancers and other chronic diseases. ENJOY is a wellness programme designed as an individualised lifestyle intervention aimed at promoting health,

reducing chronic disease risk and building confidence and wellbeing in patients who have been treated for colorectal cancer.

Aims: To assess the feasibility, acceptability and potential impact of the ENJOY programme on indicators of change in diet, activity and wellbeing.

Methods: ENJOY was implemented in a population of patients with colorectal cancer who had completed surgery or adjuvant treatment at least three months previously. Participants were visited at home by a community health professional over a period of 6 months using individual visits to develop personalised lifestyle action plans. Evaluation data was collected at the first patient visit and at the end of the programme using face to face questionnaires on socio-demographic details, eating habits, physical activity and quality of life.

Results: A total of 83 patients were recruited to the project (72% response rate) and 76 completed the study. The programme was rated highly acceptable by participants. Healthy eating scores indicated improvements in overall diet and reported physical activity increased from 53 to 75 minutes per day. Quality of life data suggested notable improvements in wellbeing Discussion The ENJOY intervention was successful in supplying advice, support and information to patients with bowel cancer and also helped to facilitate changes in lifestyle.

Conclusion: The results support the development of a full controlled trial to assess the impact of the ENJOY programme on markers of mental and physical health and wellbeing.

9.8.3
Can web-based learning in the field of gastrointestinal cancer impact on patient care delivery?

Pam Moule, Reader in Nursing and Learning Technologies, Faculty of Health & Social Care, University of the West of England, Bristo, Bristol, UK.

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Co author: Deirdre McGuigan

Abstract:
Background: The importance of delivering high quality care to patients with cancer and their families has been recognised (DoH, 2001) and the associated need for workforce education is clear (Weatherall, 2003). These educational demands create scope to explore e-technologies as a mode of delivery. However, international evidence reporting the effectiveness of e-learning to develop knowledge and skills that can be transferred to practice is limited.

Aims: We aimed to:

- Measure the knowledge and skill development, after the completion of e-based learning.

- Explore nurses' perceptions of the transfer of knowledge and skills to practice and the impact on patient care.

Methods: Registered nurses working in specialist gastrointestinal surgical wards at three sites were invited to take part in the study, completing a web-based programme based at CancerNursing.org. A multi-method research approach was adopted. Following consent, 22 participants completed a questionnaire collecting biographical data and a pre-measure of confidence in the use of e-learning. Knowledge and skill development was assessed through pre and post-tests and vignettes. Focus groups and telephone interviews explored the perceived transfer of knowledge and skills to practice. Pre and post-test scores and those achieved for the vignettes were compared using a Wilcoxon Signed rank test. Qualitative data was thematically analysed.

Results: Analysis suggested knowledge was improved following use of the web-based programme as was confidence in computer use. Nurses were able to provide examples of the application of learning in the practice environment.

Discussion & Conclusions: The discussion will explore the implications of adopting e-learning to support knowledge and skill development and patient care delivery in the field of gastointestinal cancer care. Additionally, it will consider the use of e-based delivery to support wider learning amongst the healthcare workforce.

Recommended reading:
Department of Health (2000) The Nursing Contribution to Canbcer Care. London: DoH

Weatherall, a. (2003) Core competency framework in cancer nursing. Cancer Nursing Practice. 2 (10), 16-17

9.9
Theme: Spiritual

9.9.1
Feminist perspectives on spiritual care by nurses

Dorothy Grosvenor, Lecturer, Adult Nursing., School of Nursing, Midwifery and Health Care, Napier University, Edinburgh, United Kingdom

Abstract:
A growing body of nursing researchers argue that nursing care is incomplete without spiritual care and it should therefore be included in the curricula(Ross 1997). A less dominant argument is that competent compassionate nursing care is itself sufficient (Bradshaw 1994). This presentation reports on my qualitative study aimed at understanding why nursing care was considered insufficient without spiritual care. The literature demonstrated that caring and spiritualities are gendered. Arguably this is due to Christian patriarchal constructions of spirit-mind as superior to the body and woman. Consequently, feminist standpoint epistemology (Hartsock 1983) and critiques of spirit/body hierarchies provided the underpinning theory for analysis and interpretation in my study. Data was generated through one hour, one to one, semi-structured interviews with 18 experienced nurses in Scotland, U.K between October 2002 and November 2003. Study participants represented a wide range of ages, religious beliefs and nursing experiences. Study findings suggest that, whilst the nurses valued bodily care, caring for the spirit was described as more important. However, 'spiritual' care was described as existing nursing care: competence, comfort and compassion for the inner person. It was perceived as natural for nurses to provide such care which was difficult to articulate. Nursing skills subordinated to biomedicine and management caused the nurses distress which they described as spiritual. I suggest that nurses need to be empowered to articulate existing nursing skills and conclude that to rename nursing care 'spiritual' care, or to add this as a further care category, would destabilise more important concerns. Although

as a small scale study it cannot be generalised to nursing practice as a whole, the feminist design of my study provides new perspectives on spiritual care by nurses. This contributes to the evidence base for nurses, managers and policy makers. Further research is needed into the interrelationship of gender, nursing and spiritual care by nurses.

Recommended reading:
Ross L. (1997), Nurses' Perceptions of Spiritual Care, Avebury, Hants.

Bradshaw A. (1994), Lighting the lamp: the spiritual dimension of nursing care, London, Scutari.

Hartstock, N. (1983) the Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism, In Harding, S. and Hintikka, M. Eds. Discovering Reality:Feminist Persepctives on Epistemology, Metaphysics and Philosophy of Science,

9.9.2
Atheism and agnosticism in nursing: Why such a black hole in the literature?

Martin Johnson, Professor in Nursing, Director of Research Centre, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Abstract:
Focus: The paper will explore the reasons for a relative absence of literature, especially research, dealing with nurses and patients who have no formal belief in a God. Background The strong historical relation of the nursing professions and religious organisations such as the Franciscans and the Order of St John the has perpetuated a myth that many, if not most nurses have a strong belief in a God. In the UK and the USA that belief would, until recently, have been further assumed to be a Christian belief. For various cultural and status related reasons individuals of the Jewish and Islamic faiths have generally been slow to adopt the nursing professions, preferring occupations such as medicine and pharmacy.

Literature: Recent studies (Johnson et al 2006) demonstrate that as many as 29% of current student nurses in the United Kingdom express no particular religious belief, a figure representative of the UK population. Despite this relatively important proportion of the nursing community expressing no belief, the literature addressing atheism and agnosticism in nursing is very slight indeed. In the USA recent census data demonstrates that nationally less than 0.6% of persons admit to having no religion. What studies do exist (Kitchener, 1998; Smith-Stoner, 2006) tend to suggest considerable difference in opinions, for example about end of life care, when atheists are compared with those expressing formal belief.

Conclusions: The presentation will examine the history of atheism in nursing, and discuss the available research relating to non-belief in nurses and related professions, and will offer both explanations for this and a framework for further study of the relation of moral behaviour and belief.

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

1. Examine the reasons for the relative absence of research dealing with atheism and agnosticism in nursing literature

2. Identify key questions to use in evaluating the degree to which claiming no religion affects values and behaviour.

3. Discuss the relation between values, ethics and absence of religious belief.

Recommended reading:
Johnson M, Haigh, CA and Yates-Bolton, N (2007) Johnson, M., Haigh, C.A. and Yates-Bolton, N. (2007, in press) A two-decade replication study of student nurses' values. Journal of Advanced Nursing.

Kitchener BA (1998) Nurse characteristics and attitudes to active voluntary euthanasia: a survey in the Australian Capital Territory. Journal of Advanced Nursing. 28. 1. 70-76.

Smith-Stoner M (2006) Planning for end of life for atheists: results from a pilot study. http://nursestoner.com/documents/ Athiests%20public.pdf (accessed 16 Sept 06)

9.9.3
The needs of spiritual care: The perspectives of patients with schizophrenia and hospitalisation in Taiwan

Chun-Tien Yang, PhD Student, School of Nursing, Nottingham University, Nottingham, UK.
Co authors: Davina Porock, Aru Narayanasamy

Abstract:
Background: Every year around 10% patients with schizophrenia committed suicide in Taiwan, due to feelings of hopelessness and loneliness, and loss of control of lives and poor self-esteem (Hish, Lee & Chang, 2006). They are confused about their meaning of life and suffering due to spiritual pain. However, rare attention has focused on the spiritual needs of patients with schizophrenia, especially when they are hospitalised.

Aim: This is part of a doctorial study that has been designed to discover the spiritual needs of the patients with schizophrenia who are hospitalised in mental hospitals in Taiwan.

Methods: A purposive sample was drawn from the potential participants. A total of 173 patients with schizophrenia who were hospitalised in rehabilitation wards took part to complete demographic information and the five-point questionnaire. Data were coded and analysed using SPSS (14.0).

Results and Discussion: Preliminary findings from the questionnaire study suggest that nursing interventions comprising caring and respectful attitude, listening skills and sensitivity to patient as valuable person with spiritual needs appear to be important. On the other hand, needs such as relationship with God and religious service seem to be less significant. Factor analysis suggests patients expect nurses to create a warm atmosphere, a positive attitude to life and spiritual resources as a way of helping them rather than religious services and connection with a higher being. This is particularly expressed by a large number of older patients and patients who have been hospitalised for a long time.

Conclusion: Nurses have to not only consider spiritual needs from patients' points of view, but also develop a greater knowledge of spirituality and spiritual care to be effective in meeting the holistic needs of mental health patients in Taiwan.

Recommended reading:
Swinton, J. (2001). Spirituality and mental health care: Recovering a forgotten dimension. Jessica Kingsley: London.

9.10
Theme: Nursing practice

9.10.1
What mental health nurses say they do. Findings from a qualitative study

Melissa Corbally, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland.
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Co authors: Anne Scott, Padraig MacNeela, Pearl Treacy, Abbey Hyde

Abstract:
It is often suggested that mental health nursing work is difficult to define or describe. Few research studies have attempted to explore mental health nursing activity (Cowman et al. 1997; 2001, O' Brien et al 2002). This study explored mental health nurses' verbal accounts of how they contributed to the care of their patients (n =59). Ten focus group discussions were conducted with Irish mental health nurses practising in both community and acute care settings. Data were transcribed and coded using the computer assisted qualitative analysis package (N-Vivo). Six categories emerged from this study; Conceptualisation of mental health nurses' unique contribution patient care, Patient assessment, Patient problems, Nursing interventions, and Nursing outcomes. Although not a question asked in the study, the final category, Issues and aspects of nursing, emerged as a strong theme, was derived from multiple mental health nurses' accounts of changes in nursing practice, the organisation of health care and challenges that nurses faced in carrying out their role effectively. Some of the findings of this study reflect aspects of findings of similar research studies (Cowman 1997; 2001). However, the emergence of a new category – Issues and aspects of nursing, perhaps reflects the importance of the context and contemporary changes which impact on mental health nursing activity. Similarly, the emergence of the 'unique contribution' voiced by participants is an interesting phenomenon which will also be explored in this paper. The findings from this study have contributed to the development of an Irish Nursing Minimum Data Set (INMDS) and formed part of a larger collaborative research project.

Recommended reading:
Cowman, S., Farrelly, M., Gilheaney, P. (1997) The role and function of the psychiatric nurse in clinical practice – a research report. St Vincent's Hospital Fairview and the School of Nursing, Dublin City University.

Cowman, S., Farrelly, M., Gilheaney, P. (2001) An examination of the role and function of psychiatric nurses in clinical practice in Ireland. Journal of Advanced Nursing. 34 (6), 745-753.

O'Brien, A. J., Abas, M., Christensen, J., Nicholls, T., Hekau, A., Vanderpyl, J (2002). Nursing Workload Measurement in Acute Mental Health Inpatient Units. Health Research Council of New Zealand. Auckland.

9.10.2
Measurement of nursing and midwifery interventions: Developing a guidance & resource pack

Christine Hughes, Professional Development Officer, Research Division, National Council for the Professional Development of Nursing and Midwifery, Dublin, Ireland.
chughes@acnm.ie

Abstract:
In the current climate of health service reform and quality improvement, healthcare professionals are increasingly required to demonstrate the effectiveness of what they do and articulate how they are contributing to the quality of patient care. The aim of an intervention is to produce a change, and to make a difference to people's lives (Ovretveit 1998) and nursing and midwifery interventions are treatments or actions that benefit a patient by presenting a problem, reducing or eliminating a problem, or promoting a healthier response (Carpenito-Moyet 2004). By identifying their interventions and measuring the outcomes of these interventions, nurses and midwives can articulate and clarify their roles in relation to both the settings in which they work and the patients to whom they deliver services and care (ICNP 2005). A project was conducted in Ireland which aimed to develop a resource pack to facilitate the identification of nursing and midwifery interventions and measurement of the outcomes. A mixed methodology approach was adopted. 449 questionnaires were distributed in November 2005 to a purposive sample of directors of various types of nursing and midwifery services and a randomised sample of clinical nurse specialists in general practice (valid responses = 158, 35.6%). The aim of this survey was to explore the extent to which nurses and midwives measure the outcomes of their interventions. Following a preliminary review and analysis of responses to the questionnaire, six focus group discussions were held in February 2006 with nursing and midwifery practitioners and teachers. The resource pack elements were based on the findings of the data collected and on the relevant international and national literature. This presentation will outline results from the survey and the focus group discussions, the contents of the final resource pack and further developments following the publication of the report on the study.

Recommended reading:
Carpenito-Moyet, L J (2004) Nursing Care Plans and Documentation: Nursing Diagnoses and Collaborative Problems. Philadelphia, Lippincott Williams & Wilkins.

International Council of Nursing (2005) International Classification of Nursing Practice. Available from www.icn.ch [last accessed 15 Sep. 06].

Ovretveit, J (1998). Evaluating Health Interventions. Buckingham and Philadelphia, Open University Press.

9.10.3
What skills should newly qualified adult nurses possess and do they have them?

Sue Bowers, Senior lecturer, Faculty of Health and Sciences, Staffordshire University, Stafford, UK.

Co author: Karen Rose

Abstract:
Ensuring that nurses are competent to do the job when they qualify is clearly a matter of paramount importance. Changes in the delivery of nurse training in line with the Department of Health (1999) requirements should facilitate this endeavour, and help to bridge the theory-practice gap. Nurses often find the transition from student to qualified nurse status stressful (Bick 2000), and some find adapting to their new role is problematic (McKenna et al 2003). In order to ascertain the skills that newly qualified adult branch nurses possess, a service evaluation study was conducted with mentors from two local trusts. A total of 300 adult branch mentors were invited to participate in a questionnaire survey, and 85 mentors (response rate of 28%) returned their completed questionnaire. Mentors were invited to identify skills which newly qualified nurses should be able to perform independently and whether they are able to perform them. The results from analysis of the data indicated that there were a range of skills that mentors felt that newly qualified adult nurses should be able to perform, however, these nurses were not always able to perform them. Some skills were identified as essential, however these were not necessarily those that newly qualified nurses could actually perform. The recommendations of this study will be utilised in curriculum development for pre-registartion nurse training, and will help to support developments within curriculum and course documentation. Newly qualified nurses cannot expect to be expert in skills that are considered "specialised", and the skills that they perform well, are often now being undertaken by unqualified staff within the clinical areas. If adult nurses are to be competent at the point of registration, the skills that are taught and experienced during nurse training, needs to be given high priority of consideration.

Recommended reading:

Department of Health (1999) Making a Difference. London, DoH.

Bick C (2000) Please help! I'm newly qualified. Nursing Standard 14 (16) pp44-47.

McKenna B, Smith N, Poole S & Coverdale J (2003) Horizontal violence: expericnce of registered nurses in their first year of practice. Journal of Advanced Nursing 42 (1) pp90-96.

Symposium abstracts

Wednesday 2 May 2007

Symposium 1

National evaluation of fitness for practice curricula: Survey of student nurses' and midwives' competence, self-efficacy and support mechanisms

William Lauder, Professor of Nursing, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom,
Co authors: Professor Martin Johnson, Professor William Lauder
w.lauder@dundee.ac.uk

Abstract:
This symposium will provide primary data and methodological insights into the national evaluation of fitness for practice pre-registration curricula in Scotland (http://www.p2pevaluation.org.uk). The issues will have a direct application to all pre-registration curricula within the UK and internationally.

Paper 1:
Self-reported competence and self-efficacy

A Behr, K Holland, M Johnson, W Lauder, E McKenna, M Porter, S Rogers, M Roxburgh, K Topping, R Watson

Albert Bandura (1994) defined self-efficacy as "people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave". By implication nurse education aims to equip students with a sense of self-efficacy that they can succeed in becoming a competent nurse (Farrand et al 2006). Farrand et al have recently reported that students in FFP curricula had higher confidence in their competence levels than students in P2K curricula. Considerable research shows that self-efficacy influences academic motivation, learning and skill development (Pajares 2001).

The aim of this element of the national review was to investigate the relationship between students' self-efficacy and self-reported competence. The hypothesis being that competence is positively associated with levels of self-efficacy. This paper will report data on the relationship between competence and self-efficacy. A stratified random sample of nursing and midwifery students in Scotland (N = 700) were recruited. Stratification took place in terms of programme and university. All students completed the Short Nursing Competencies Questionnaire and the General Perceived Self-Efficacy Scale. Data were analysed using SPSS version 11.

This paper will report descriptive and inferential (pearson's) statistics for both competence and self-efficacy and will also report the association between competence and self-efficacy (pearson's). The lessons for educational practice will be identified.

Paper 2:
What is the association between four sources of support for students and self-reported competency?

A Behr, K Holland, M Johnson, W Lauder, E McKenna, M Porter, J Rankin, M Roxburgh, K Topping, R Watson

Support in its various forms has long been linked to effective learning. Considerable effort has been devoted to the description and definition of roles which are meant to support students in practice, most notable being the current PEF role. Peer mentoring has a familiar ring to it, as many nurses of pre-1992 curricula will remember being taught by senior students. A revisionist appreciation of the importance of peer mentoring is now emerging. Another source of support is family and friends. The aims of this element of the national review was

1) to identify if students placed different value on different sources of support;

2) to measure the relationship between different sources of support and the development of self-reported competency.

The sample comprised a stratified random sample of student nurses in Scotland (N = 700). The study aimed to investigate what sources of support were most important to students; and to test if different sources of support led to different level of self-report competence. Support was operationalised by 4 single items on quality of support scored on a 10 point scale. Sources of support included support from mentors, university, peer and family and friends. Data reported will include descriptive and inferential (ANOVA/ANCOVA) statistical analysis. The paper will then explore the implications of these data for education and the allocation of resources to maximise support for students.

Paper 3:
Co-ordinating a large scale national evaluation: Practical lessons for researchers

Michelle Roxburgh University of Dundee, Steve O'Brien Robert Gordon University, D Howes Glasgow Caledonian University, Robert Cowan Bell College, H Masters and N Hanif Napier University, B Stoddart University of Stirling, Jean Rankin Paisley University, C Comerasamy University of Glasgow.

The evaluation in a national one and requires active collaboration with the NHS in Scotland and all HEIs. The workloads are considerable and the technicalities involved required constant attention. The study required to recruit a stratified random sample of 700 nursing students in Scotland, and organise interviews with NHS and HEI staff. The practical and methodological lessons learned from organising and undertaking a large scale study will be explored.

Recommending reading:
Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], Encyclopedia of mental health. San Diego: Academic Press, 1998).

Farrand P, McMullan M, Jowett R & Humphreys A (2006) Implementing competency recommendations into pre-registration nursing curricula: Effects upon levels of confidence in clinical skills. Nurse Education Today 26(2), 97-103

Pajares, F. (2001). Current Directions in Self-Efficacy Research. Advances in motivation and achievement 10, 1-49

Symposium 2

How do nurses use new technologies to inform decision making?

Dawn Dowding, Senior Lecturer in Clinical Decision Making, Health Sciences (Research), University of York, York, United Kingdom,
Co authors: Becky Foster, Val Lattimer, Natasha Mitchell, Rebecca Owens, Rebecca Randell
dawn.dowding@hyms.ac.uk

Abstract:
This symposium presents the results of a Department of Health funded study that sought to explore how nurses use new technologies to inform their decision making. Elements of the study are still ongoing – all results will be presented in May 2007. Background and aims of the study Nurses are taking on extended roles in both primary and acute care and are increasingly using computerised decision support systems (CDSS) to support their decision making in these roles. CDSS match patient details to a computerised knowledge base to provide patient specific recommendations. Such systems are being used by nurses for telephone triage in NHS Direct and face-to-face triage in walk-in centres and accident and emergency departments, as well as to support prescribing and chronic disease management. However, little is known about the extent to which these systems are used, the factors that impact upon the introduction and use of such systems, and their impact on nurse performance and patient outcomes.

The study aimed to:

1. Identify areas of practice in the NHS where decision support technologies have been introduced.

2. Explore how new technologies are used to inform nurse decision making in practice and the potential effect these may have on the delivery of care process and patient outcomes.

3. Examine the role of education and training in the introduction and use of new technologies in practice.

To meet these aims, the study included several components: a systematic review, secondary analysis of existing data sets, a national survey of NHS Trusts, and a case study.

A systematic review of the impact of computerised decision support systems on nurse performance and patient outcomes

This paper presents a systematic review of the effect of CDSS on nursing performance and patient outcomes. 15 databases were searched up to May 2006, together with searches of reference lists of included studies and relevant reviews and contacting experts in the field. Studies were included if they were a randomised controlled trial, controlled clinical trial, controlled before and after study or interrupted time series study, that investigated use of CDSS in a clinical setting by a nurse and assessed the effects of the system on measurable professional and/or patient outcomes. 8 studies were included in the review. 3 studies compared nurses using CDSS with nurses not using CDSS. 5 studies compared nurses using CDSS with other health care professionals not using CDSS. The effect of CDSS on nursing performance and patient outcomes was not consistent across studies. Current evidence regarding the potential effects of CDSS on nursing performance and/or patient outcomes is uncertain.

The introduction of such systems may not necessarily lead to a positive outcome, and therefore further studies are needed in order to identify those contexts in which use of CDSS is most effective.

Analysis of existing data sets
This paper presents analysis of data from two previous studies that have addressed aspects of the use of new technologies by nurses. The first data set comes from an evaluation of integrated telephone assessment of out-of-hours calls in which calls to general practice providers were diverted to NHS Direct. The data consists of interviews with a range of health care professionals, call handlers, and call centre managers. The second data set comprises interviews and observations with practice nurses, district nurses, and health visitors, from a study that explored nurses' use of research information in decision making in primary care. Both data sets were re-analysed using Framework Analysis. The results of the analysis will be presented.

Analysis of data set 1 explores a number of issues surrounding use of CDSS, including appropriateness of decision making and training needs of nurses.

Analysis of data set 2 provides identifies the different types of decisions that primary care nurses make and information sources that they use in making those decisions. It also provides insight into nurses' attitudes towards new technologies, access to new technologies, training in IT skills and confidence in using new technologies.

A national survey to identify use of IT in nurse decision making

This paper presents a national survey of NHS Trusts in England. The survey addressed the following research questions:

1. What IT systems to support decision making are currently available to nurses working in the NHS?

2. What kinds of decisions can and could these technologies reasonably support?

3. What are the organisational, decision and technology–related characteristics of those areas of the NHS in which these technologies are currently used?

Following a pilot survey, a questionnaire was sent to a random sample of 50% of NHS Trusts in England. The results of the survey suggest that there are a wide range of systems currently in use, supporting activities such as triage, diagnosis, and prescribing. Analysis of the results will explore system features and levels of training and evaluation surrounding the use of such systems.

Case study of nurses' use of computerised decision support systems
In order to explore how nurses use CDSS to inform their decision making, a multiple case study design was used. Four case sites were selected; as well as being informed by the results from the systematic review and the national survey, case sites were purposively selected to ensure that there was variation in: the experience and expertise of the nurses using the CDSS, the types of decisions that the CDSS sought to support, the characteristics of the CDSS, the processes surrounding its

introduction and use, and the organisational context.

At each case site, 40 consultations were observed and audio taped, and interviews were carried out with a sample of nurses, patients, unit level staff, and Trust level staff. This data is currently being analysed using content analysis to provide an in-depth analysis of how CDSS may be used by nurses to support different types of decisions, in different contexts.

Conclusion to symposium
The symposium will conclude with a summary of the key findings and key recommendations.

Symposia 3

Symposium 4

Protocol-based care in action: issues and implications

Malcolm Patterson, Senior Research Fellow, Institute of Work Psychology, University of Sheffield, Sheffield, United Kingdom,

Co authors: Dr Jo Rycroft-Malone, Reader in Health Services Research, University of Wales, Bangor, Irene Ilott and the Research Teams from Sheffield and Oxford.

Chair: Professor Kate Seers, Head of Research, Head of RCNI, Oxford Symposium

M.Patterson@Sheffield.ac.uk

Abstract:

Introduction: Protocol-based care is part of the evidence-based practice and standardisation movements that are influencing health care throughout the developed world. The term protocol-based care refers to the processes of clinical care where members of the multi or uni disciplinary team follow standards set in documents such as protocols, care pathways and clinical guidelines. The symposium will showcase findings from three studies investigating the impact of protocol-based care on the nursing and midwifery community in the United Kingdom. The research is being conducted by multi disciplinary teams from the University of Sheffield and the Royal College of Nursing Institute, Oxford. All the studies are funded by the Service Delivery and Organisation, an R&D programme of the UK's National Health Service. The presentations will focus on the impact of protocol-based care at macro and micro levels, from organisational change management, through to everyday practice and the intricacies of clinical decision making processes. Each presentation will illustrate different methods, including a systematic literature review, a multi-site, multi method case study and an ethnographic study.

The symposium will provide delegates with an opportunity to discuss and debate the wide ranging issues and implications of this way of delivering health care.

Organisational change: A neglected aspect of protocol-based care?

Research team: Malcolm Patterson, Jo Rick, Chris Turgoose, Andrew Booth, Irene Ilott

Background: Protocol-based care is part of the strategy to modernise the National Health Service (NHS) by tackling the inequalities and variations in service provision within England and Wales. The policy was launched in The NHS Plan (DoH 2000), a document which marked a commitment to extra investment in return for changes to working practices. Protocol-based care is associated with new ways of delivering health care, such as NHS Direct or walk-in centres and also by using the specialist skills of nurses, midwives or health visitors in expanded roles. It is a quality improvement and risk management tool in more traditional settings.

Aim: This presentation will focus on protocol-based care at a macro level, as a change management initiative. Approach Findings from a systematic literature review and semi-structured interviews with 35 opinion leaders will be used to explore the impact that being involved in the development of protocol-based care has upon preparedness for, and acceptance of these changes to working practices.

Findings: A key issue arising from the literature review and opinion leader interviews was the scant consideration given to protocol-based care as major organisational change, even though many studies referred to non-compliance and the challenge of implementation.

Discussion: The discussion will highlight the need to draw upon the existing body of evidence about the quality of involvement in new developments, especially for ownership and to counter resistance. Understanding change is pivotal not just for policy makers, but also for practitioners who have to deal with the apparent contradictions between standardised care and individualised, person-centred care.

Protocol-based care: Impact on practice and care delivery

Research team: Marina Fontenla, Jo Rycroft-Malone, Debra Bick, Clare Morrell

Background: The proliferation of guidelines and protocols are visible confirmation of an increasing emphasis on an NHS founded on evidence of 'what works'. Protocol-based care is concerned with providing clear statements and standards for the delivery of local care across a range of environments and different professions. Whilst an increasingly popular way to deliver care, questions remain about the nature, benefits and impact of protocol-based care on roles, and service delivery, about the nursing contribution to its development and delivery, and, about workforce and team working issues. Aim This presentation will share the findings from a study evaluating how and why protocols impact on practice and care delivery.

Approach: A multi-site, multiple method case study was conducted. 5 sites including community and acute sites were sampled. Qualitative data collection methods included non-participant observation of practice, interviews with staff and patients, and document analysis. Realistic evaluation was the study's overarching methodological framework (Pawson & Tilley 2000).

Findings: Findings include that protocols: are used as checklists, particularly by junior or new members of staff; can become 'internalised'; cause a tension for staff between individualising and standardising care; and can have both positive and negative impacts on care and roles.

Discussion: Findings will be discussed in the context of their implications for nurses' roles and in the delivery of patient-centred care.

Decision-making using protocols

Research team: Robin Pharoah, Jo Rycroft-Malone, Debra Bick, Clare Morrell, Kate Seers

Background: The expectation is that nurses will be 'knowledgeable doers', drawing on the best available evidence to assist them in choices they make and the judgements which inform them. A number of different technologies have been developed within health services to assist decision-making including protocols, national and local guidelines. However, there is a lack of research that has examined whether and how these types of technologies support clinical decision-making processes.

Aim: This presentation will describe the findings of a study exploring nurses' decision-making using protocols.

Approach: An ethnographic study in 2 case study sites (cardiology and diabetes) was conducted. Data collection methods included participant observation, interviews, and focus groups.

Findings: Findings include that protocols do not necessarily simplify or standardise decision-making, protocols can provide a heuristic, that the context of decision-making impacts on how protocols are used, and other sources of evidence, other than that contained in protocols is used to inform patient-relevant decision-making.

Discussion: The findings will be considered in the context of how decision-making has traditionally been conceptualised, and whether protocols or any other technology have the capability to standardise decision making.

Recommending reading:

Department of Health (2000) The NHS Plan. A Plan for Investment. A Plan for Reform. The Stationery Office, London.

Ilott I, Rick J, Patterson M, Turgoose C, Lacey A (2006) What is protocol-based care? A concept analysis. Journal of Nursing Management (in press).

Pawson R & Tilley N (2000) Realist Evaluation. Sage, London.

Symposium 5

What is nursing in the new millennium?

Khim Horton, Post-Doctoral Research Fellow, European Institute of Health and Medical Sciences, University of Surrey, Surrey,, United Kingdom,
Co authors: Pam Smith, Helen Allan, Verena Tschudin, Armorel Forget, Carin Magnusson, Wendy Knibb, Karen Bryan
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Abstract:

Outline of symposium: This symposium will address a problem at the heart of nursing: what is nursing in the new millennium? The nature of nursing work is a question that has bedevilled nursing as an occupation since its inception. We argue in this symposium that nature of nursing and what nurses do in the new millennium leads to other questions such as how is nursing valued and what do we teach student nurses? We suggest that substantial changes in health care delivery have shaped new nursing roles, the nature of nursing and how nursing is valued within health care systems internationally. These changes include the care of the older person and the expansion of the care home sector, the blurring of boundaries between nurses and other health care professionals and health care assistants, the division between social and health care and the delegation to the social care sector of what was traditionally seen as nursing care. These in turn have led to changes in nursing curricula and, more fundamentally, how students learn in practice and from whom.

How the papers link together: In this symposium we wish to illustrate our argument by using data from three separate empirical studies, namely, a project exploring health care assistant work funded by the Royal College of Nursing, the Value of Nursing project located within the International Centre for Nursing Ethics and the Leadership for Nursing project funded by the General Nursing Council Trust. We seek to understand how the changes in what nursing is in the new millennium, the value of nursing internationally and what student nurses learn are connected and mutually interdependent.

The papers start with a paper which explores the nature of health care assistant work and examines the changes that have affected the context and subsequent reconfiguration of nursing at the point at which care is delivered.

The second paper presents an integrative literature review describing the value of nursing internationally.

The last paper explores the changes in clinical leadership roles since 1990s and how these have shaped what and form whom nurse students should be learning.

Paper 1
The value of nursing: An integrative review of the literature

Khim Horton, Verena Tschudin, Armorel Forget

There is a newly developing body of literature describing values and ethical concerns of nurses from a variety of cultures and countries. The ideal of the good nurse is inseparable from the values that construct nursing practice and defines its boundaries. It is of profound interest to the profession to continue to examine the ways in which the value of nursing are portrayed, and whether the value of nursing has changed globally in the past five years. The purpose of this integrative review of the literature is to identify specific issues related to the global value of nursing in the nursing and health literature, and determine the changes over the last five years. In this symposium we will present the key findings of this review and identify the implications for the healthcare workforce in relation to culture, globalisation, improvement in technology and medical advancement and government policies.

Paper 2
Health care assistant work: is it nursing?

Pam Smith, Wendy Knibb, Carin Magnusson, Karen Bryan

This paper addresses the changes that have taken place in nursing to ensure the delivery of front line care. The authors draw on empirical findings from a recent study of the contribution assistants make to nursing (Knibb et al 2006) to discuss these changes. The data was drawn from a survey of 35 nurse managers and 195 HCAs in two acute NHS Trusts and 22 further interviews and focus groups. The role of the HCAs showed variation across different clinical areas. Deployment of tasks involved a complex set of issues, but did not always reflect levels of experience evidenced by certificated training. HCAs' knowledge and age also influenced deployment. Ward managers felt more confident about deploying staff they knew and were aware that RNs often lacked information on whether the HCA had adequate skills for a task. Tension was evident in relation to skill mix between student nurses and HCAs, particularly the older, experienced HCAs, who felt their competency exceeded that of the students, while the students perceived them as having a lower status. The paper argues that the development and diversification of the health care assistant (HCA) role has raised further questions about the nature of nursing and the value the profession places on care as its core activity.

Paper 3
Fostering professional identity: what is nursing? What do student nurses learn and from whom?

Helen Allan & Pam Smith

Historically student nurses have been the primary care givers as well as learners in wards; Moores & Moult (1979) estimated 75% direct care used to be given by students in the 1970s. As Fretwell argued (1982), trained nurses taught and students learned while they worked. However, clinical practice has changed and we argue that learning in clinical practice, as we shall henceforth refer to the ward learning environment, has been shaped by substantial changes in nursing leadership roles in the British NHS. These changes include the increasingly specialised nature of nursing and a split between those nurses practicing at advanced or higher level and those delivering essential care. And an increased amount of basic care which is given by health care assistants under the auspices of social care rather than nursing care. This raises two questions: what is nursing and what should student nurses learn and from whom? The authors were funded by the General Nursing Council Trust for England and Wales to investigate how the changes to nursing leadership roles, and in particular changes to the ward sister role, have affected student nurse learning in clinical practice. Drawing from empirical data which includes a literature study and 10 stakeholder interviews, we suggest that the nature of nursing and therefore, how should what nurses do inform the curricula continues to be an issue which needs addressing in nursing education.

Recommending reading:

Moores B and Moult A (1979) Patterns of nurse activity. Journal of Advanced Nursing, 4:137-149

Fretwell J E (1982) Ward teaching and learning: Sister and the learning environment. London: RCN

Knibb W, Smith P, Magnusson C, Bryan K (2006) The contribution of assistants to nursing. Report to the Royal College of Nursing, July.

Symposium 6

Enhancing the evidence base for self care by people with long-term conditions

Thilo Kroll, Senior Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom,

Co authors: Sally Wyke, S Joice, M Jones, M Johnston, L Fleming, D Dixon, N Ring, C Malcolm, S MacGillivray, G Hoskins, H Pinnock, A Sheikh, D Baldie

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Abstract:
Self Care – the policy context The promotion of self care is a central tenet of current health policy in many countries including the UK, the USA, Canada and Australia. Self care is a broad concept that involves supporting people to take a more active role to: maintain health, prevent illness, seek treatment, manage symptoms, treatments and side effects, accomplish recovery and rehabilitation and manage the impact of chronic illness and disability. Nurses, midwives and allied health professionals have an increasingly important leadership role in the delivery of self care policies. They are expected to change their role from that of provider to that of enabler, providing access to resources for people to stay healthy, self- manage non-serious health problems themselves and take shared responsibility for the self management of long term conditions and rehabilitation.

The Alliance for Self Care Research

The Alliance for Self Care Research is a collaboration of researchers based in six Universities and NHS organisations in Central and North Scotland. The Alliance has two interlinked aims around which its activities are focused:

• To undertake rigorous research to provide an evidence base for 'enhancing self care';

• To build capacity and capability for research amongst nurses, midwives and allied health professionals (as next generation researchers).

Purpose and presentation of the symposium

The purpose of the symposium is to examine the conceptual and empirical basis for self care and self management. It brings together theoretical developments, empirical research findings, evidence synthesis, and outlines future challenges in building the evidence base for self care and self management.

The symposium will be chaired by Professor Sally Wyke, Director of the Alliance for Self Care Research, who has over twenty years experience of health services research for patient benefit relevant to self care.

It is led by Dr Thilo Kroll whose expertise lies in self care and rehabilitation and whose research is focused around supporting self care for marginalised groups and communities.

Except for the chair and symposium leader, all presentations are by nurses or allied health professionals working with the Alliance for Self Care Research who are at early stages in their research careers. The presentations The chair will open the symposium with a ten minute introduction to self care. 'Self care' reflects a continuation of policies that have promoted a cultural shift in health service delivery from being professional to patient focused and from hospital based to care being undertaken by people themselves in their own homes.

The symposium underscores the need to design interventions that are based on sound theoretical reasoning and empirical evidence of effectiveness. Several Alliance researchers draw on psychology to understand perceptions of illness and to develop robust interventions.

Do nurses and patients hold different beliefs about stroke and does it matter when self care is promoted?

S Joice, M Jones, M Johnston

In relation to stroke care, Joice and colleagues examine health beliefs relevant to self care amongst a sample of people with stroke and stroke nurses within the framework of a psychological self regulation model. They find that nurses are significantly more likely to believe stroke to cause pain, stiff joints, headaches, sleep difficulties and dizziness compared to stroke survivors to attribute the cause of stroke to individual health behavioural factors such as smoking, diet and drinking. Nurses need to be able to recognise and respond to patients whose perceptions of the causes and impact of stroke are different from their own in order to support self care and prevent secondary complications effectively.

Setting and achieving goals in stroke rehabilitation: "Bridging the theory practice gap"

L Fleming, S Wyke, D Dixon

Goal setting is central to most self care interventions. However, in stroke rehabilitation, many interventions lack a sound theoretical underpinning and their evidence base is weak. Fleming and colleagues describe the early development of a theoretical framework to guide goal setting and attainment in stroke rehabilitation. A systematic search of the self care and rehabilitation literature identified theories or models relevant to:

(i)   understanding and influencing goal related behaviour;

(ii)   contextual factors pertinent to goal setting;

(iii) how goal setting 'fits' into models of clinical practice and

(iv) eliciting and classifying goals.

The systematic application of these models to rehabilitation practice may guide the development of interventions amenable to empirical testing.

The final two presentations are based on systematic reviews that assess the evidence base for self management for two highly prevalent conditions for which nurses often lead care: asthma and diabetes.

Promoting the use of personal asthma action plans: A systematic review.

N Ring, C Malcolm, S Wyke, S MacGillivray, D Dixon, G Hoskins, H Pinnock, A Sheikh

Although self management through the use of personal asthma action plans is recommended they are under-promoted by health professionals and under-used by patients.

Ring and colleagues undertook a systematic review of the literature to investigate how best to promote their use. They found that several approaches might be useful in promoting future use of asthma action plans including self-management education, asthma clinics, patient prompts and reminders and asthma management systems including internet monitoring. However, further high quality controlled, especially prospective trial data are needed to inform clinical practice.

Scope and effectiveness of self care intervention in diabetes

D Baldie, T Kroll, S MacGillivary

Despite several promising diabetes self management programmes, many practitioners lack awareness of how to best support self management. Baldie et al (4) present the results of a scoping review of existing systematic to identify the scope and nature of evidence that practitioners need to consider when supporting self care activities amongst people with diabetes. They found: a lack of evidence in systematic reviews to support self monitoring of blood and urine glucose; a wide variety of approaches to group self management education and strongest evidence of effect for those with type 1 diabetes; that computerised knowledge management systems offer promise in the support of people with diabetes; and that intensive, prompted education requiring actions from patients and clinicians may reduce foot complications. Before self management interventions are fully implemented and promoted further high quality trials are needed to demonstrate effect in community populations.

Discussion: Each presentation will be followed by a brief question and answer session. The final 15 minutes will be devoted to discussing the challenges for evidence-based self care research and clinical practice..

Recommending reading:
Scottish Executive (2005). Delivering for Health. Report.

Jones, M. et al.(2006). A Scoping Review to Inform the Development of Patient-Directed Self-Management Interventions in People with Chronic Illness. Report: University of Dundee, June 2006.

Symposium 7

A collaborative research initiative to investigate insulin initiation practice in the UK

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Co authors: Eileen Turner, Joan Mcdowell, Ruth Davies and Leslie Lowes on behalf of the UKIIS Group.
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Abstract:
While there is a wealth of research-based evidence to guide diabetes treatment much of this work is focussed upon medical management, molecular and genetic innovations. Paradoxically there is a dearth of evidence relating to the specific role of nurses in the management of diabetes. In recognition of this situation a nationwide collaborative research group was formed.

In this symposium four linked papers will be presented to cover;

1) setting up the collaborative research group,

2) methodological issues encountered when designing and conducting a nationwide survey to describe insulin initiation practices across the UK,

3) the results of the survey relating to adult patients and

4) those relating to relating to children. The clinical implications of this survey will be discussed.

Developing collaborative research capacity in diabetes nursing.

Eileen Turner

Background: The need to develop a track record of significant, quality research has never been greater for diabetes nurses. Barriers to achieving this include time limitations, lack of confidence, knowledge, experience and resources. Collaboration is one way to develop strength and depth in diabetes nursing research.

The process: In June 2004 a group led by a professor of nursing research and comprising of Diabetes Specialist Nurses (n4), Consultant Nurses in Diabetes (n2) and educationalists working within Higher Education Institutions (n3) met to form a UK wide diabetes nursing research collaborative. The group was supported by an unrestricted education grant from a pharmaceutical company. All of the above were active researchers with different types and levels of clinical and research experience and had previously expressed an interest in establishing a research collaborative.

The collaborative aimed to: Develop the evidence base for diabetes nursing practice Develop research capacity within diabetes nursing

Enhance research skills and provide peer support for research practice

Conduct robust research leading to high quality publications.

This paper will outline the steps taken to build the research team, seek funding, agree a worthwhile topic for investigation to which all could contribute and how the research idea was progressed.

Designing and conducting a nationwide survey of insulin initiation practices – methodological issues

Joan McDowell

Background: The experience of the group, subsequently confirmed by a literature review (Davies et al, (2006), indicated that the practice of insulin initiation (II) in the UK was not well described. Therefore, a study focusing upon II practices was the initial focus of this research group.

Aim: To describe nurses' perceptions of insulin initiation practices and related clinical decision-making across the UK.

Design and Methods: The first phase of the study was a cross sectional, nationwide survey (postal questionnaires) of diabetes specialist nurses, paediatric diabetes specialist nurses and practice nurses. The sample comprised the total population of Adult (n=1732) and Paediatric Diabetes Nurse Specialists (n=140 approx) and a random sample of Practice Nurses with a special interest in diabetes (n=1500) working in large practices. The number of responses required was calculated using a sample size calculator. Two questionnaires, adult and paediatric, were designed, piloted (n=150) and distributed across the UK. Issues relating to gaining access to the target population, instrument development and the practical issues of conducting the survey will be explored. Lessons learned will be shared and the costs of conducting this large-scale investigation will be presented as they may help inform others wishing to conduct research of a similar design.

Insulin initiation in adults with diabetes: a description of current practice

Ruth Davies

Background: Building on the details presented in the previous papers, results relating to adults will be presented.

Results: A total of 1310 questionnaires returned representing a response rate of 37.7% covering England (80.6%), Scotland (10%), Wales (5.2%) and Northern Ireland (3.3%). Insulin starts for Type 1 diabetes were associated with the respondent's job title and location. Diabetes Specialist Nurses (DSNs) working in secondary care (98.3%) or those working across primary and secondary care (91.7%) were more likely to initiate insulin than DSNs in primary care (34.6%) or practice nurses (17.1%). These differences achieved statistical significance ($x2 = 581.8$, df=3, $p < 0.001$). Insulin starts for Type 2 diabetes were similar for all DSNs but a statistically lower number of people were started on insulin for Type 2 diabetes in the practice nurses' place of work ($x2 = 209.7$, df=3, $p < 0.001$). The principle decision makers, the main regimens and the factors reported to influence decision-making will be presented. The implications of these results will be discussed in relation to policy directing greater emphasis on managing chronic illness in the community and the evidence base for practice.

Insulin initiation in children with type 1 diabetes and associated decision-making

Leslie Lowes

Introduction: Little is known about clinical practice and decision-making in relation to insulin initiation in children with type1 diabetes across the UK. Aim: To determine practices for insulin initiation, the most commonly used insulins, regimens and delivery systems, and factors/criteria that influence the decision-making process.

Results: Response rate 45% (n=112). Median caseload/PDSN WTE was 103 (49-660) children with median number of new cases annually 18 (3-52). Home management was practiced by 37 (33%) PDSNs, with a median hospital stay of 2 (1-5) days for clinically-well hospitalised children. Fifty-one of 75 (68%). The most common regimen at diagnosis was BD insulin (92%) but regimens varied in 65% of cases with age (57%) the most common influencing criterion. Calculation (83%) and protocols (73%) were the most common criteria influencing decisions about insulin dosage, with doctors usually making the final decision. NICE supports home care at diagnosis where appropriate, a recommendation frequently not met due to a lack of resources particularly in relation to the PDSN/caseload ratio. Only 8% PDSNs in this survey held caseloads < 70 children, as recommended by the RCN and Diabetes UK. Overall

Conclusion: These supportive, collaborative processes are more likely to strengthen research activity, nurture novice researchers and generate increased research outcomes thereby establishing research capacity within diabetes nursing. Insulin initiation practice is variable across the UK, with many factors/criteria influencing the decision-making process. The group members' clinical and educational links will be used to promote practice developments.

Recommending reading:
Davis, RE; Lowes, L.; Cradock, S; Dromgoole, P & McDowell J on behalf of the UKIIS Group (2006) Insulin initiation among adults and children with diabetes in the United Kingdom. Practical Diabetes International; 23 (4); 143-194.

Symposium 8

Developing evidence based policy and practice in bereavement care

Peter Wimpenny, Associate Director, Joanna Briggs Collaborating Centre, School of Nursing and Midwifery, The Robert Gordon University, Aberdeen, United Kingdom,

Co authors: Audrey Stephen, Rachel Unwin
Chair: Theresa Fyffe, Deputy Chief Nursing Officer for Scotland
p.wimpenny@rgu.ac.uk

Abstract:
This symposium will report the findings of work that has recently been completed to develop evidence based policy and practice on bereavement and bereavement care in Scotland. The work was supported and funded from the Scottish Executive Health Department, NHS Quality Improvement Scotland and NHS Education for Scotland. The symposium consists of three papers, which represent the phases of data collection:

1. A Systematic Literature Review

2. A Consultation and Mapping

3. A Facilitated Workshop

The papers will report each phase with ongoing contribution to the next and final identification of potential areas for development in policy and practice.

Chair: Theresa Fyffe, Deputy Chief Nursing Officer for Scotland

Symposium Leader: Peter Wimpenny, Associate Director, Joanna Briggs Collaborating Centre, Robert Gordon University, Aberdeen.

Paper 1
Systematic Literature Review

Rachel Unwin

Aims and Objectives: To undertake a systematic literature review on bereavement and bereavement care drawing upon Joanna Briggs Institute (JBI) (www.joannabriggs.edu.ac) procedures and processes for evidence review. The specific objectives for the review were:

• explore published and grey literature including relevant evidence from the UK and other countries, and from a broad range of service organisations;

• determine priorities for health services within this politically sensitive and multifaceted topic;

• capture current knowledge, practice and public perception;

• underpin and inform development in policy and practice in this area.

Methods: To achieve such objectives 5 questions were framed to drive the review, which covered perspectives on present knowledge and practice, levels of involvement, experiences, interventions and outcomes of bereavement care. In total 6265 papers were identified from 11 databases using the search terms: Bereavement care as a phrase; Bereave* and care grief and loss death and dying mourn* end of life funeral and funeral rights In addition attitude was added to each of these key words/ phrases in an attempt to capture the public perception. Additional literature and other material was received following a call for "grey literature".

Results: A funnelling process, undertaken primarily by four members of the review team, resulted in final selection and retrieval of 687 papers. Of these 407 were included in the review. Each paper was reviewed by two reviewers. An advisory group, consisting of experts in bereavement and systematic review, provided feedback throughout. The outcome of the review was an extraction of 13 overall key messages which cover bereavement care before, during and after death.

Conclusions: Whilst the majority of research and literature was appraised as 'low level' there were consistent messages identified that need to be considered for development of policy and practice in bereavement care.

Paper 2
Mapping and consultation

Audrey Stephen

Aims:

1.To prioritise key messages from the review and identify gaps between these and current practice.

2.Describe current bereavement care practice in Scotland. Methods Selected practitioners and snowball contacts in health and social care were invited to participate in a telephone interview.

The semi-structured interview covered: mapping to the key messages from the review; involvement in bereavement care; service development; description of service; transferability to other settings.

Results: In total, 114 people were invited to take part. Fifty-nine (51.8%) gave consent and were interviewed. Interviewees were from a variety of fields, though 28.8% represented palliative care and cancer services. The top three ranked key messages for bereavement care in Scotland were: education for professionals; taking a compassionate approach to the bereaved and that grief should be recognised as being a normal process. Nine themes emerged: impact of bereavement and bereavement care; level of expertise and enthusiasm; equitable service provision; awareness of the impact of grief, loss and bereavement; range and type of approaches; co-ordination and communication; follow up for the bereaved; guidance; professional education. Interestingly, high ranked messages were not identified as specific themes though they were implicit within the interviews. However, lower ranked factors like development of standards, policies and guidelines featured strongly in the interview data.

Discussion: Considerable engagement with bereavement and bereavement care exists across the sectors in Scotland. Evidence of effectiveness is, however, limited in respect of service provision and particular interventions. The development of a national framework appears to be a useful starting point from which local initiatives for bereavement can be built. Differences between the key messages prioritised and the emerging themes may be due to participants prioritising against their own service need, rather than national provision. Conclusions Linkages are discernable between the key literature review messages and the themes from practitioners.

Paper 3
Bereavement Care Workshop

Fiona Work

Aims: To determine how the findings of the research can be used to shape future policy and practice.

Methods: The facilitated workshop used 'World Cafe' (Brown, J. 2005) and 'Open Space' (Herman, M. 2006) approaches. A briefing paper was disseminated to all delegates attending the workshop to stimulate thinking about bereavement and bereavement care. Selected delegates invited included: interviewees; hospice and palliative care practitioners; statutory and voluntary sector providers; academic staff; local authority providers; procurator fiscal staff; emergency service staff; Scottish Executive representatives.

Results: 84 people attended the workshop. Six key areas were identified for action by delegates: encouraging culture change along the lifespan; professional education and training; a national framework for bereavement care; intervening in schools; research; information and co-ordination.

Discussion: Greater awareness of loss and grief as 'unexceptional' phenomena could enhance health and well being and allow communities to be more supportive of the bereaved. A tiered model for the delivery of bereavement care has been identified from the workshop data along with a similar model for education provision. These models include people, in all sectors, who may come into contact with the bereaved. The extent to which the palliative care model of follow up can or should be achieved in other services should be considered.

Conclusions: The issues raised at the Workshop could begin to be addressed through development of national and local evidence based policy and practice for bereavement care.

Summary and overall conclusion to the three phases of data collection

Dr Peter Wimpenny

This final session will summarise the links between the three data collection phases and seek to establish the resonance of this evidence with the symposium audience.

Recommending reading:
Brown, J. and Isaacs, D. on behalf of the World Cafe Community Foundation, 2005. The World Cafe. Available from: http://www.theworldcare.com/ [Accessed 09/11 2006]

Herman, M., 2006. Open Space World. Available from: http:// www.openspaceworld.org/ [Accessed 09/11 2006]

Symposium 9

Carrying out sensitive research: Sharing experiences from a programme of genetics research

Alison Metcalfe, Senior Research Fellow, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom,

Co authors: Jane Coad, Kate Lillie, Susan Royse and Julie Werrett

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Abstract:
Aim: The aim is to run an interactive symposium where participants will be invited to join in, sharing their experiences and asking the panel relevant questions. Whilst the focus of the research is on psychosocial aspects of genetics related to clinical practice, many of the issues discussed are transferable and relevant to a wide range of research situations.

Objectives: The objective is to examine the skills required for carrying out sensitive research and explore some of the ideas and solutions the symposium contributors' use depending on the participants, the methodology or the setting. Through a series of 5 interlinking papers each focusing on a different project of the research programme, contributors will outline the sensitivities in their area of work, how they were identified and their responses to them.

The symposium will achieve the following:

• Inform design of research materials and tools to guide recruitment into studies exploring sensitive issues with potentially vulnerable groups

• Demonstrate the use indirect questioning techniques to explore difficult issues

• Explore skills in managing sensitive interviews and situations.

• Highlight the management of participant expectations

Following a brief 5 minute introduction to the research programme, the series of five 8-10 minute papers will be given followed by 5 minutes for questions. A minimum of 15 minutes at the end of the symposium will be allowed so that all aspects of the work presented can be used to inform the final discussion.

Introduction: Sensitive issues in research on communication of genetic risk information between individuals and their families, and between health professionals and patients.

Paper 1:
The challenge of interviewing families affected by Hereditary Sudden Cardiac Death Syndromes

Susan Royse

Advances in genetics over the past decade have resulted in the ability to test for causative genes for potentially life threatening cardiac conditions. This paper will explore the difficulties that arise for participant and researcher in interviews where the discussion focuses on the risk of sudden death to the participant themselves and other family members. Discussion will centre on how the study was designed to cause minimal anxiety to participants and the effect this had on the research outcomes.

Paper 2:
Inadvertent outcomes: A case study of a hospice patient discussing his family's experience of cancer

Kate Lillie

The focus of hospice care in relation to familial cancer should be on helping the patient manage any distress they have about carrying a gene that predisposes their family to cancer. In addition to helping family members care for a relative knowing they are at increased risk of dying from same condition. However, some individuals reach hospice care without having had any assessment of their family history cancer. This paper presents a case study of a single participant's sudden realisation of his own family's susceptibility to cancer, which arises as a result of a question about the impact of previous experience of other family members' cancer management and care. The case study will discuss about how the incident was managed, the outcome for the participant, and explain the impact this had upon subsequent interviews.

Paper 3:
Children and young people: exploring their knowledge and understanding of inherited conditions affecting their family.

Jane Coad

Despite the rapid developments in genetics, little work has been undertaken to explore how the risk of inherited conditions is discussed in families between children, young people and their parents or guardians. The work is very sensitive because parents are (understandably) often concerned about causing distress and psychological harm to their children by discussing inherited disease affecting their family and the implications for them. This project from recruitment to interview has developed a range of specifically designed research tools to engage children and young people in discussions to ascertain their level of knowledge and understanding of genetic conditions affecting their families, and the implications this has for them and their own future family. The presentation will include an overview of the specific issues involved and share the range of tools including leaflets, posters, dedicated website and user group forums that are used to overcome them.

Paper 4:
Dealing with participants' expectations: Examples from a familial cancer research study

Julie Werrett

A study examining patient information and education needs about inherited cancer predisposition also highlighted participants' unmet expectations. Participants took part in telephone interviews pre and post their familial risk assessment at a clinical genetics unit. A number of participants had made presumptions about the purpose of familial risk assessment and also the process that it would take. This resulted in many participants having unrealistic expectations of familial risk assessment. As a consequence, ways of dealing with those expectations without biasing the research and interfering with clinicians' relationships with their patients had to be found. This paper describes how questions were designed and phrased to explore these issues during the research interview and how debriefing sessions were used at the end to address the issues raised.

Paper 5:
Exploring nurses and midwives competence in delivering genetics based healthcare

Alison Metcalfe

Developments in genetics have major implications for all aspects of healthcare delivery, with different knowledge and skills required depending on the clinical environment. Evidence on the lack of education provision in many pre and post registration courses in nursing and midwifery suggests many nurses and midwives have limited knowledge of genetics. The projects aims were to explore nurse' and midwives knowledge of genetics and the importance of genetics to their specific area practice. We were aware that to ask questions testing knowledge directly could have potentially adverse effects; demoralising participants, lowering response rates and not ascertaining their views on the relevance of genetics to their own practice. This paper will present the design of a questionnaire that indirectly tested knowledge and through sensitive question development identified the specific educational needs of individual groups of clinicians.

Symposium 10

Co-constructed inquiry: A new approach to developing theory and nursing practice

John Keady, Professor of Older People's Mental Health Nursing, The University of Manchester/Bolton, Salford and Trafford Mental Health NHS Trust School of Nursing, Midwifery and Social Work, Manchester, UK,
Co authors: Sion Williams, John Hughes-Roberts; Josie Wray; Sally Roberts
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Abstract:

Symposium Outline: The symposium outlines the development and application of a new qualitative research methodology, Co-Constructed Inquiry (CCI) (Williams and Keady, 2006), and its application with three specialist nurse practitioners in North Wales. Co-Constructed Inquiry has been in development for the last three years and confronts the challenge set by Charmaz (2000) in developing grounded theory so that the 'mutual creation of knowledge by the viewer and viewed' (p.510) sits at the heart of the research enterprise. Such a fundamental philosophical shift in the research relationship requires a more egalitarian approach to theory development, a significant emphasis placed upon partnership working, accessible discourse in theory building and, we would argue, evidence built from biographical data.

The presenters that comprise this symposium are the originators of CCI coupled with the three practitioner-researchers who are currently undertaking the fieldwork and 'mutual' theory development in CCI; this is termed a 'Personal Theory' within the architecture and set design of CCI. The three practitioner-researchers are specialist nurses drawn from the field of chronic illness. Accordingly, this presentation will provide an overview of the 'Personal Theories' drawn from the perspective of individuals living with an early diagnosis of dementia, Parkinson's disease and stroke.

In the presentation of the methodology and working relationship, CCI utilises dramaturgical metaphors to characterise the stages of theory development and building; this language has been developed with people with chronic illness in order to 'ground' the processes of reporting CCI. The symposium papers present the respective stages in the research process of CCI and provide empirical exemplars. Debate and critical commentary of the approach will be encouraged throughout the symposium.

Paper 1:
Co-constructed Inquiry: A new approach to the generation of shared knowledge in chronic illness

Professor John Keady and Dr. Sion Williams

Methodology: The first paper sets the scene by describing the basic components of Co-Constructed Inquiry. A number of key criteria underpin CCI, including: longitudinal design, constructivist principles, life story work and the need to establish a more egalitarian relationship between supervisor(s), researcher and participant(s). Specifically, a prolonged period of engagement in the research relationship is necessary in order to develop the co-construction of meaning over time. CCI enables theory to be built through the lens of lay understanding(s) and in partnership with the person living with the diagnosis. Within CCI the stages of theory construction are:

1) The Life Story Script;

2) Personal Theory Reporting; and

3) Collective Theory Development.

In stage 1, The Life Story Script is accomplished through prolonged life story work to develop narrative categories using 'guided autobiography' (Keady et al, in press) as a prelude to co-constructing theory based on individual experience and values. In each of the three presentations reported in the symposium, this has been achieved through employing practitioner-research principles. Key aspects of the guided autobiography are then placed upon a storyboard, with the storyboard then used as the building block for the next stage of CCI.

In stage 2, the aim is to mutually construct an explanatory Personal Theory built upon the narrative categories by the person with a chronic illness. This can be achieved through using diagrams to represent and conceptualise lived experience. To date, we have found that completing stages 1 and 2 of CCI can take between 1-year to 18-months.

Stage 3 of CCI is the development of a 'Collective Theory' which, in reality, is a synthesis of the Personal Theories that have comprised the theatre of study.

Paper 2:
Developing a 'Life Story Script': using narrative categories in co-constructed grounded theory with stroke survivors

Josie Wray and Dr. Sion Williams

The second presentation constructs a theory of adjustment to stroke using a CCI approach. The 8 personal theories (from the 8 participants in the study) were recruited from a nurse-led Stroke Post-Discharge Clinic in North Wales. The development of

Stage 1 of CCI, the Life Story Script, will receive the most attention and explanation within this presentation. The conceptual and methodological links between the Life Story Script, storyboard work and the development of Personal Theories will be a focus of presentation. Specifically, we will draw upon the contributions of Eddie, Meirion and Alice as case exemplars to illuminate the session.

Paper 3:
Theorising with people living with Alzheimer's Disease: The emergence of Personal Theory work

John Hughes Roberts and Professor John Keady

This third presentation will consolidate the development, composition, ownership and utility of Personal Theories developed by/with four people with Alzheimer's disease soon after diagnosis and during a period of 18-months. The paper will present the Personal Theories of Mo and Grace as case exemplars to illustrate the negotiation-generation processes involved in producing a constructivist research design. The key elements of this approach will be highlighted, including the importance of relationship, biographical and theoretical sensitivity in addition to a longitudinal design. Grace's Personal theory of 'Balancing' will be the centre stage storyline within this presentation.

Paper 4:
'Thank you I'll turn this off now if that's ok': The co-construction of a 'Personal theory' by people with Parkinson's disease

Sally Roberts and Dr. Sion Williams

The fourth paper discusses the innovative approaches taken by people with Parkinson's disease and their families in generating 'Personal theories' that lead towards the formulation of a 'Collective Theory' of early adjustment in Parkinson's disease. The theories arise from a CCI study that involves 8 people diagnosed with moderate Parkinson's disease and their families. The presentation will highlight the main features of the 8 personal theories and illustrate the emergence and reporting of a Collective Theory that is the final phase of a CCI. Implications for nursing research and practice development opportunities from the Life Story Script, Personal Theories and Collective Theories will be a feature of each presentation and an opportunity for debate and development.

Recommending reading:
Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In: N.K. Denzin and T.S. Lincoln (Eds.). Handbook of Qualitative Research. 2nd Edition. Thousands Oaks: Sage. Pp. 509-535.

Keady, J., Ashcroft-Simpson, S., Halligan, K. and Williams, S. (in press). Admiral Nursing and the Family Care of a Parent with Dementia: Using Autobiographical Narrative as Grounding for Negotiated Clinical Practice and Decision-Making. Scandinavian Jour

Williams, S. and Keady, J. (2006). The narrative voice of people with dementia. Dementia: The International Journal of Social Research and Practice, 5(2): 163-165

Symposium 11

Evaluating complex interventions in healthcare – challenges and opportunities

Mary Wells, Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK.
Co authors: Shaun Treweek, Simon Lewin, Claire Glenton, Andy Oxman, Brian Williams, Julie Taylor
e.m.wells@dundee.ac.uk

Abstract:
Introduction: Most nursing interventions are complex, in that they involve a number of inter-related components and have no easily identifiable active ingredient. The evaluation of complex interventions has stimulated a great deal of international debate since the publication of the MRC framework in 2000.

This symposium will explore some of the key challenges of evaluating complex interventions, using findings from studies carried out in Norway and the UK to highlight major practical and methodological issues.

The four presentations will reflect a range of research approaches, from qualitative case study to systematic review. The presentations will cover the following linked areas: the nature of complex interventions and the extent to which the MRC's guidance in this area is being followed; the dimensions of intervention complexity and a novel tool for grading such complexity; the ways in which the dimensions of complex interventions are shaped by aspects of context; and the use of qualitative methods alongside randomised controlled trials (RCTs) of complex interventions.

What are complex interventions and how are they developed?

Treweek S

Background: In 2000 the Medical Research Council published a framework for evaluating complex interventions, which proposed that interventions should be modelled and then tested prior to a full-scale trial.

Aim: To explore the nature of complex interventions and to what extent the MRC framework is being followed.

Methods: An overview of complex intervention development methods, a review of complex intervention trials published in 2004 and an email survey of the authors of these trials.

Results: Although much is known about interventions that can be effective, the literature provides little information to guide the choice, or to optimise the components, of these interventions. Less than half of the 70 studies included in our review reported pre-trial testing and only four ran an RCT pilot phase. Two-thirds of those testing their interventions did not believe that different testing would have produced a more effective intervention. Only 56% of trials met their recruitment target.

Discussion and conclusions: The lack of a clear rationale for the form and content of most complex interventions makes it hard to know why intervention components do or do not work. Testing is poorly described in trial reports, which makes it hard to judge whether a trial result could be improved with a better intervention.

Assessing health care interventions along the complex-simple continuum: a proposal

*Lewin S, Oxman A

Background: Healthcare interventions fall along a spectrum from more simple to highly complex. Little work has been conducted on how intervention complexity might be conceptualised or assessed.

Aim: To conceptualise, design and validate a tool for grading healthcare interventions along the complex-simple continuum.

Methods: The tool was developed through literature review and a series of discussions with trialists and intervention developers. The draft tool was then applied to published reports of trial interventions and revised. Inter-rater agreement in application of the tool was assessed and guidelines for its use developed.

Results: Six key dimensions of intervention complexity were identified:

(1) the number of discrete, active components in the intervention;

(2) the number of behaviours of intervention recipients to which the intervention is directed;

(3) the number of organisational levels targeted;

(4) the degree of flexibility permitted across sites or individuals in implementation; the skill level required by those

(5) delivering the intervention; and

(6) receiving the intervention.

The application of the tool to published intervention reports is discussed.

Discussion and conclusions: A tool to assess the complexity of health care interventions is feasible and may be useful in developing and describing interventions and in understanding their measured effects.

Complex interventions in context: compatible with RCTs?

*Wells M, Williams B, Taylor J

Background: The context of complex interventions is often treated as incidental or unimportant. RCTs used to evaluate the effects of interventions may be designed to "wash out" vital explanatory ingredients.

Aims: To explore the challenges of conducting RCTs of complex interventions and to develop an understanding of the context of complex intervention trials.

Methods: A qualitative multiple case study using research documents and interviews with principal investigators, research nurses and practitioners involved with RCTs of healthcare interventions.

Results: Interventions are shaped by personal, practical, clinical and organisational aspects of context, therefore cannot be considered or understood separately from these different contexts. Methodological ideals such as control and standardisation may be compromised in RCTs of complex interventions. Current standards of reporting RCTs do not encourage explication of these issues.

Discussion and conclusions: If complex intervention trials are to be useful and meaningful to clinical practice, researchers need to re-appraise these methodological ideals and consider more open and informative means of reporting randomised trials of complex interventions.

How are qualitative methods being used alongside complex health service RCTs? A systematic review

Lewin S, *Glenton C, Oxman A

Background: Qualitative methods are important in evaluating complex interventions. However, little research has examined how qualitative methods are currently used alongside RCTs.

Aim: To review systematically the use of qualitative approaches in RCTs of complex health service interventions.

Methods: A random sample was selected of 106 health service RCTs published between 2001 and 2003 and all qualitative studies linked to these RCTs identified. Data were extracted from each study, including descriptions and quality assessments of the RCT and qualitative studies and the approaches used by the authors to combine RCT and qualitative findings. A narrative synthesis of the review findings was performed.

Results: Trialists appeared to see a wide range of approaches as constituting 'qualitative research', including using qualitative data collection and analysis; using specific qualitative data collection methods only; and using interview-based survey methods. 21% (n=22) of RCTs included 'formal' while 7% (n=7) included 'informal' qualitative work. The aim, timing and methods of the qualitative studies were variable, with many conducted pre-trial. Little explicit integration of qualitative and RCT findings was identified.

Discussion and conclusions: The ways in which qualitative approaches are being used alongside RCTs are variable and these studies are of variable quality. More methodological work in this area is needed.

Recommending reading:
Medical Research Council (2000) A framework for the development and evaluation of RCTs for complex interventions to improve health. MRC, London.

Walker AE, Grimshaw J, Johnston M, Pitts N, Steen N, Eccles M (2003) PRIME – PRocess modelling in ImpleMEntation research: selecting a theoretical basis for interventions to change clinical practice. BMC Health Services Research 3:22.

Pawson R, Greenhalgh T, Harvey G, Walshe K (2005) Realist review - a new method of systematic review designed for complex policy interventions. Journal of Health Services Research & Policy 10(Suppl 1):S1:21-S1:34.

Symposium 12

Judgment and decision making research using case vignettes

Lenard Dalgleish, Professor of Decision Making, Department of Nursing & Midwifery, University of Stirling, Stirling, United Kingdom,
Co authors: Edward Duncan, Helen Cheyne
len.dalgleish@stir.ac.uk

Abstract:
Chair: Dr Carl Thompson, University of York

Abstract:
The judgments and decisions of nurses, midwives and allied health professionals (NMAHPs) are central to healthcare provision and improving health. A frequently used method for studying judgment and decision making is case vignettes. A common feature is that they allow data to be collected from a large number of participants who each see the same cases. Further they allow a number of case variables and participant variables to be investigated. Peabody et al (2004) report that when used to measure the quality of clinical practice, they are valid in comparison with standardised patients. However with vignettes there is considerable variety in the formats and modes of presentation. This symposium will present the results from three different research studies of NMAHP judgment and decision making using vignettes. The papers in this symposium are linked by their focus on the judgment and decision making of NMAHPs and the use of vignettes.

Paper 1.
Nurses decisions to intervene in acute care: A Signal detection Theory Analysis of the effects of time pressure and experience.

Professor Len Dalgleish, University of Stirling. Dr. Carl Thompson, University of York.

Background: Nurses make decisions to intervene in acute care based on patients' vital signs. Nurses report that lack of time is one of the major influences on their decision making.

Aim: This study used case vignettes to investigate the effects of time pressure and length of experience in acute care on deciding to intervene in acute care cases.

Methods: Two hundred and forty one nurses with experience in acute care ranging from none to greater than 25 years were presented with 50 actual case profiles (vignettes) that gave information on 7 factors. Participants made the decision of whether to intervene by calling a medical doctor or senior nurse. The cases were presented on a computer screen and on 26 cases they were told that they had to decide within 10 seconds and the screen went to the response screen after that time. On 24 cases there was no time limit. This task can be considered a yes/no Signal Detection Theory task (Swets, 1992) where participants need to detect the need to take action. For each person, under each condition, measures of ability and response bias were calculated.

Results: Nurses had significantly lower ability and were significantly less likely to intervene under time pressure. This means that there were more failures to appropriately intervene (Misses) under time pressure. Without time pressure, there was a linear increase in ability with increasing years of experience. Under time pressure, there was no effect. That is, any effects of experience were negated under time pressure.

Conclusions: Implications for practice are discussed. Using case vignettes enabled the measurement of decision performance and the testing of factors such as time pressure and experience on decision making.

Paper 2.
A judgment analysis of the impact of presenting vignettes in narrative and graphical format

Dr Edward Duncan, Nursing, Midwifery and Allied Health Professions Research Unit. Professor Len Dalgleish, University of Stirling.

Aim: To explore whether clinicians' evaluate cases differently when they have additional graphical summary information provided, compared with when they use narrative descriptions alone.

Methods: The study used 30 clinical case vignettes in narrative format developed by occupational therapists who worked in community mental health teams. Each vignette was rated using a standardised assessment that provides summary information in graphical format. Data was gathered using a specifically designed internet site. Participants were randomly allocated to one of two conditions – narrative alone, or narrative and summary graphical scores. The study was conducted in 25 NHS R&D areas throughout the UK. This paper reports the results from 37 participants.

Results: A judgement analysis, Cooksey (1996), for each participant in both groups yielded the weights for each of the factors. Wide variations in these judgement policies were observed within both groups. No statistically significant difference was detected between groups.

Conclusion: As with other professions, occupational therapists have large individual differences in the weighting they gave to different case factors within the same case. Providing participants with additional summary graphical information does not affect participants' judgement policies.

Paper 3.
The STORK study: Midwives decisions about referrals during labour

Helen Cheyne, Maggie Styles, Kate Niven, Nursing, Midwifery and Allied Health Professions Research Unit, Ronan O'Carrol, University of Stirling.

Background: Health policy supports the development of community maternity units (CMU) where midwives are the main carers for women throughout normal labour. However the decision making process by which a midwife differentiates between normal and abnormal labour is unclear, and may be influenced by a number of non –clinical and psychological variables.

Aim: To explore whether midwives decision to refer was effected by risk attitude, years experience or location of practice. Sample: One-hundred midwives practicing in consultant-led or CMUs within four health board areas.

Methods: This was an internet study using vignettes and questionnaires. Five vignettes were developed to represent a range of intrapartum scenarios designed to resemble the familiar case record format. Each contained; antenatal care, labour admission history and snap-shot information at five time points representing a subtly worsening case history. At each time point, participants were asked to decide about referral. They then completed a questionnaire comprising: demographic information and validated measures of risk attitude.

Results: Midwives varied considerably in their decisions about when to refer. To attempt to account for this, risk attitude and years experience was correlated with referral point. Analysis of variance compared referral point between consultant versus CMU settings. There was no correlation between referral point and risk attitude or years of experience and no difference between referral point and location of practice.

Conclusion: Although midwives were presented with the same case information a wide range referral points were obtained, some midwives referring consistently early or late. This was not due to risk propensity, years experience or location. Other factors may influence individual decision making choice.

Recommending reading:
Cooksey, R.W. (1996). Judgment Analysis: Theory, method and Applications. San Diego: Academic Press.

Peabody JW, Luck J, Glassman P, Jain S, Hansen J, Spell M, Lee M. (2004). Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. Annals of Internal Medicine, 141, 771-780.

Swets, J. A. (1992). The science of choosing the right decision threshold in high-stakes diagnostics. American Psychologist, 47(4), 522-532.

Symposium abstracts

Thursday 3 May 2007

Symposium 13

Are relationships with respondents obviously wrong? Research Ethics and Governance in the Real World.

Martin Johnson, Professor in Nursing and Director, Salford Centre for Nursing, Midwifery and Collaborative Research, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom

Co authors: Tony Long, Debbie Fallon, Carol Haigh, Michelle Howarth, Rosie Kneafsey, Tracey Williamson
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Abstract:
Introduction: In the symposium we will outline the need for health service researchers and governance machinery to develop realistic approaches to making research safe. We will ask searching questions of current policy and practice, and challenge current myths in 'research ethics'. We will argue for example that:

• Consent from participants isn't always necessary for the ethical conduct of research.

• Respect for autonomy, beneficence, non-maleficence and justice as the basis for decision-making in research ethics are both insufficient and contradictory, having no place in rational ethical appraisal of studies.

• The COREC formula for information sheets can be an oppressive instrument.

• Sex between a researcher and a research subject during a study is not obviously wrong.

The theoretical and social context of research ethics:

Martin Johnson

Arguably most influential ethical theory, in the form of codes of conduct for research practice, is 'human rights'. Such codes and statements of rights often have the value of having explicit criteria which must be met, and can add a margin of safety for inexperienced researchers. The second or consequential approach is least often admitted to directly, since when not fully understood it can seem to imply that 'anything goes' provided society benefits. We argue that this is the most realistic viewpoint in research ethics. These frameworks should, but often do not, take account of the social context in which research is designed, planned, and approved, which is more complex than textbooks or ethical approval forms allow. Issues of occupational socialisation, professional power, social class, gender, race and culture each have a strong influence on the values that we bring to research and those our participants may hold.

Consequences of user involvement in research:

Tracey Williamson

This presentation critically examines ethical issues concerning the involvement of patients and the public in various stages of the research process. There is a growing body of evidence that indicates 'added value' of involvement benefiting both the research process and the user themselves. Whilst a number of positive outcomes of involvement are cited in the nursing research literature, less documented are the negative consequences of involvement and the risk of harm to users who engage in research as partners or co-researchers. For example, ex-cancer patients on a cancer research project may be privy to information or professionals' discussions that they would not normally be exposed to, yet how are these potential risks managed? What happens to user participants at the end of a study? How are researchers evaluating the involvement of users? The presentation will draw on first-hand experience of research with patients and the public as well as give an up-to-date overview of the current knowledge-base of the impact of user involvement in research.

Cyber-Space Ethics: The new challenge for Nurse Researchers:

Carol Haigh

The expansion of Internet technology over the past decade has seen a corresponding growth in the development and use of Internet based research methodologies (Elgesem 2003). The advantages of using the Internet for research are clear; access to research participants who are geographically dispersed, access to hard to research groups, such as drug dealers, who may not be amenable to investigation using traditional research methods and a broader range of sample than would be obtained from ordinary convenience sampling methods (Coomber, 1997). Although Internet based research is reasonably well established in other disciplines such as media studies, sociology and cultural studies; health care professions, and nursing in particular, have been slow to exploit the World Wide Web as a data collection tool. The need for nursing research to consider the development of a specific ethical framework to address the primary areas of ethical concern such as consent, privacy, identification verification and disguise is offered for debate. The strict interpretive stance of Bruckman (2002) is suggested as a foundation for future framework development.

Research Governance: Problems and Solutions:

Michelle Howarth and Rosie Kneafsey

Since its inception in 2001, the UK Research Governance Frameworks have been beleaguered with controversy. The disparate way in which the frameworks have been realised across organisations has exacerbated bureaucracy and delayed projects. The ensuing polarisation between ethics and governance has also meant that negotiating research access poses new challenges to researchers and could jeopardise future research innovation. In an attempt to prevent this from escalating, organisations are now streamlining research governance through centralisation. Arguably, this could help dovetail R&D and ethics but a unified national approach is needed to safeguard future research and sustain public confidence.

Consequences of reliance on the COREC system:

Debbie Fallon and Tony Long

In this presentation we consider the regulatory approach of research ethics committees in the UK and the increasing over-emphasis on ethical approval rather than review. We suggest that the current system which emphasises the role of the committee over and above that of the researcher, could be detrimental to the development and training of research students, and that one of the fundamental principles of the social science approach – self-regulation - should not be disregarded by researchers in health. We argue that the current approach places emphasis on training the regulators, diverting the development of skills in ethical self-regulation through promotion of a bureaucratic approval process that discourages discussion about difficult ethical issues.

Learning Outcomes
Those attending the symposium should be able to:

1. Give an overview of recent problems with research management and ethics

2. Examine some the ethical issues behind internet based research.

3. Apply principles of risk and benefit to critical evaluation of research.

4. Have an insight into the social context of research ethics.

Recommending reading:
Bruckman, A (2002) Ethical guidelines for research online. http://www.cc.atech.edu/~asb/ethics/ (accessed 08/07/03)

Coomber R (1997): Using the Internet for survey research: Sociological Research Online. http://www.socresonline.org.uk/socresonline/2/2/2.html (accessed 01/08/03)

Elgesem D (2003): What is so special about the ethical issues in on line research: Internet Research Ethics. http://www.nyu.edu/projects/nissenbaum/ethics_elg_full.html (accessed 08/07/03)

Symposium 14

ICProject – Individualised care from the patients' point of view

Riitta Suhonen, Administration, Health Care District of Forssa, PL 42 (Sairaalankuja), Forssa, Finland
Co authors: Helena Leino-Kilpi, Maritta Välimäki, Agneta Berg, Ewa Idvall, Jouko Katajisto, Maria Kalafati, Lucy Land, Chryssoula Lemonidou, Lee Schmidt
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Abstract:

Laeader: Suhonen Riitta, PhD, Researcher, University of Turku, Department of Nursing Science, Finland

Chair: Helena Leino-Kilpi, PhD, Professor, Senior Researcher

This work describes the conduct of an international study (ICProject) 2004-2007. It validates the Individualised Care Scale (ICS) instrument for international use (UK English, US English, Swedish and Greek) and compares individualised care from the patients' point of view in five countries, Finland, Greece, Sweden, United Kingdom and USA, in samples of hospitalised orthopaedic and trauma patients. 5 papers will be presented.

Paper 1

The concept of individualised care and the instrument measuring it

Riitta Suhonen, Maritta Välimäki[1], Professor, Helena Leino-Kilpi[1], Professor, University of Turku, Department of Nursing Science and Jouko Katajisto, Senior Lecturer, University of Turku, Department of Statistics

Individualised care is conceptualised as

1) nursing activities supporting the realisation of individuality

2) patient's perceptions of the realisation of individuality in patients' own care. Common themes in the literature include the recognition of the patient's individual clinical situation, personal life situation and decisional control over care. The theoretical basis of the ICProject is the concept development and instrument development (Suhonen et al. 2005a) and preliminary modelling (Suhonen et al. 2004). The original 38-item version of the ICS includes six sub-scales divided into to two parts: the practice of individualised care during nursing interventions (ICS-A) and the patient's perception of the individuality perceived during care (ICS-B). The theoretical basis for the project and the ICS will be presented.

Paper 2

Developing an adaptation of the Individualized Care Scale questionnaire for cross-cultural comparison

Ewa Idvall[1], PhD, Scientific Tutor and Senior Lecturer, Research Section, Kalmar County Council and Department of Medicine and Care, Division of Nursing Science, Linköping University; Lucy Land[2], PhD, Senior Lecturer, University of Central England, Birmingham; Maria Kalafati, PhD, Researcher, National and Kapodistrian University of Athens, Faculty of Nursing, Athens; Lee A. Schmidt, PhD, Assistant Professor, University of Miami, School of Nursing, Coral Gables, Florida and Riitta Suhonen, PhD, Researcher, University of Turku, Department of Nursing.

Cross-cultural researchers encounter methodological challenges translating and culturally validating the research instrument into the language of the population studied and different contexts. Back-translation, bilingual techniques, committee approach and pre-test techniques are recommended to ensure the adequacy of each version. The aim of this study was to validate the ICS instrument for international use (UK English, US English, Swedish and Greek) for the evaluation of patients' perceptions of individualised care. It describes the translation processes and methods for ensuring cultural validation of the ICS by determining the psychometric equivalence of the instrument versions using means with standard deviations, internal consistencies (Cronbach alpha coefficients) and response patterns. Several forward-back translations of the ICS were performed. Official translators, mono and bilingual researchers and a focus group discussion by the ICProject partners ensured the content, criterion, conceptual and technical equivalence of the ICS. Kappa statistics were computed for comparing distributions of the two similar item pairs reducing the instrument to 34 items.

In pilot phase, response rates were: Finland (n = 50, 94%), Greece (n = 50, 98%), Sweden (n = 70, 80%), UK (n = 50, 78%) and USA (n = 50, 32%).

Paper 3

Orthopaedic patients' assessments of individualised care – Swedish results

Agneta Berg, Assistant Professor, Institutionen för Hälsovetenskaper, Högskolan, Kristianstad and Ewa Idvall, Scientific Tutor and Senior Lecturer, Research Section, Kalmar County Council and Department of Medicine and Care, Division of Nursing Science, Linköping University

The literature suggests that the nursing care provided is not always individualised. There is also a lack of research on the interventions that promote and maintain individualised care. The aim of this study was to describe patients' assessment of how individuality was delivered through specific nursing interventions and how patients perceived individuality during hospitalisation. The response rate was 74% (n= 274). The data were analysed statistically using descriptive and inferential statistics. A majority of respondents (86.0%) stated that it was very important to be treated as an individual or unique person and 58.6% experienced being treated as a unique person by nurses. The lowest rated assessments were in the sub scale Personal life situation A and B. The highest in ICS-A was in the sub-scale Clinical situation and in ICS-B in Decisional control. The description of patient assessments of individualised nursing care will assist in its development. The results propose an implementation technique for individualisation of care processes which is applicable in the evaluation of health care quality, planning and personnel management.

Paper 4.

Individualised care from the Greek patients' point of view

Chryssoula Lemonidou, Professor, Maria Kalafati, Researcher, Periklis Dedoussis, Undergraduate Student National and Kapodistrian University of Athens, Faculty of Nursing, Athens.

Previous studies have shown that given individualized care, patients report improved outcomes, such as patient satisfaction, patient autonomy, and health related quality of life. The aim of this study was to evaluate the Greek orthopaedic patients' views on perceptions and realisation of individuality through specific nursing interventions during hospitalization. Response rates were n = 315, 86%. The data were analyzed using descriptive statistics, non parametric tests and Cronbach's alpha coefficients. The majority of patients (71%) reported that it was very important to be treated as an individual or unique person and 42% of them experienced being treated as a unique person by nurses. In ICS-A the highest assessment was in the sub-scale Clinical situation and in ICS-B it was in the sub-scales Clinical situation and Decisional control over care. The lowest assessment was in the sub scale Personal life situation in both ICS-A and ICS-B. The results of this study will: guide nurses to further develop nursing practice in an individually focused manner, point out how specific nursing interventions can be tailored to individual patient's needs and preferences and contribute to further research about the relationship between individualized care and positive patient outcomes.

Paper 5

Individualised care in orthopaedic patients – a comparative international study in five countries

Riitta Suhonen, Researcher, University of Turku, Department of Nursing Science; Lucy Land, Senior Lecturer, University of Central England, Birmingham, and Jouko Katajisto, Senior Lecturer, University of Turku, Department of Statistics

Despite efforts to individualize care in different countries many patients feel they are not cared for as an individual. Culture has also been found to affect patients' perceptions. The aim of this study was to compare individualised care from the patients' point of view. A cross-sectional comparative study design was used. The response rate was Finland (n = 500, 85%), Greece (n = 368, 86%), Sweden (n = 300, 73%). The work from UK England and the USA will be completed in autumn 2006. Data were analysed using descriptive and inferential statistics and multivariable methods. Conclusion – challenges for international study (15 min with discussion) Riitta Suhonen, PhD, Researcher, Maritta Välimäki, PhD, professor, Helena Leino-Kilpi, PhD, professor. University of Turku, Department of Nursing Science The studies were conducted using the general principles of research ethics. Approval, permission to conduct and patient inclusion were requested using respective national procedures. However, the national procedures varied substantially. A number of issues need to be taken into account in international comparative studies.

Recommended reading:
Suhonen, R., Välimäki, M., Leino-Kilpi, H. & Katajisto, J. (2004) Testing the individualised care model. Scandinavian Journal of Caring Sciences 18, 27-36.

Suhonen, R., Leino-Kilpi, H. & Välimäki, M. (2005) Development and psychometric properties of the Individualised Care Scale. Journal of Evaluation in Clinical Practice 11, 7-20.

Symposium 15

International trends in nurse practitioner research and development: cross border conversations

Glenn Gardner, Professor of Clinical Nursing, School of Nursing, Queensland University of Technology, Brisbane, Australia,
Co authors: Anne Gardner, Gail Tomblin-Murphy, Jenny Carryer, Susan Read, Sandy Middleton, Phillip Della
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Abstract:
Empirical research has demonstrated the efficacy of nurse practitioner (NP) service, the diversity of application of this role and the safety of the service. However the real value of this body of knowledge and its contribution to the science of NP service globally is limited. The lack of common standards for title protection, authorisation and practice internationally hampers full development and international relevance of this role. This symposium will bring together an international team of scholars and provide a forum for conversations towards global consistency and collaboration in research and development of the NP role.

Paper 1:
Nurse practitioner regulation and research in Australia

Associate Professor Anne Gardner FRCNA

The NP is a recent development in Australia with the official inception of the role occurring in 2000. This paper will summarise research and development at two levels;

i)   individual clinical practice and

ii) national health service and workforce planning.

There are currently approximately 150 authorised and practicing NPs in Australia with steady increase in these numbers. Limited published research includes models in emergency departments, mental health, sexual health and aged care. A landmark national study investigating the profile, process and outcomes of Australian NP service has been funded by the Australian Research Council and brings together peak national nursing organisations and state Chief Nursing Officers as industry partners. The methods comprise two national cross sectional postal surveys of all registered NPs; work sampling and case study research to measure & investigate NP service and an evaluation study of the outcomes of NP service. This paper will report on this progress and contribute to the international debate on standardisation of the NP role.

Paper 2:
A Needs-Based Human Resources Planning Model for NPs - Canada

Gail Tomblin-Murphy, Stephen Birch, Sping Wang, Linda O'Brien-Pallas, Rob Alder and Lisa Little
Presenter: Associate Professor Gail Tomblin Murphy

Recently, the Framework for Nurse Practitioners in Canada was released. Over 5000 stakeholders were consulted in this consensus process and some of the leading researchers in Canada partnered with research users to arrive at the evidence that is needed to guide planning for NPs. The pan-Canadian framework provides the roadmap for governments, regulatory bodies, employers, educators, unions, and professional organizations to move the agenda forward to ensure that there are NPs available and working in ways with other team members to offer the services that Canadians need. This paper will present details of a Health Human Resources Planning model. This innovative model is based on population health needs, incorporates the planning assumptions of an evolving profession, and projects future requirements for and supply of that profession. In this paper findings will be reported based on the application of the analytical model to project the requirements for, and supply of, Primary health Care NPs in three provinces in Canada representing small, medium and large planning jurisdictions.

Paper 3:
Regulation and over regulation: prescribing and controlling NP practice – New Zealand

Professor Jenny Carryer

This paper will discuss the international trend to control and limit NP practice through the preparation of specific formulaic clinical protocols or guidelines. Shared New Zealand and Australian research on the core role of the NP revealed capability in NP practice as the synthesis of knowledge, skill, competence and confidence. Capability is the specific feature of NP practice that supports clinical leadership, and their clinical reasoning response to complexity and uncertainty. Through a comprehensively educated, fully autonomous NP workforce with title protection, the New Zealand health sector is redefining the potential of health care through NP service. New Zealand NPs work autonomously across the health illness continuum delivering complex clinical care. In this paper I will present this development and argue the basis for New Zealand's position of not enforcing clinical protocols for NPs that are designed to set limits and predetermine the NP's clinical decision making processes. I will further argue that this practice is an ill conceived attempt to limit NP autonomy and risks diminishing the full value of their contribution to health service reform.

Paper 4:
Recognition and regulation of advanced nursing practice in the UK: a long and rocky road? – United Kingdom

Presenter: Susan Read MBE, FRCN

The UK NP movement really developed in the 1990s, with a majority working in primary care settings but also in emergency and minor injury departments. Whilst evidence has demonstrated the safety and acceptability of NPs in primary care, professional regulation by the statutory body has been slow, the process beginning mid 1990s, and still incomplete (ICN 2006). A recent survey of members of the Royal College of Nursing Nurse Practitioner Association (Ball 2006) showed a decline in proliferation of new NP posts, and despite high levels of job satisfaction, many NPs are concerned about the future of the role, fearing encroachment from government sponsored physician assistant type personnel, and insecurity of funding in a rapidly changing NHS. A newly issued policy document (UK Departments of Health 2006) does nothing to dispel these fears; whilst mentioning demand for nurses with advanced level skills, it also speaks of breaking down professional boundaries and introducing new forms of prac-

titioners. This paper will discuss the possibility that slowness to regulate advanced practice has encouraged the development in the UK of physician assistant and other boundary spanning roles which might have been filled by NPs.

Paper 5:
Nurse Practitioners in the global market: The potential for cross border conversations and collaboration

Presenters: Professor Sandy Middleton FCNA Professor Phillip Della FRCNA

Nurse Practitioners will increasingly become a valuable commodity globally as an innovative option for workforce reform. As the numbers of NPs worldwide remain small, the profession is uniquely placed to shape international standardisation of the role, as recommended by the ICN. Common global legislative frameworks providing a standard definition, title protection and explicit practice standards would have important implications not only for clinical practice but also to enable internationally comparable NP research. Currently, without a level of standardisation globally, the impact of NP research is diminished outside its country of origin. Politicians, patients and the nursing profession will demand evidence of effectiveness of the role in a variety of settings. Pooling of meaningful data from collaborative international NP health services research, collected using common research methods and instruments, is urgently needed. Only then will the profession be in a position to provide a compelling argument for the expansion and longevity of the NP role.

Recommending reading:

Ball J. (2006) Nurse Practitioners 2006. Brighton: Employment Research Ltd.

Department of Health: Chief Nursing Officer's Directorate (2006) Modernising Nursing Careers: setting the direction. Available from

Gardner, G, J Carryer, A Gardner, and S. Dunn. 2006. Nurse Practitioner competency standards: findings from collaborative Australian and New Zealand research. International Journal of Nursing Studies 43: 601-610

Symposium 16
Evaluating the impact of healthcare education: approaches and challenges

Jan Draper, Programme Director, Distance Learning Unit, Royal College of Nursing Institute, London, United Kingdom,
Co authors: Moira Attree, Elisabeth Clark
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Abstract:
This symposium consists of three papers that focus on methodological and pragmatic challenges involved in evaluating the impact of nursing/healthcare education. These papers aim to stimulate critical analysis of the theoretical and methodological issues faced by researchers undertaking educational evaluation within a healthcare context, and critically evaluate approaches for addressing these issues. The symposium aims to: • critically evaluate current approaches for researching nursing/healthcare education • critically explore evaluation methods that offer potential in investigating the impact of nursing/healthcare education on practice • identify and critically explore the methodological and pragmatic challenges of designing credible and robust educational evaluation research.

Introduction: There is significant global investment in Continuing Professional Education (CPE) in nursing and health care (Jordan, 2000). Despite a lack of empirical evidence of its effectiveness, the volume of CPE continues to increase, fuelled by government lifelong learning strategies. Whilst a number of studies have evaluated CPE, these have tended to be small-scale, focussing on process and teaching strategies employed, rather than on impact. Demonstrating the outcomes of CPE on professional practice therefore remains a largely under-researched field which also lacks validated research approaches and methods. In the current climate of outcomes-driven health services, it is essential that educators can articulate to users, commissioners and healthcare providers the added value of CPE to direct patient/client care. The complexity of evaluating the effectiveness of education programmes has been much discussed over the years (see for example, Eraut, 1985) but despite this, little progress has been made. The purpose of this symposium, which is primarily theoretical in nature, is to highlight and explore key methodological and pragmatic issues, outline different approaches and seek a way forward.

Paper 1
Evaluating the impact of healthcare education on practice: a research process-driven

Approach: Moira Attree

Recent policies have exhorted practitioners to base their practice on sound evidence. However, for those involved in healthcare education, this evidence base is not extensive. Whilst the field of educational evaluation has advanced in the last decades, standardised designs and toolkits are not available. Indeed, it will be argued that there is no 'best' or 'one size fits all' approach. Each evaluation approach has different aims and tends to be context-specific, with the design reflecting particular circumstances whilst meeting the requirements of scientific credibility. Key indicators of the outcomes of CPE are not

scientifically verified and no toolkit of standardized, 'off-the-shelf', valid, reliable and sensitive measures of either the process or outcomes of healthcare education exists. The evidence base of educational processes and outcomes are largely derived from small-scale, single case studies; the majority of measures are bespoke, unvalidated tools of untested reliability. Results from these studies are not readily generalisable, rendering meta-analysis inappropriate. Nursing/healthcare education evaluators need therefore to develop valid and reliable tools to assess both knowledge acquisition and its application to practice. This paper will therefore argue that a robust theoretical and methodological process is required to underpin education evaluation research.

Paper 2
Evaluating the impact of healthcare education on practice: an outcome-driven

Approach: Jan Draper & Elisabeth Clark

Drawing on the argument for a strong methodological process to impact evaluation outlined in the previous paper, this paper takes as its starting point the desired outcome. Given the current context of restricted financial and human resources within contemporary healthcare systems, we argue that in order to generate robust evidence of the benefits of investing in CPE, key stakeholders require a tool that can be used to investigate the impact of CPE on healthcare practice. The paper challenges nursing/healthcare professionals to draw on the existing small-scale research to develop a robust impact evaluation methodology that is sufficiently flexible to be applicable to a range of different modes of delivery and contexts in health and social care. We suggest that this tool must be:

• valid and reliable

• user friendly

• involve a range of key stakeholders in its development

• cost effective to administer.

The conclusion will outline the similarities and differences in the process and outcome approaches outlined in

Papers 1 and 2, setting the scene for the challenges to be debated in Paper 3.

Paper 3
Evaluating the impact of healthcare education on practice: the challenges

Moira Attree, Elisabeth Clark and Jan Draper

This final paper will critically evaluate the different methods that offer potential in investigating the impact of CPE on nursing/healthcare practice. It will focus on the key challenges associated with a 'pure' research approach and with an outcomes-driven approach. These include, for example, issues concerned with measurement, attribution, control, reliability and validity, usability and practicality, key stakeholder involvement and cost effectiveness. Similarities in the debate about the key differences between research and clinical audit will be explored. Two empirical educational evaluation studies will be drawn upon to illustrate the analysis. The first study, completed in 2005, used Impact Evaluation (Rossi et al., 2004) to evaluate the impact of interprofes-

sional patient safety education on health and social care practitioners and managers, and the development of patient safety systems and processes in their organisations in England.

The second project, which began in 2006, is concerned with identifying a range of methods that will ground impact evaluation in the realities of practice, capture different stakeholders' diverse perspectives and result in the development of an evaluation tool. The methodological and practical challenges encountered and reflections on lessons learned will be shared. The paper reflects on the need to be flexible when undertaking practitioner-oriented educational research in the dynamic and pressurized contexts of educational and healthcare organisations.

Open discussion forum and conclusion (25 minutes)

The open discussion will provide a forum for interrogating the issues presented in the three papers and discussing them further. The purpose is to critically debate how this field of educational research might move forward as an urgent priority.

Recommending reading:
Eraut, M. (1985) Knowledge creation and knowledge use in professional contexts, Studies in Higher Education, 10 (2), 117–133.

Jordan, S. (2000) Educational input and patient outcomes: exploring the gap, Journal of Advanced Nursing, 31 (2), 461–171.

Rossi, P., Lipsey, M. and Freeman, H. (2004) Evaluation: a systematic approach (7th edn), Sage Publications, Thousand Oaks, California.

Symposium 17

Testing a model for developing, implementing and evaluating a strategy to improve the quality of nursing and midwifery care in an acute hospital trust

Peter O'Halloran, Lecturer in Nursing, School of Nursing & Midwifery, Queen's University, Belfast, Belfast, United Kingdom,
Co authors: Dawn Connolly, Carol McCorry, Brian McGuire, Christine Armstrong
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Abstract:
Background: Health care organisations worldwide are faced with the need to develop and implement strategic organisational plans to meet the challenges of modern health care. There is a need for models for developing, implementing and evaluating strategic plans that engage practitioners, and make a measurable difference to the patients that they serve. These presentations describe the development, implementation and evaluation of such a model by a team of senior nurses and practice developers, to underpin a strategy for nursing and midwifery in an acute hospital trust. Developing a Strategy The PARIHS (Promoting Action on Research Implementation in Health Services) conceptual framework (Kitson et al, 1998) proposes that successful implementation of change in practice is a function of the interplay of three core elements: the level of evidence supporting the proposed change; the context or environment in which the change takes place, and the way in which change is facilitated. We chose to draw on this framework to develop our strategy and implementation plan (O'Halloran, Martin and Connolly, 2005). At the centre of the plan are ward managers. These professionals provide leadership for the majority of staff in the trust and so were seen to be a key group in the implementation process.

Presentation 1:
The development of a framework for strategy implementation

This describes our modification of the PARIHS Framework and the Strategy development process. The Framework draws attention to the credibility of the evidence as a key factor in successful implementation of research-based interventions. We took this principle and applied it to the implementation of a strategic plan, seeking to maximise the credibility of the strategy for stakeholders through an appropriate process of consultation, by enlisting organisational support, and by grounding the strategy in the shared values of nurses and midwives. The consultation process is discussed and the themes emerging from the focus groups and from the critical companionship/values clarification processes are presented.

Presentation 2:
A model for implementation

This describes the implementation of the strategy and the issues and problems faced. It also presents the results of evaluations of Action Learning and Leadership master-classes. Devising a Strategy that had credibility at all levels of the organisation allowed the development team to argue successfully for the resources to support the facilitative processes which are seen as key to success implementation in the PARIHS Framework. These included:

- Employing and training four practice development facilitators

- Obtaining agreement for a programme of Action Learning for Ward Managers

- Providing 360 degree feedback to Ward Managers on their leadership behaviours

- Providing a set of Leadership master-classes for Ward Managers

- Facilitating Ward Managers in the development of local action plans for every ward in the trust

- Obtaining two years funding from the Health Foundation to evaluate the implementation

In addition, the results of evaluation measures were fed back into the implementation process, becoming catalysts for change (see Presentation 3). The context for change was addressed by evaluating the culture of the organisation using the Revised Nursing Work Index (RNWI) (Aiken and Patrician, 2000), and feeding these results back to senior managers, nurses and midwives. The Trust convened an Organisational Development Group consisting of Senior Managers, charged with addressing organisational issues arising from the RNWI and from the implementation of local action plans.

Presentation 3:
Evaluation of the strategy

This presents the results of the tests carried out before and after the implementation of the Strategy. The evaluation of the strategy was designed as a pre-test, post-test study, with the results of evaluation feeding back into the implementation process. The following instruments were administered in 42 clinical areas between February and April 2004, prior to the implementation of the Strategy:

• Ward Managers completed the Leadership Practices Inventory (LPI) (Kouzes and Posner, 2003). Their staff and managers also completed the questionnaire to provide 360 degree feedback to the Ward Manager.

• Trained assessors completed the Qualpacs (Wandelt and Ager, 1974) nursing quality assessment instrument for each ward.

• A selection of patients from each clinical area completed the Newcastle Satisfaction with Nursing Scale (Thomas et al, 1996).

• Nursing and midwifery staff completed the Revised Nursing Work Index (Aiken and Patrician, 2000), a measure of nurses' opinions on the degree to which the organisation supports nursing care.

Two years later, following the implementation of the strategy, the pre-test measures were repeated.

Presentation 4:
Linking leadership behaviour and quality of care

As noted in the introduction, ward managers were seen to be a key leadership group in the implementation process and consequently were the focus for both the challenge and support offered by the implementation processes. We therefore sought to test the relationship between the leadership behaviours of 35 Ward Managers as measured by the LPI and the quality of nursing care in their wards and

departments as measured by Qualpacs. To this end we are building a model of the key determinants of the quality of nursing care including:

• leadership behaviours

• staff-patient ratio

• skill-mix

• size of ward

• span of control

• nursing speciality

This will allow us to carry out an analysis that identifies the key factors influencing the quality of nursing care. The results of this analysis will be presented at the conference.

Conclusions: The symposium outlines a model that will be of interest to others who wish to develop an integrated approach to strategic change. It presents a replicable approach to evaluation and seeks to test the relationship between leadership behaviours and the quality of nursing care.

Recommending reading:

Kitson A, Harvey G, McCormack B (1998). Enabling the implementation of evidence based practice: A conceptual framework. Quality in Health Care 7: 149–58

O'Halloran P, Martin G, Connolly D (2005). A model for developing, implementing and evaluating a strategy to improve nursing and midwifery care. Practice Development in Health Care 4: 180-191

Kouzes JM, Posner BZ (2003) The leadership challenge (3rd Edn) San Fransisco: Jossey Bass

Symposium 18

Relationship-centred care and the senses framework: Applying the principles to practice

Michael Nolan, Professor of Gerontological Nursing, Sheffield Institute for Studies on Ageing (SISA), School of Medicine and Biomedical Sciences, University of Sheffield, Sheffield, United Kingdom,

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Abstract:

Symposium outline: Older people are the major users of health and social care and, given prevailing demographic trends, will continue to be so. However, modern day health care systems often fail to respond adequately to the needs of individuals with long-term conditions and their families. Nursing in particular has long struggled to find an appropriate model of care to guide education and practice, and gerontological nursing still has difficulties in recruiting and retaining staff, and in encouraging newly qualified practitioners to enter the field. This symposium comprises four interlinked presentations that collectively present a new vision for work with older people and their families based on a relationship-centred model of care, underpinned by the Senses Framework. It will focus in particular on the application of this model to practice in diverse contexts, and provide evidence for its utility and the potential benefits of its use.

Paper 1
The origins of relationship-centred care and the Senses Framework

Mike Nolan and Janet Nolan

This paper will establish the context for the symposium and the subsequent presentations by tracing the origins of relationship-centred care and the Senses Framework (see Nolan et al 2006 for a detailed account). It briefly describes the emergence of relationship-centred care from the US in the 1990's (Tresolini and the Pew-Fetzer Task Force 1994), and maps the simultaneous but separate development of the 'Senses Framework' over a 10 year period. Particular emphasis will be placed on the theoretical and empirical evidence supporting the Framework, and the ways in which it was developed in close collaboration with practitioners, older people and their families.

Paper 2
Transforming the culture of care homes: applying the Senses Framework

Sue Davies

Despite a continued policy of community care it is increasingly recognised that some form of alternative provision will always be needed for frail older people who are unable to remain within their own homes. Despite this realisation the care home sector has long been the 'Cinderella' of services and this remains largely the case. However, recent initiatives such as the establishment of the National Care Home R&D Forum, and the 'My Home Life' initiative launched by Help the Aged has signalled a renewed sense of optimism, and a greater desire to forge creative partnerships between staff, residents and relatives within care homes. Realising this potential will require models of practice development that facilitate the maximum contribution from these diverse stakeholders.

This presentation will focus on the work completed in care homes by Dr Sue Davies during the course of her 3 year Department of Health postdoctoral fellowship (2003-2006). It will highlight in particular the ways in which the Senses Framework was used to aid practice development and partnership working in care home settings.

Paper 3
Transforming students' views of gerontological nursing

Jayne Brown

Despite its growing importance gerontological nursing remains an unpopular career choice for many newly qualified nurses. Evidence suggests that pre-registration training may either reinforce existing negative attitudes towards such work or, paradoxically, can discourage students who were initially favourably inclined towards work with older people from pursuing such a career upon qualification. However, recent studies suggest that if students are exposed to 'enriched' environments of care during their training then they are far more likely to see gerontological nursing as interesting and rewarding (Brown 2006). This paper will focus on how an understanding of the characteristics of an enriched environment of learning and care for students can be achieved using the Senses Framework, and describe the development and initial evaluation of an interactive, multi-media CD Rom based learning resource intended to promote the value of relationship-centred care and the Senses Framework within the pre-registration nursing curriculum.

Paper 4
Relationship-centred dementia care: a case study

Tony Ryan

The seminal work of the late Tom Kitwood in promoting person-centred care (PCC) in dementia transformed practice in a hitherto neglected and marginalised area of care. Recently, however, there have been critiques of person-centred care which argue that it potentially ignores the complex dynamics apparent in caring relationships. However, this paper suggests that current usage of the concept of PCC is often not consistent with Kitwood's original vision and potentially risks diminishing his important legacy. Extending Kitwood's original conceptualisation of PCC, a model of relationship-centred care in dementia based on the 'Senses Framework' is presented. The application of the model to practice is illustrated using as a case study of the Community Dementia Support Service that was developed and evaluated in Sheffield, South Yorkshire, in conjunction with practitioners, people with dementia, and their carers. Service providers, users and people with dementia have recently been actively involved in producing an interactive CD Rom based learning package that will also be featured briefly, highlighting the ways in which the success of the service may be understood using the Senses Framework.

Recommending reading:

Nolan MR, Davies S, Brown J, Nolan J and Keady J (2006) The Senses Framework: Improving Care for Older People Through a Relationship-Centred Approach. Getting Research into Practice (GRiP) Report No 2, University of Sheffield.

Tresolini CP and the Pew-Fetzer Task Force (1994) Health Professions, Education and Relationship-Centred Care: A Report of the Pew-Fetzer Task Force on Advancing Psychological Education. Pew Health Professions Commission, San Francisco, CA.

Brown J (2006) Student nurses' experience of learning to care for older people in enriched environments: a constructivist inquiry. PhD Thesis, University of Sheffield.

Symposium 19

Compassion or complicity? Nurses and the Nazi euthanasia programmes

Alison O'Donnell, Lecturer in Nursing, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom,
Co authors: Linda Shields, Susan Benedict. Jane Georges. Ellen Ben-Sefer
a.j.odonnell@dundee.ac.uk
Chair: Professor Benedict

Abstract:

This symposium will present research from an international team whose current investigations have focused on different facets of the role of nurses in the euthanasia and killing programmes of National Socialist Germany and Austria during World War II.

Paper 1
Killing as Policy in Nazi Germany: The T4 euthanasia programme

Ms Alison O'Donnell Lecturer in Nursing University of Dundee, Dundee

During the National Socialist era in Germany nurses were key players in the euthanasia programmes where many civilians were deliberately and systematically killed. Initially, this paper will present an analysis of the social and political context in relation to the health policies of the 'euthanasia' programme, Aktion -T4. This presentation will consider that whilst some nurses who worked on the T4 programmes may have believed in the rectitude of what they were doing, others acted conspiratorially and methodically as they carried out their orders. To explain these actions in terms of nursing work, the trial transcripts (United States v. Alfons Klein et al 1945) from a former T4 centre, the Hadamar Asylum, will be analysed (Kintner 1949).

Paper 2
The Children's Euthanasia Program

Professor Linda Shields Faculty of Health and Social Care University of Hull Hull

In Nazi Germany, children with physical handicaps, learning disabilities and other disorders were killed by nurses as part of the drive to ensure "purity" of the Aryan race (Burleigh 1994). Many nurses had been influenced by Nazi party propaganda to believe that killing those of inferior race and intellect was the correct approach to ensure the on-going development of the Aryan race. They were happy to participate in the factory-style executions that occurred at places like Eglfing-Harr, a paediatric hospital where disabled children were killed. This paper will raise questions about the concepts of the value of children which prevailed at the time, and the dehumanising of the Nazi propaganda machine. It will attempt to explain why some nurses saw killing children as a legitimate part of caring, and relate the history to current ethical dilemmas in paediatric nursing practice.

Paper 3
Meseritz-Obrawalde: A "Wild" Euthanasia Hospital

Professor Susan Benedict [Chair] Medical University of South Carolina, College of Nursing Charleston, SC USA

Even though the organized gassing of patients known as the T4 program officially ended in August 1941, the killings continued on an individual basis, usually with an overdose of barbiturates. This decentralized killing program was known as "wild euthanasia". Physicians and nurses selected patients for killing who were unable to work or who required comprehensive care. These murders were ordered by the physicians but were carried out by the nurses. Meseritz-Obrawalde was one of the primary sites for these killings with over 10,000 patients being killed there by nurses. In 1965, 14 nurses from Meseritz-Obrawalde were tried for their actions. Testimony from this trial will be presented and includes the reasons and rationale for the nurses' actions.

Paper 4
In the presence of suffering: An ethical analysis of nurses' actions in the euthanasia programs

Professor Jane Georges, Alcala Park University of San Diego School of Nursing San Diego, CA USA

The narrative accounts of nurses' involvement in the implementation of the Nazi agenda demonstrate both compassion and complicity. The confounding nature of these nurses' actions constitutes a unique bio-political liminal space with profound implications for the role of nurses within Western culture. Drawing upon Agamben's notion of "bare life", an analysis of the ethical dimension of nurses' involvement in the euthanasia programs will be presented. The role of gender, ethnicity and class in creating the bio-political space in which nurses both upheld and violated the fundamental ethical principle of "do no harm" will be explored using a critical-feminist analysis. Implications for the role of contemporary nurses functioning within a market-economy health care system will be explored.

Paper 5
A lesson from the past, a lesson for the future? Education; the contemporary setting

Dr Ellen Ben-Sefer Senior Lecturer Faculty of Nursing, Midwifery and Health, Lindflield Australia

The active participation of nurses in The Nazi "Euthanasia" Program which resulted in the murder of at least 70,000 adults and children is well established in the historical record (Benedict& Kuhla 1999). Utilising the contemporary research and literature concerning this event in class with undergraduate and post graduate nursing students enables them to become conversant with a significant aspect of nursing history. It also fosters discussion that confronts their own values and beliefs and their relationship to practice. This paper discusses the ways in which nursing academics can implement the use of the research concerning nurses and The "Euthanasia" Program as a teaching exercise that ultimately is valuable both to teaching staff and students.

Linkage of Papers: All papers are concerned with the role that some nurses adopted during the euthanasia programmes of Nazi Germany. The first paper, by Alison O'Donnell will act as a backcloth to the explain the 'killing policies' of the T4 programmes in Germany until 1941, this will then link into the children's programmes in Austria which Linda Shields will offer. Susan Benedict will explore the decentralising of the killing programmes after August 1941; the ethical questions posed by these actions will be presented by Jane Georges.

Lastly, Ellen Ben-Sefer will consider the contemporary setting in terms of teaching this subject area within a nursing curriculum. Chairperson: Professor Susan Benedict is currently tenured Professor of Nursing at the Medical University of South Carolina, Charleston, SC USA.

Professor Benedict will chair this symposium session, 'Compassion or Complicity? Nurses and the Nazi Euthanasia Programmes', as she is currently the leading nurse academic who is publishing in this field and is the subject expert. Professor Benedict is one of a few international nurse historians who study this emerging field of nursing research, considering the ethical dilemmas that faced some nurses who worked during the National Socialist era in Germany.

Recommending reading:

KINTNER, EW.,1949. The Hadamar Trial. William Hodge & Co: London.

BURLEIGH, M., 1994. Death & Deliverance. CUP: Cambridge.

BENEDICT, S., KUHLA, J., 1999. Nurses' participation in the euthanasia programs of Nazi Germany. Western Journal of Nursing Research. 21 2 pp246 - 263.

Symposium 20

Methodological insights from recent breast cancer research

Mary Wells, Lecturer, School of Nursing and Midwifery, University of Dundee, Dundee, UK and Daniel Kelly, Reader in Cancer and Palliative Care, School of Health and Social Science, Middlesex University, London, UK.
Co authors: Cara Taylor, Mhairi Hawkes, Alison Harrow, Brian Williams, Rose Barbour, Stuart Cable
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Abstract:
Introduction: The methodological insights gained from qualitative research can be as illuminating as the findings themselves. This symposium presents three contrasting research studies in the field of breast cancer care, and explores the different methodological issues raised.

Presentation 1 describes an innovative approach to accessing and recording patients' mental images of cancer and how these relate to illness perceptions.

Presentation 2 explores women's attitudes to participation in multiple clinical trials, and presentation 3 examines the challenges involved in accessing an under-researched group (male partners).

The symposium will last for 90 minutes and allow time for 3 presentations of 20 minutes with adequate time for discussion arising out of these innovative studies.

Dr Daniel Kelly (Middlesex University) and Mary Wells (University of Dundee) will lead and co-chair.

Paper 1

Using visualisation to change illness perceptions and improve recovery following a diagnosis of cancer: A qualitative study

C Taylor, A Harrow, M Wells, B Williams

Background: Illness perceptions and beliefs are known to influence social and psychological outcomes in patients with breast cancer. Interventions that are designed to change patients' perceptions of their illness and thus improve psychological, social and physical recovery have been shown to be non invasive, acceptable to patients and have a significant positive impact on outcomes. To date, most studies have accessed and measured patients' beliefs about their illnesses when expressed in verbal form. However, there is increasing evidence that illness perceptions may be embodied and communicated in forms other than language (Guillemin 2004).

Aim: To explore how patients' illness beliefs about breast cancer are embodied in their visual representations of cancer.

Methods: Qualitative interviews and focus groups incorporating the draw and write technique, with approximately 35 women with primary breast cancer. Illness Perception Questionnaires (IPQ) and Visual Aural Read/ Write Kinaesthetic Questionnaires used to assess illness perceptions and preferred learning styles.

Results: The accessibility of visual images of cancer will be identified, along with the key characteristics and parameters of those images. Possible relationships between visual represen-

tations of cancer and illness perceptions will also be explored.

Discussion: If patients' visual images of cancer can influence behaviour and illness perceptions then it may be possible to modify these images in order to influence the psychological and clinical outcomes of a cancer diagnosis.

Conclusions: Visual representations of cancer have, until now, been largely unexplored. Implications for further research will be discussed. Patient views on being offered entry into multiple clinical trials – a qualitative study.

Paper 2

M Hawkes M Wells

Background: The need to increase recruitment to clinical trials is well recognised. Because of the complex treatment trajectory, patients with breast cancer may be offered entry into multiple clinical trials, but this practice has caused concern amongst some ethics committees. Only one study has sought to elicit, through questionnaires, patients' views on the acceptability of entry into multiple clinical trials (Burnett et al. 2003). This study was designed to explore this issue in more depth, using a qualitative approach.

Aim: To explore patients' experiences of multiple trial participation and their reasons for accepting or declining entry.

Methods: Qualitative interviews with approximately 12 patients who have been offered entry into more than one clinical trial.

Results: Women with breast cancer did not see participation in more than one clinical trial as inherently problematic. Decisions to take part were made on the basis of perceived personal benefit – better treatments, reduced treatment lengths. Although some participants felt obliged "to give something back" most did not take part in trials if they perceived a lack of personal benefit. The majority of participants expressed a willingness to participate in further trials and did not feel there should be a maximum number of trials offered. Some felt that trial participation allowed them to focus on something other than breast cancer. Patients accessed additional information about the trials from other sources, including GPs, family members, support centres and the internet, and some felt they were only able to come to a decision when they had done this.

Discussion: Where patients are provided with information tailored to their individual needs to allow informed decision making, being offered entry into more than one clinical trial may not be regarded as an added burden at a highly emotional time.

Conclusion: Entry into multiple clinical trials is an individual decision. The challenges of researching male partners of women with breast cancer

Paper 3

A Harrow, R Barbour, S Cable, M Wells

Background: Exploring men's health and illness experiences can be problematic in terms of both recruitment and disclosure. Studies which aim to recruit the partners of patients with cancer often lack male participants. Some authors suggest that particular research methods are

more suited to capturing the "linear talk" of men (Kvale, 1996), but others feel that the method of inquiry should be based on the research question and that researchers need to explore ways of engaging participants and gaining their trust in order to encourage self-disclosure. Whilst several factors may account for men's reluctance to take part in research this presentation is based on the findings of a recent qualitative study which explored the male partner's experience of breast cancer.

Aim: To explore the challenges of studying men's experiences.

Methods: Seven preparatory one-to-one interviews were conducted before a questionnare was developed. 79 men returned these questionnaires and twenty-two participated in one-to-one semi-structured interviews.

Results: Meeting the challenge of studying men's experiences required a combination of approaches. In order to engage with the topic the men needed to reflect over their experience and the questionnaire facilitated this. The reflexive nature of qualitative enquiry required the researcher to re-evaluate her role as well as the balance of power and gender issues in the interview setting.

Discussion: Difficulties were encountered using the 'gold standard' one-to-one interview approach, related to the unknown aspects of men's encounters with the researcher and with her expectations of their accounts.

Conclusion: Qualitative research designs offer the flexibility to alter the approach in order to redress the power balance in favour of male participants.

Recommending reading:
Kvale, S. (1996). InterViews An Introduction to Qualitative Research Interviewing.

Guillemin, M. (2004). Understanding illness: Using drawings as a research method. Qualitative Health Research 14(2): 272-289.

Burnet, K. Benson, J. Earl, H. Thornton, H. Cox, K. Purushotham, AD. (2004). A survey of breast cancer patients' views on entry into several clinical studies. European Journal of Cancer Care 13 (1): 32-5, 2004.

Symposium 21

Non-university researchers: challenging the status quo?

Loretta Bellman, Independent Consultant Nursing & Healthcare, Organisational Development & Action Research, Independent Consultant, Tunbridge Wells, United Kingdom,
Co authors: Abigail Masterson, Samantha Walker
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Abstract:
The symposium will raise awareness of the growing trend of non-university researchers and the contribution they make to knowledge development, policy and practice (Finnegan, 2005). The presentations also reflect the call for a debate by nurses on the value of traditional research training and research priorities and how academic departments can deliver at both ends of the spectrum (Taylor and Cable 2004). The three presenters will describe three non-university models including collaborative approaches to research & development (R&D), and examples of the professional challenges and personal conflict that may ensue. Also, delegates are asked to consider whether the university is the primary site for the creation and authorising of knowledge, and ought it to be? Who are the often 'invisible' creators of knowledge? Do such researchers present a challenge to the still often-assumed monopoly of the university over the production and validation of knowledge? Despite the obstacles they face are they perhaps following a more open route to knowledge production than in the increasingly constrained setting of university research today?

Independent by name and independent by nature

Abigail Masterson

In the UK, and internationally, an increasing number of nurses are establishing themselves as independent researchers. In this paper Abi Masterson will draw on her ten years of experience working as an independent consultant, carrying out research for a variety of organisations including government departments of health, professional and regulatory bodies, health and social service providers, and universities. She will offer some challenging perspectives on the following key issues:

• What counts as 'real' research and who decides?

• The expectations of a 'modern' world and in particular the profession's and policy makers needs for robust but pragmatic research that can be delivered speedily, responsively, and flexibly to inform professional and service developments.

• How to establish robust quality assurance mechanisms outside of a university context.

• The freedoms and constraints, intellectual, methodological and ethical, posed by being an independent researcher.

• Why independent researchers offer increasing value for money and cost effectiveness in an increasingly resource constrained environment

• The personal characteristics and attributes required for a successful career as an independent researcher.

Throughout the presentation the potential for both the individual and society of a career as an independent researcher will be highlighted and a bright future for independent researchers in the 21st century will be forecast.

Nurses and research: an alternative model

Samantha Walker

High quality research needs to be robust, generaliseable, internationally relevant and have the potential to change practice. In terms of nursing, and delivery of care, research can generate evidence of best practice to underpin effective clinical decision-making. However, if we are to generate such evidence, nurses themselves need to take responsibility for growing quality infrastructure in nurse-led research. Although the majority of nurse researchers are based within departments of nursing, the university model is not the only research career pathway open to nurses. Independent educational and research organisations can provide opportunities to do research alongside developing other important skills such as business administration, marketing and promotion. Such organisations tend be small, with the potential for researchers to have greater autonomy and independence and more opportunities for development. They are usually financially independent, and thus may be able to offer permanent, rather than short term employment contracts and higher salaries. Such organisations may not consist of a fixed professional group, and so the research on offer may be more multi-disciplinary in nature. Furthermore, independently funded research organisations are not driven by the requirements of the Research Assessment Exercise, which may allow greater flexibility in terms of research output. No system is perfect, however, and the research agenda of independent organisations is often driven instead by organisational policy or business targets, and robust research governance can be a challenge. Nevertheless, independent organisations provide an attractive alternative to the university sector and have an important role in implementing and disseminating high quality research.

Fit for purpose

Loretta Bellman

This presentation will explore independent research provision from 'both sides of the fence'. I recently worked for five years in an independent, not for profit, social science research institute, which is a member of the Association of Research Centres in the Social Sciences (ARCISS 2005). I now work as a freelance researcher and consultant in nursing and healthcare. As a nurse, with a background in education and nursing research, working in an independent research institute offered many diverse and creative opportunities to share and develop knowledge within both healthcare and industry. Working on the periphery of nursing also provided me with a clearer business focus. It also enabled an enhanced understanding of the need for all experienced nurse and midwifery researchers, wherever they work, to raise the visibility of their research outside of, as well as within, nursing, and become visibly active in influencing national R&D policy. The way in which some independent researchers work appears particularly suited to the current political context and health care commission-

ers' approach to developing evidence-based policy. I will share, albeit briefly, the use of new paradigm research methodologies which enable: stakeholder collaboration and participation, early feedback of proposed policy change, and systematic exploration of ongoing policy development. Also, I shall discuss the increasing demand for process and outcome evaluation research, which is often the focus of current independent commissioned work. In conclusion the key messages to emerge from the three presentations will be highlighted. The audience will then be invited to discuss their views of independent research and research institutes, and the extent to which independent researchers may collaborate with and challenge university research departments in the future. Loretta Bellman will chair the symposium

Recommending reading:

ARCISS (2005) Association of Research Centres in the Social Sciences. www.arciss.ac.uk

Finnegan, R. (2005) Participating in the Knowledge Society. Researchers beyond the university walls. Palgrave MacMillan

Taylor J, and Cable S (2004) Research in response to local need. Nurse Researcher, 11 (3) 56-69

Symposium 22

Reality check for research nurses

Carol Dealey, Senior Research Fellow, Research Development Team, University Hospital Birmingham NHS Trust, Birmingham, United Kingdom,
Co authors: Alison Walker, Rachel Hornabrook, Gina Dutton
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Abstract:
The implementation of the NHS Knowledge and Skills Framework and the EU Directive 2005/28/EC, governing the conduct of clinical trials, have both had an impact on Clinical Research Nurses (CRNs). It important that they are enabled to work effectively and are, in effect, 'fit for purpose'. As 86 CRNs work within University Hospital Birmingham NHS Foundation Trust, it was considered that the Trust must take responsibility to ensure that appropriate education and training is provided. This symposium chaired by Dr Carol Dealey will present 4 papers that address different developments within this process. Each author is a member of a working group that was established to undertake the work.

Clinical research nurse professional development audit

Alison Walker

It is increasingly recognised that CRNs lack appropriate support; they often working in isolation, on fixed-term contracts with limited professional development. In addition professional, political and legal developments have resulted in unprecedented attention being focused on their activity and management[1,2,3]. Between Oct 2005 and Jan 2006, 86 CRNs were audited. The audit tool consisted of a questionnaire which, following registration with the Clinical Governance Office, was distributed by post and email with telephone follow-up. Topics included: contact details; funding and contracts; professional issues; mandatory training; research training; working environment; education and research activity, with a free text section for questions or comments. The results of this audit significantly increased understanding of the issues affecting CRNs. The information has not only informed local policy making for the professional development and management of CRNs, but has also revealed an experienced, stable workforce that could contribute to the strategic plan of the departments in which they work. Recommendations resulting from the audit include:

• Consistent job title for cohesion amongst CRNs' and wider recognition of their role

• A robust mechanism, involving HR and R&D, for registering new research nurse posts and new research nurses

• Trust mandatory research induction, training and updates using a cross-specialty approach to mentorship and support

• Research Nurse Forum for information giving, networking and education

Developing knowledge and skills framework outlines for CRNs

Rachel Hornabrook

Our working group was set up in November 2005 with the aim of creating Knowledge and Skills Framework (KSF) outlines for the four bands of clinical research nurse (CRN) employed in our Trust. We reported monthly to the KSF Sub-Group for Nurses, chaired by the Associate Director of Nursing. Our time schedule was to have the outlines created, approved by the CRN community and signed off by the Agenda for Change office by the end of January 2006. We then planned to move on to creating clinical research nurse competencies that could be used as a training tool and help with the performance reviews that were going to become an integral part of pay reviews and Agenda for Change pay gateways. We hoped to have these completed by the third quarter of 2006 and established prior to the final phase of banding, matching and assimilation. An initial meeting with a representative from the Agenda for Change office was crucial in helping to establish certain ground rules. These were:

• The KSF outlines are benchmarked for our own Trust, so cannot necessarily be compared to other Trusts

• It is important to remember that each grade/band should be operating at the same level within their band, even if doing different things.

• There is no point in setting the level per band so high it is impossible to achieve – especially as the level does not affect pay.

CRNs were consulted regularly throughout the process via the Research Nurse Forum. At the time of submission outlines have been disseminated to the CRNs and our working party is supporting the process of Practical Application documentation development.

Developing competencies for research nurses

Dr Carol Dealey

The Knowledge and Skills Framework is being applied to all staff working within the NHS. This requires staff to demonstrate their competence in their roles. Equally the EU Directive and ICH-GCP affect research staff, with much the same expectations. Research Nurses (CRNs) require a number of key skills specific to research and need to be able to demonstrate their ability in order to prove their competence. University Hospital Birmingham NHS Foundation Trust has been developing methods for supporting CRNs including developing a specific Competency Framework.

This paper will describe the process used for developing competencies for CRNs. The specific competencies are:

• Background to clinical research

• Ethics

• Understanding clinical research

• Data collection and related documentation

• Valid informed consent

The detail of the competencies and the assessment process will also be discussed.

The Birmingham Research Training Collaborative

Gina Dutton

Under research governance, there is a requirement to ensure that staff working in research have access to quality training and education. As a result, all institutions across Birmingham were organising training events for a small number of interested individuals. Birmingham Research Training Collaborative (BRTC) is a partnership between Primary and Acute Trust R&D representatives, Pan Birmingham Cancer Research Network, University of Birmingham representatives and the Wellcome Trust Clinical Research Facility and other interested parties.

All member institutions allow access to their training to anyone from Birmingham and the co-ordinated approach has ensured that the entire spectrum of training requirements is addressed. Courses range from full day Good Clinical Practice to 2 hour 'bite size' seminars on writing a research proposal. Training is largely delivered free of charge. All courses are awarded CPD points by the Royal College of Physicians and are evaluated by the delegates, to ensure that the training is fit for purpose. A yearly programme is arranged in advance, but staff are encouraged to register for courses even if no date is predetermined so that we can run a 'needs led' service. This paper will outline the process undertaken to establish the Collaborative and the evaluation of the training provision to date.

Recommending reading:
Best Research for Best Health www.dh.gov.uk

Agenda for Change www.dh.gov.uk

European Union.(2005) EU Directive 2005/28EC of 8 April 2005. Official Journal of the European Union. L91/13 – L91/19

Workshops

Workshop 1

Publishing research reviews – new challenges for editors and authors- An interactive workshop for editors, authors and reviewers

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Abstract:
Aims of Workshop

1. To highlight the growing importance of reviews in disseminating synthesised evidence from research.

2. To discuss types of reviews and emergent quality standards for publishing scientifically-sound reviews.

3. To debate some of the issues and challenges for journals as publishing outlets for reviews.

Background: The literature review' has long been integral to the research process, traditionally for purposes of summarising past research to justify and inform a new research proposal. However, over the past 20 years, the value of reviews in their own right has become recognised. Reviews are now the means of synthesising the otherwise unmanageable amounts of new information from research, and the key source of evidence for evidence-based practice, policy and education in nursing and health care. Exposure in the late 1980s of the poor scientific quality of reviews in the field of medical research (Mulrow, 1987) kicked off what was to become a fast and ongoing trajectory of development of scientific methodology for research reviews.

In the UK this was spearheaded by the Cochrane Centre (Chalmers & Altman 1995) but building 'the science' of research reviews is now a worldwide endeavour. Nurses (e.g. Morse, Sandelowski, Pearson) have been at the forefront of developing systematic review methodology, and nurses working as authors, reviewers and editors are integral to the work of international systematic review organisations (such as the Joanna Briggs Institute). It is not only in the process of conducting reviews that a scientific approach is now expected, but also in their reporting. The latter raises new challenges for journals, both in terms of managing the logistics of publishing reviews (which, necessarily, can be very lengthy) and also in terms of ensuring that the quality of review reports is meeting established and emergent gold standards.

Over the past year Journal of Advanced Nursing has been considering these challenges and, in keeping with a decision to give reviews more prominence in the journal, it has recently expanded its guidance for authors who are seeking to publish a review paper. JAN's author guidelines are freely accessible on the web (www. journalofadvancednursing.com) and, therefore, available to all authors, whether writing for JAN or another journal, and also to other journal editors. In this Workshop, members of JAN's editorial team will share these JAN developments, with criticism being welcomed, but with the wider aim of stimulating general discussion about the challenges for nurse researchers, authors and editors that follow on from the pre-eminent position being accorded to reviews in the research world today. Q&A and Discussion At least 30 minutes of the Workshop session will be in the form of interactive discussion. We hope that participants will question and criticise JAN's guidelines for review papers and that editors of other journals will share information about their own editorial policies in response to the growing volume of reviews and the rising standards being demanded by the methodologists and experts.

Some of the questions we might discuss include:-

1. How can/should nursing journals reconcile the requirement for reviews to be reported in sufficient detail (method and content), but necessarily with length restrictions due to the inevitable limitation of space available in printed journals? What are the most useful ways of combining print and online publication of a lengthy review report?

2. How should nursing journals address the problem that reviews can quickly go out of date? Publish updates of previously-published reviews? If so, in print or online or both?

3. How should journals address the problem that methodological approaches for qualitative and mixed method reviews are still undergoing development and an international consensus has yet to be reached on many aspects (such as whether to quality-appraise qualitative research)?

4. How can authors be encouraged to extend the scope, quality and rigour of their reviews to reveal new concepts and theories?

Recommended reading:

Mulrow CD (1987) The medical review article: state of the science. Annals of Internal Medicine, 106, 485-8.

Chalmers, I & Altman G eds. (1995) Systematic Reviews BMJ Publishing Group, London.

Dixon-Woods M, Agarwal S, Jones D, Young B, Sutton A. (2005) Synthesising qualitative and quantitative evidence: a review of possible methods.J Health Serv Res Policy. 10(1):45-53.

Workshop 2

Scaling a steep learning curve: Some suggestions for effective PhD supervision

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Co authors: Julie Taylor,

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Abstract:
We have set up a monitoring system, involving a Thesis Monitoring Committee, comprising 3 individuals who oversee progress and are there as an independent 'sounding board' should any problems arise in the course of supervision. As part of this process we ask all supervisory teams to draw up a research contract, which specifies, amongst other things, how frequently and in which combinations the team will meet; and the 'turn-around time' for supervisors to provide comments on written work. Provided that the contract is open to re-negotiation as requirements (and, indeed, length of written submissions) evolve over time, this can serve to avert those bubbling resentments that can otherwise build up. These arrangements also provide clarification as to which of the supervisors is the 'main' one and sets out the expectations of the others. However, like any set of relationships, it is difficult to predict exactly all the issues that are likely to arise. Individuals are likely to have very different supervisory styles and the student can find herself responding to apparently contradictory exhortations and advice.

One of the biggest challenges for the inexperienced supervisor is learning to be constructive rather than simply being critical. Although it can be helpful for the supervisors to meet prior to supervisory sessions in order to discuss responses, this can put further demands on already full diaries.

Communication between supervisors is, however, key. I recently took to providing a written summary of the rationale and decisions made when working with a student (as a pair) in re-structuring a thesis prior to submission Preparation for the Viva and Selection of Examiners: We have often set up a mock viva for students, pressing a colleague into service as 'external examiner'. However, some particularly 'anxious' students may be better served by careful reading of their thesis, alongside coaching from supervisors on likely questions. Mock vivas also serve a useful purpose as a 'dry run' for recent postdocs who want to gain some practice in examining without the full responsibility. If the supervisor sits in on these, s/he can provide feedback to the mock 'external'.

There is an art to selecting examiners for the real thing. Specialists/'stars' in the field of study may find it hard not to examine the thesis (unfavourably) against the one that they, themselves, would have written on the topic. The key to choosing examiners is to look for someone who is going to be through, and fair,

and who understands about the challenges of conducting research in the 'real world'. Exercises will involve the presentation of several vignettes (based on the system we use in our School and our own experience as supervisors and mentors to less experienced supervisors). These will be designed to allow participants to focus on issues of most salience for them and will be used to stimulate discussion.

Recommended reading:
Phillips EM & Pugh DS (2000) How to get a PhD, third ed. Buckingham: Open University Press.

Potter S (2002) Doing Postgraduate Research, second ed. London: Sage.

Thody A (2006) Writing and Presenting Research, London: Sage

Wednesday 2 May, 14.15 – 15.45

Workshop 3

Gaining consent to participate in research with young children: A workshop for child health researchers

Faith Gibson, Centre for Nursing and Allied Health Professions Research, Institute of Child Health, Great Ormond Street Hospital, London, United Kingdom

Co authors: Alison Twycross, Jane Coad

gibsof@gosh.nhs.uk

Abstract:
The United Nations Convention on the Rights of the Child (1989) makes it clear that children should be involved in decisions that affect them. This has been reinforced by the Children Act 1989 (England) and the Children Act 1985 (Scotland). Indeed the (English) National Service Framework for Children and Young People states that children should be active partners in decisions about their care (Department of Health 2004).

This is all very well in theory but how can we as professionals ensure that children are actively involved in the decisions that affect them? What strategies can we use to ensure meaningful involvement? How can researchers ensure that young children are giving informed consent to participate in a research study? We would agree with Alderson and Morrow (2004) that the values of respect, trust, clear information and good communication apply to consent in any kind of project irrespective of the age of the child. Consent is the invisible act of evaluating information and making a decision, and the visible act of signifying the decision (Alderson and Morrow 2004). It is generally accepted that a child should give positive consent, not simply fail to register dissent. But at what age can children give informed consent? How do we decide that a child is competent to make that decision?

Involving children in decisions that affect them and ensuring children are active participants in consenting for research are two prominent inter-related features in current children's health care.

The children's rights agenda and social studies have challenged conventional thinking about children, and through that process have placed children's perspectives in the foreground. "Children are and must be seen as active in the construction and determination of their own social lives, and the lives of those around them and the societies in which they live. Children are not just passive subjects of social structures and processes" (Prout and James 1997, p8). This position has challenged the dominant account of childhood that has historically viewed children as incompetent, irrational, vulnerable, and requiring protection. This has resulted in a reappraisal of appropriate ways of carrying out research with children where researchers now speak of doing research with children rather than on children.

Children are now seen as active social agents, with their particular needs considered from the initial stages of designing a study and with consent seen as an active and ongoing dialogue rather than a preliminary hurdle to get out of the way at the beginning. But despite the availability of a number of guidelines that direct researchers to reflect on the framework of principles, rights and outcomes these guidelines are often too broad and leave researchers to work out how best to apply them in the context of their research study (Alderson 2005). Translating these guidelines into the practice setting is clearly not problem free as we have heard of many examples where researchers, faced with ethical challenges, have been uncertain about the action to take even after consulting guidelines. Yet, in the absence of experience novice researchers will use guidelines to steer them to undertake research that is ethical. It is therefore essential that guidelines are applied and embedded in the real world of practice as we can anticipate that the nature of working with children within the context of the family will continue to be unpredictable and challenge researchers to reflect on the way they work with children.

Our concerns are that some might be daunted by the process and opt as we have seen in the past to seek children's views through proxy reports by parents and professionals who might be 'easier' to consent to be involved in research studies. The Central Office of Research Ethics Committees (2000) states that children under the age of 16 years can give their consent to take part in a research study if they satisfy the criteria of Gillick competence:

• They have been counselled and to do not wish to involve their parents.

• They have sufficient maturity to understand the nature, purpose and likely outcome of the proposed research.

However deciding whether children and young people are competent to consent on their own behalf is sometimes difficult and it is necessary to use professional judgement. Decisions such as these, are often simpler for teenagers, but what about the three year old or the six year old child? We have a duty to consult with them and involve them in decisions but how do we know that they understand what is being asked of them? Do we always need to get consent from parents? What happens if a parent says no, but the child says yes? The challenges briefly highlighted in this abstract will provide the focus for this workshop, which will take the format of brief presentations to initiate discussion and debate. This workshop will be led by three researchers from the field of children's health care. We recognise that involving young children in research presents ethical and moral dilemmas. We have each been faced with a number of dilemmas during our research careers, which we have begun to explore by drawing on ethical principles to develop strategies and approaches to involving even the very young in research studies: some of these we will share within this workshop.

We believe, that in relation to consent and the young child, there are key issues that need addressing and debating. This workshop will provide an opportunity for child health researchers, at all stages of their research careers, to discuss these issues and to develop some practical guidance that contributes and expands what we currently have available within published guidelines. Such further guidance, we believe will be an invaluable tool for researchers working with children, from all disciplines, and will be used to produce a position statement relating to obtaining informed consent from young children that can be published and disseminated as new knowledge gained from a collective experience of working in the field.

Recommended reading:
Alderson P (2005) Designing ethical research with children. Chpt in Farrell A (edt) Ethical

research with children. Buckingham, Open University Press. p. 27-36

Alderson P and Morrow V (2004) Ethics, social research and consulting with children and young people. Essex, Barnardo's.

Prout A and James A (1997) A new paradigm for the sociology of childhood? Provenance, promise and problems. Chpt in James A and Prout A (eds) Constructing and reconstructing Childhood. London, Falmer. p. 7-33

Thursday 3 May, 14.00 – 15.30

Workshop 4

Video enhanced reflective practice and communication

Penny Forsyth, School of Education and Social Work, University of Dundee, , Dundee, United Kingdom

Co author: Allen Thurston

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Abstract:
Research indicates that positive, video enhanced reflection can increase objective self awareness, openness to change and locus of control. Video self modelling has a long history of use as a training tool in individual and small group problem based settings e.g. language development. Its use with groups in the area of professional development is however a relatively new application and the initial findings are encouraging. This study therefore explores the contribution video enhanced reflection can make to the training and development of communication skills during a University of Dundee MSc Module.

The Module was designed to enhance the students' communication style and understanding of communication. Satisfying and effective communication is a core skill for all helping professionals. Two cohorts of students, fourteen in all, took part in the study. The 2004 students were experienced health professionals and in 2005 experienced health professionals were joined by student nurses taking the postgraduate shortened programme. Both cohorts were introduced to the theory underpinning satisfying and effective communication and the contact principles associated with them. In addition students completed a programme of video self-modelling with feedback and produced an individual feedforward tape. The video self modelling required the students to take five separate videos of their own communicative practice in a variety of 'real life' situations and if necessary in role play.

They then prepared their videos for supervision by micro-analysing their communicative practice using the Contact Principles of Video Interaction Guidance and selecting two short clips showing identified strengths and a working point. The students received feedback on their practice in small peer group sessions led by a supervisor. The feedforward tape, on the other hand, required the self modelling of a communicative exchange not yet achieved by the student e.g. conflict management. Successful elements from the students 'real life' clips were therefore combined with clips of role play in order to make a complete whole. The summative assessment of the module required students to prepare a compilation video tape demonstrating their understanding and progress during the Module including the feed forward segment. A 2000 word paper accompanied this video and critically discussed the student's 'journey'.

The impact of the approach was measured through the video analysis of a representative sample of the students' and supervisors' communication style during feedback, a student questionnaire and the students' overall course results. The video analysis demonstrated the development of the students' pro-active, shared role in the feedback process, their openness to change and the change in their locus of control. Questionnaire results also saw the students place a high value on the use of video as an aid to reflection and on a clear framework with which to view the video. Mastering the technology was achieved without a high level of difficulty or course time and lastly, students demonstrated a high course success rate. It appears that this study has provided further evidence for video self modelling as an approach to professional development and in particular video interaction guidance as an approach to the professional development of communication skills.

This workshop looks at the impact of a video enhanced reflective practice approach to student learning. In addition, participants will gain first hand experience in the use of video and the communication framework employed in this study.

Recommended reading:
Dowrick, P.W 1991, A practical guide to using video in the behavioural sciences,

Forsyth, P. 2005, The development of student Teachers' Interaction Skills through

Wels, P.M.A. 2002, Helping with a Camera: The use of video for family intervention

Thursday 3 May, 16.00 – 17.30

Workshop 5

Using vignettes in qualitative research

Gina Higginbottom, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom
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Abstract:
There is an increasing recognition of the value of using vignettes in qualitative research. Vignettes are narratives constructed from a range of sources that can be viewed as being symbolic or emblematic of the phenomena represented. Vignettes provide a stimulus in order to elicit a verbal response, often at the commencement of an interview. Most frequently the vignette is written, but a variety of medium may be used e.g. video, sound, imagery. The workshop will explore the use of vignettes drawing on methodological learning form two funded research projects a) The meaning and consequences of hypertension for individuals of African Caribbean origin (funded by the NHS Executive) b) An exploration of the teenage parenting experiences of young people of black and minority ethnic origin in England (funded by the Dfes/Teenage Pregnancy Unit). Vignettes are regarded as particularly useful for exploring sensitive topics. In this experiential workshop participants will explore in small groups the potential of using vignettes in qualitative research, considering the use of fictitious vignettes as opposed to annonymized real-life narratives, the forms of delivery and the appropriateness of vignettes in addressing various research questions.

Recommended reading:
Hughes R & Huby M (2002). The application of vignettes in social and nursing research. Journal of Advanced Nursing 37(4):382-386

Wilks T (2004). The use of vignettes in qualitative research into social work values. Qualitative Social Work 3(1):78-87

Barter C & Renold E (2000) 'I wanna tell you a story': exploring the application of vignettes in qualitative research with children and young people. Social Research Methodology. (4) 307-323

Friday 4 May, 9.30 – 11.00

Workshop 6

Erectile dysfunction - the nurses' role in managing a chronic disease with major health implications

David Brodie, Research Centre for Health Studies, BCUC, Chalfont St Gile, United Kingdom

Co authors: Michael Kirby, Lynette Hodges, Delyth Williams

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Abstract:
Introduction: The actual incidence of erectile dysfunction (ED) in primary care is unknown in the UK because studies have suggested a high level of unreporting and heterogeneity in study quality and design (Dunn, Jordan et al, 2002). One study which invited men to be screened for prostate disease (Green, Holden et al, 2001) had a response rate of less than 50%. Of this self-selected group, 13.2% reported complete ED on the basis of a questionnaire on sexual history. Both the likely worldwide increase in ED (Ayta, McKinlay & Krane, 1991) and the associated levels of cardiovascular disease (CVD) (Solomon, Man et al, 2003) mean that accurate prevalence statistics are essential. Our recent studies have shown that in men diagnosed with CVD only 50% of them have ever discussed ED with a health professional. ED is now considered as a warning sign of silent vascular disease (Jackson, Rosen et al, 2006), so preventative medicine for CVD in primary care for men presenting with ED will be highly beneficial.

Structure of Proposed Workshop
The proposed workshop has six phases:

1. Knowledge
This will be in the form of a short interactive, fun quiz to establish the group's knowledge of erectile dysfunction (no individual results will be scored, so do not worry if you are totally ignorant of the topic).

Key presenter: Prof. David Brodie

2. Summary
This will comprise a short presentation reviewing the aetiology of erectile dysfunction.

Key presenter: Prof. Mike Kirby

3. Recent research
The presenters' recent research into the time course of erectile dysfunction leading to cardiovascular disease will be briefly presented.

Key presenter: Dr. Lynette Hodges

4. Strategic plans
The delegates will work in small groups to consider their strategy to improve the reporting, treatment and preventative approaches for both erectile dysfunction and consequent chronic disease. The groups will report back on their proposals.

Key presenter: Delyth Williams

5. Future research
Future plans for research in this area will be outlined and delegates will be invited to comment and suggest further research proposals.

Key presenter: Profs. Brodie & Kirby

6. Plenary
The presenters will invite questions and summarise the workshop. Delegates will be invited to critique the workshop and it will conclude with each participant writing three action points to implement on return to practice.

References
Ayta IA, McKinlay JB, Krane RJ. (1999). The likely worldwide increase in erectile dysfunction between 1995 and 2025 and some possible policy consequences, BJU Int., 84(1):50-6.

Dunn KM, Jordan K, Croft PR, Assendelft WJ. (2002). Systematic review of sexual problems: epidemiology and methodology, J Sex Marital Ther., 28(5):399-422.

Green JS, Holden ST, Ingram P, Bose P St George DP, Bowsher WG. (2001). An investigation of erectile dysfunction in Gwent, Wales, BJU Int, 88(6):551-3.

Jackson G, Rosen RC, Kloner RA, Kostis JB. (2006). The second Princeton consensus on sexual dysfunction and cardiac risk: new guidelines for sexual medicine, J Sex Med., 3(1):28-36.

Kirby M, 2003. Erectile dysfunction and vascular disease, Blackwell, Oxford.

Solomon H, Man J, Wierzbicki AS, O'Brien T, Jackson G. (2003). Erectile dysfunction: cardiovascular risk and the role of the cardiologist, Int J Clin Pract., 57(2):96-9.

Recommended reading:
Ayta IA, McKinlay JB, Krane RJ. (1999). The likely worldwide increase in erectile dysfunction between 1995 and 2025 and some possible policy consequences, BJU Int., 84(1):50-6.

Dunn KM, Jordan K, Croft PR, Assendelft WJ. (2002). Systematic review of sexual problems: epidemiology and methodology, J Sex Marital Ther., 28(5):399-422.

Green JS, Holden ST, Ingram P, Bose P St George DP, Bowsher WG. (2001). An investigation of erectile dysfunction in Gwent, Wales, BJU Int, 88(6):551-3.

Friday 4 May, 11.30 – 13.00

Workshop 7

Ethical issues in the conduct of in-depth interviews: 6o minute workshop

Peter Allmark, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom

Co authors: Angela Tod, Andrew Thompson; Amanda Clarke

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Abstract:
This workshop discusses ethical issues related to in-depth interviews, It highlights the ethical issues themselves, related theory, and strategies for tackling them. In-depth interviews are often used by nurse researchers in qualitative research related to health care and health service delivery. In doing this they draw on a range of disciplines including sociology, psychology and health services research. For example, if one wants to know what it is like to use mental health services it is important to talk to people in that position. However, as that example indicates, conducting such interviews may give rise to ethical issues. The current literature discusses how, for example privacy, confidentiality and informed consent can be problematic (Forbat & Henderson, 2003, Borbasi et al 2005).

There are less obvious issues; for example, whether a nurse performing an in-depth interview can adequately separate her research role from her other professional roles (Finch, 1993). Whilst some of these issues have been discussed in the literature, there are significant limitations. Almost all of it is anecdotal. There is no research that authoritatively shows which ethical problems are commonly encountered, how researchers have tackled them, or whether researchers responses to ethical issues influence the data which is retrieved. In addition, there are no authoritative guidelines on tackling ethical problems in in-depth interviews. This is important both for researchers and for ethics committees charged with the task of approving proposals. This is increasingly problematic to nurse researchers due to policy and legal requirements to subject their research proposals to ethical review.

This workshop has four main purposes.

1) For participants to raise ethical issues that either they or their colleagues have encountered when undertaking research using in-depth interviews.

2) To discuss different strategies for tackling these ethical issues; to discuss also the scientific implications of the different strategies.

3) Increase participants understanding of the current literature related to the ethics on in-depth interviews.

4) Stimulate scholarly debate on the current body of knowledge in relation to participants experience and comment on recommendations for future research.

The workshop will begin with an introduction to set the scene. An overview of the workshop will be provided. This will be followed by a case study illustrating categories/classifications of ethical issues related to in-depth interviews. Potential methodological implications will be introduced.

The introduction will be followed by facilitated small group discussion to identify issues that fall into the two groups(i.e. ethical / methodological). Participants will be asked to consider issues they have encountered themselves, and those they have heard about (from colleagues or related literature). They will be asked to consider which they think are the most important (i.e. occur most frequently or have the most potential impact ethically or methodologically).

In the feedback from the smaller discussion, the facilitators will attempt to highlight areas of agreement between participants and areas of continuing controversy. In the third component of the workshop participant will be asked to identify strategies that are used or can be used to tackle the issues identified. In the small groups they think about things people might do that are useful strategies and others that are not useful and may cause problems in terms of ethics or methodology.

Following feedback the larger group will discuss how the different strategies could impact on the science of a study The workshop will conclude with a presentation by the facilitators.

A synopsis of the issues they have identified in a recent comprehensive literature review will be provided (along with a handout for participants). Available guidelines will also be used to see how far these coincide with the views of participants and how helpful they are. This will be followed by a guided discussion on how the issues identified in the literature review differ or mirror those raised in the workshop. Finally, the facilitators will try to set out areas for continuing philosophical and empirical research.

Recommended reading:
Borbasi, S., Jackson, D. And Wilkes, L. (2005). Fieldwork in nursing research: Positionality, practicalities and predicaments. Journal of advanced nursing, 51 (5), 493-501.

Forbat L, Henderson J. "Stuck in the middle with you": the ethics and

Finch J. 'It's great to have someone to talk to'. In: Hammersley M,

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Further Information

Come and speak to us at our stand in the main exhibition hall.

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