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of Nursing

# RCN International Nursing Research Conference 2021

**Tuesday 7 - Thursday 9 September 2021**

Virtual event – Hopin



## Conference abstracts

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RESEARCH METHODOLOGY IN NURSING AND HEALTH CARE

**Nurse  
Researcher**



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## Keynote speaker abstracts

Tuesday 7 September,  
10.20 – 11am

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### **Nursing: our time and leveraging possibilities**

*Professor Patricia Davidson, Vice Chancellor, University of Wollongong*  
Twitter: @UOW\_VC

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#### **Session summary**

This presentation will discuss historical trends influencing health care and the social, political and economic factors moderating the role of nurses in society. In particular this presentation will underscore the critical role of nurse-led research in improving health outcomes. Strategies for advancing the nursing role and the importance of a research driven agenda within integrated models will be provided.

#### **Intended learning outcomes:**

- Identify the social, political and economic factors influencing healthcare.
- Describe the role of research in addressing healthcare challenges.
- Discuss the barriers and facilitators to an integrated research strategy in health care.

#### **Biography**

Patricia M. Davidson is an Australian nursing educator and Vice-Chancellor of the University of Wollongong. She is best known for her contributions improving cardiac nursing and transitional care with a focus on underserved populations in a global context, and for her leadership in higher education.

Wednesday 8  
September, 10.20 – 11am

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### **Balancing capacity cups: Future-proofing nursing research?**

*Professor Jane Coad, Professor in Children and Family Nursing, Director for Clinical Academic Researchers (N&M), Nottingham University.*

*Professor in Nursing, Nottingham University Hospital*

*Professor in Nursing, University Hospital Coventry and Warwickshire*

Twitter: @CoadProfessor

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#### **Intended learning outcomes:**

- Outline the current landscape of nursing research; its influences and impact on nursing.
- Explore the concept of 'Capacity Cups' and the fine art of balance in clinically applied and clinically relevant nursing research in a range of settings.
- Identify opportunities for research in order to future-proof clinical academic research, the facilitation of career trajectories and indeed the very core of nursing practice.

#### **Biography**

Professor Jane Coad has over 25 years drawing on her arts background and nursing. She specifically focuses her research programme on children, young people and young adults with complex needs and their families. Jane uses arts-based participatory qualitative methods, systematic reviewing, mixed method surveys and complex evaluation projects nationally and internationally. Jane is currently lead for the research centre - Children and Young People's Research (CYPHR) in the School of Health Sciences in the University of Nottingham aiming to improve children and young people's health care and research. Jane is also Director for Clinical Academic Careers (N&M) and holds Clinical Academic Professor in Nursing posts in Nottingham University Hospital and University Hospital Coventry and Warwickshire in key leadership positions in both organisations. Jane also works as a voluntary community nurse/carer with South Warwickshire Foundation Trust, Warwickshire.

In terms of professional recognition, Jane was awarded a prestigious Royal College

of Nursing Fellowship in 2013 for life-time research and leads on a number of local, national and international groups holding substantive posts in the field of Child Health including Lead Co-ordinator for Paediatric Nursing Association of Europe) and Clinical Academic Careers (Chair - Clinical Academic Research Implementation Network/ CARIN within UK Council of Deans in Health)

Thursday 9 September, 9.35 – 10.15am

### **The many faces and opportunities of a clinical academic career**

*Professor Candy McCabe, Professor of Clinical Research and Practice, University of the West of England, Bristol & Head of Education and Research, Dorothy House Hospice, Winsley*  
 Twitter: @CandyMcCabe1

#### **Session summary**

Research, education, and clinical practice are the fundamental pillars of nursing and midwifery practice. However, research is often perceived as an 'optional' extra by both staff and employers, and yet the benefits of integrating research into clinical practice are well described, both for the individual and their organisation. This presentation will consider research in practice, from employees' and employers' perspectives using personal accounts. It will celebrate the value that research can bring to patient care and service delivery, and highlight the variety and enjoyment that a clinical research career can bring to the individual at any stage in their profession.

#### **Intended learning outcomes**

- Describe the value of nurses and midwives having an opportunity to engage in research alongside their clinical practice.
- Describe the benefits to an employer, and the wider organisation of having a research active nursing and midwifery workforce.
- Identify opportunities for nurses and midwives to engage in research at all stages of their career.

#### **Biography**

Candy McCabe is Professor of Clinical Research and Practice at the University of the West of England, Bristol and Head of Education and Research at Dorothy House Hospice, Winsley, UK. She is the South West Hub lead for the NIHR 70@70 Senior Nurse and Midwife Research Leaders programme and Director of the Bristol & Bath Integrated Pain Management Health Integration Team. She is a previous Florence Nightingale Foundation Clinical Professor in Nursing (January 2015 to June 2021).

Candy trained as a nurse at St. Thomas' Hospital, London and after working in a variety of specialties including ward based and research work she moved to the Royal National Hospital for Rheumatic Diseases (RNHRD), Bath in the mid-90's, which is now part of the Royal United Hospitals Bath NHS

Foundation Trust. During the 20+ years she spent at the RNHRD she established with colleagues the national centres for multi-disciplinary rehabilitation for those with Complex Regional Pain Syndrome and for those suffering with Complex Cancer late effects.

Her research and clinical interests directly relate to increasing our understanding of the mechanisms and potential therapies for those with chronic unexplained pain, such as CRPS, and for those with complex pain related to life limiting conditions. Her work has a particular focus on the relationships between chronic pain and the sensorimotor system. Candy joined Dorothy House Hospice Care in October 2019.

Candy is a member of a number of national and international committees in the specialties of rheumatology and pain, co-founder and Chair of the CRPS UK Clinical Research Network, and Chair of the Scientific committee for the International Research Consortium for CRPS. She was the nursing representative on the NICE Guidelines committee for chronic primary pain and immediate past-Chair of the IASP Special Interest Group for CRPS. She is a past President of the British Health Professionals in Rheumatology and a past-member of the British Pain Society Scientific Committee. She is an NIHR Mentor and a strong advocate for clinical academic careers.

## Panel discussion

Thursday 9 September, 4 – 4.45pm

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### **The value of research to addressing the global challenges facing nursing**

*Panellists:*

*Professor Howard Catton, Chief Executive Officer, International Council of Nurses*

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#### **Biography**

Howard was appointed the Chief Executive Officer of the International Council of Nurses (ICN) in February 2019. He is committed to ensure that ICN effectively represents nursing worldwide, advances the nursing profession, promotes the well-being of nurses and advocates for health in all policies.

Throughout his career Howard has worked and written extensively on issues relating to the Nursing and Healthcare Workforce and he co-chaired the first ever State of the World's Nursing Report. He has led ICN's work to respond to and support nurses globally during the pandemic and has been at the forefront of advocating for the protection of and investment in the nursing profession.

Howard joined ICN in April 2016 as the Director, Nursing, Policy and Programmes. His team led the development of ICN policy and position statements. He also co-ordinated ICN Programmes and projects and oversaw the development of scientific programmes for ICN events.

Howard qualified as a Registered Nurse in 1988 and held a variety of nursing posts in England and the United States and worked for the New Zealand Nurses Organisation. He studied Social Policy at Cardiff University (BSc Econ Hons) and Industrial Relations at Warwick University (MA) and then worked as a Personnel and Organisational Change Manager in the National Health Service in the UK. For 10 years Howard was Head of Policy & International Affairs at the Royal College of Nursing in the UK.

*Professor Kathleen McCourt, President, Commonwealth Nurses and Midwives Federation*

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Professor Kath McCourt began her career as a registered nurse and midwife, working in the UK, Germany and the USA. After teaching specialist and advanced practice at Masters degree level she took on an international role at Northumbria University which enabled her to work across the work on health and nursing projects.

She was awarded a personal Professorial Chair in August 2007 and a Fellow of the RCN in 2008. Kath was elected Northern regional member of RCN Council from 2005-13 and Chair of Council from 2011-2013, and is the Convenor of RCN Fellows. She has held visiting roles in Shanghai, Malaysia and Egypt leading major health and well-being projects and programmes of study.

Professor McCourt was awarded the CBE in the Queen's Birthday Honours in June 2012. She was elected President of the Commonwealth Nurses and Midwives Federation in March 2018.

Presently she is a Non Executive Director and Deputy Chair, at The Newcastle upon Tyne Hospitals, NHS Foundation Trust, rated as "Outstanding" by the CQC in 2016 and 2019..

*Dr Gloria Likupe, Lecturer, University of Hull*

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#### **Biography**

Gloria has extensive experience in inclusion and diversity research, both nationally and internationally. She has published widely in this in this area. She is a Mary Seacole Scholar winning the Leadership award in 2012 for her study "developing a communication model for ethnic minority elders." urrently she is researching why migrant students choose to study nursing and social work at university. She is also lead in in two projects on adolescent sexual health education in Malawi. Gloria has been Athena Swan lead and Research Lead at her institution.



# Concurrent session 1

Tuesday 7 September 2021

## 1.1 Theme: Acute and critical care

Session no: 1.1.1 Abstract no: 0285

**Research Topic:** Acute and critical care

**Methodology:** Questionnaire

**Research Approach:** Survey

### An assessment of self-perceived educational needs of emergency nurses in two tertiary hospitals in Nairobi, Kenya

*Presenter: Tony Ndungu, Bsc. N, Nottingham University Hospitals NHS Trust, UK*

#### Abstract

**Background:** Disease burden is predominantly high in developing countries 3. Emergency care is most often than not a lacking component of the health system in developing countries in comparison to developed countries 1. Emergency nurses frequently interact with injured and critically ill patients as first contact in health care settings 2. Insufficient training has been shown to limit nurses from providing the ideal emergency care. It is imperative to explore if there are any skills and competencies lacking among emergency nurses. Emergency nurses need advanced expertise and vast knowledge clinically to enable them to manage their patients effectively. This research sought to highlight educational needs specific to nurses working in emergency departments in Nairobi, Kenya

**Methods:** This was a descriptive, quantitative study. The study setting was two emergency units of the largest referrals and teaching hospitals in Kenya (Aga Khan University Hospital, Nairobi and Kenyatta National Hospital) hospitals in Nairobi, Kenya. The target population were nurses working in the two emergency units. Data was collected by an adapted structured, self-administered questionnaire. The STROBE checklist was used in reporting this study.

**Results:** The response rate was 63.6 % (n = 84). Most of the respondents held diplomas in nursing (72.6%), while 19% had nursing degrees. The majority of respondents 84.5% perceived themselves as being highly competent in basic competencies. Less than half of the respondents (n= 41)

perceived themselves as being highly competent in intermediate skills. In terms of advanced competencies only 16.7% perceived themselves as being highly competent.

**Discussion:** The results of this study suggest there is a high educational need among emergency nurses in Nairobi, Kenya. It also identified some focus areas for a future specialty training in emergency nursing which can met through continuing professional development and short courses but would be best addressed through detailed postgraduate level training.

#### Biography

Tony is a registered nurse and an aspiring clinical academic. Originally from Kenya, East Africa now settled and working in Nottingham England. His research work has been focused in emergency care in low resource settings where he has published original research work. His areas of research interests are emergency care and research ethics.

Session no: 1.1.2 Abstract no: 0311

**Research Topic:** Acute and critical care, Leadership and Management, Research Process Issues

**Methodology:** Mixed

**Research Approach:** Evaluation (process, impact)

### From fractured to flourishing - developing clinical leadership in turbulent times

*Presenter: Helen Stanley, RN, RNT, RCNT, MA Applied Professional Research, MA Nursing Studies, BED(Hons) Nurse Teacher's, PGCEA, JBCNS Intensive Care Nursing, Canterbury Christ Church University, UK*

#### Abstract

Clinical Leadership has a key role in both high-quality patient care and quality improvement, but there is little robust evidence on how Clinical Leadership Programmes can transform organisational culture. This study used Realist Evaluation to examine what impact, and in what ways, learning and practice development strategies had on workplace culture and

person-centred clinical leadership in the context of a UK National Health Service acute provider.

Following a concept analysis of 'Clinical Leadership' and a realist synthesis of Clinical Leadership Programmes across healthcare, case study data were collected from participants and stakeholders from an organisational CLP through focus groups, one-to-one interviews, documentary analysis and observation. The data generated and then tested context, mechanism, outcome (CMO) configurations to inform two Programme Theories, which described how the Clinical Leadership Programmes strategies enabled effective workplace cultures and person-centred clinical leadership outcomes.

These Programme Theories were synthesised into six 'Simple rules' that captured what Clinical Leadership Programme's learning and practice development strategies work and why they work, leading to flourishing workplace cultures: living values and beliefs; building interdisciplinary relationships; transformational leadership behaviours; enabling learning in the workplace; fostering change and quality improvement; and linking to organisational objectives. The study also revealed unintended negative outcomes of what did not work from the experiences of the participants.

A conceptual framework of the paradoxes experienced by clinical leaders in a Clinical Leadership Programmes revealed two forces, the 'flourishing', frontline microsystem and the 'fractured' organisational culture, with dissonance between the micro- and meso- levels, impacting on how the clinical leaders responded to their situation and the way in which these differences were resolved.

The insights emerging from this study may inform future developments in Clinical Leadership Programmes, with implications for practice development, effective workplace cultures and person-centred clinical leadership.

#### Biography

Helen Stanley is an Associate Tutor at the School of Health Sciences at the University of Surrey, a Royal College of Nursing Associate Consultant and part-time PhD

student at the Canterbury Christ Church University in Kent. She is currently writing up her PhD, a realist evaluation of the learning and practice development strategies in a Clinical Leadership Programme to identify what works, in what context and for whom, to impact on effective workplace cultures and person-centred clinical leadership practice. Helen has extensive clinical and academic leadership experience and has designed a number of successful research and practice development projects to support clinical leadership development for workforce development, service reconfiguration and international development. Her research has focused on a concept analysis of clinical leadership, a realist synthesis of clinical leadership programmes and evaluation of the impact of leadership, continuing education, work-based learning, advanced practice and interprofessional learning.

## 1.2 Theme: Cancer

Session no: 1.2.1 Abstract no: 0099

**Research Topic:** Cancer

**Methodology:** Mixed

**Research Approach:** Systematic Review and other Secondary Research

### **MAGS: the healthcare staff Mesothelioma Asbestos Guidance Study**

*Presenter: Angela M Tod, PhD, University of Sheffield, UK*

*Co-author(s): Peter Allmark, UK; Liz Darlison, UK*

#### **Abstract**

**Objectives:** To develop a critical account of the experiences of presentation, diagnosis, treatment and care for healthcare staff with mesothelioma

**Methods:** i) Rapid review of the literature searching for academic and grey literature, and online resources; ii) Freedom of Information (FOI) Request seeking the number and demographic details of healthcare staff who had sued the NHS for negligent exposure to asbestos resulting in mesothelioma; iii) semi-structured interviews with healthcare staff diagnosed with mesothelioma or their partners.

**Results:** The literature review primarily found data from doctors with a little from nurses. The interviews were conducted primarily with nurses or care assistants. One interview related to a health service manager. No data related to other ancillary staff such as porters or laundry staff, although such staff do get mesothelioma.

Nurses reported that their colleagues sometimes treated them as colleagues rather than patients, with bluntness at diagnosis, for example. In addition, some felt a sense of irony or anger that they had developed the condition from working in healthcare. This was allied to some facing doubt or delay in diagnosis because it was considered unlikely that they could have been exposed to asbestos. No-one reported any awareness-training on asbestos. The FOI request indicates a level of mesothelioma in healthcare staff far higher than that shown by Office of National Statistics (ONS) mortality data even though a) the request only covered England and b) many healthcare staff do not make a legal claim against the NHS. Nurses find it difficult to trace when and where they were exposed in their often long and varied careers.

**Conclusion:** The ONS data misrepresents the situation regarding the dangers of asbestos for healthcare staff. Nurses should be more aware of the dangers of asbestos at work. We make recommendations on monitoring, management and care.

#### **Biography**

Angela is currently Professor of Older People and Care in the School of Nursing and Midwifery at the University of Sheffield. Whilst still a registered nurse she has spent the last 20 years working in research roles. She has many years of experience conducting and applying research into healthcare, primarily in the area of patient experience, health care access and the impact of nurses, midwives and allied health professionals on patient outcomes. Her research has mainly focused on care for adults and older people. A particular focus of her research is in lung cancer and mesothelioma patient experience studies. She is a co-director of the Mesothelioma UK Research Centre and has a portfolio of research projects in collaboration with Mesothelioma UK. In addition, she is Joint Principle Investigator on a national Strategic Research Alliance between the University of Sheffield and the Royal College of Nursing in the UK.

Session no: 1.2.2 Abstract no: 0124

**Research Topic:** Cancer

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

### **A qualitative systematic review of the social eating and drinking experiences of patients following treatment for head and neck cancer**

*Presenter: Mark Dornan, MA BSc BD RN, Ulster University, UK*

*Co-author(s): Cherith Semple, UK;*

*Co-author(s): Anne Moorhead, UK*

#### **Abstract**

**Background:** Patients living with and beyond head and neck cancer (HNC) often have long-term, functional challenges as a result of treatment. A key functional challenge relates to eating and drinking; often associated with physical, emotional, and social difficulties. Eating and drinking with family members and friends can become a struggle, increasing the risk of social isolation and loneliness. This systematic review aims to identify and synthesise the literature on the experiences of social eating and drinking for patients following treatment for HNC.

**Methods:** Six electronic databases (Pubmed, Web of Science, CINAHL, EMBASE, PsychINFO and Scopus) were systematically searched using subject headings and free-text word searches in February 2020. Citation chaining and Google Scholar were used to identify grey literature. PRISMA procedures were followed.

**Results:** Of 6910 records identified, 24 studies met the inclusion criteria. Synthesis of the research findings results in two major themes: 1) the experience of loss associated with social eating and drinking, and 2) adjusting and support to promote social eating and drinking.

**Conclusion:** Losses associated with social eating affect a patient's psychological and emotional well-being and impact on close relationships. To promote positive participation in social eating, patients were more likely to seek and receive support from someone within their close social network, rather than a healthcare professional. Family and friends are an essential source of support and are integral in facilitating engagement with social eating following treatment for HNC. Future interventions should promote family orientated resources, incorporating self-management strategies.



**Biography**

Mark Dornan is a PhD Researcher at Ulster University and a Registered Nurse in general practice. Mark's PhD research study involves the planning, development and testing of an intervention that promotes social eating for people living with and beyond head and neck cancer and their family. His research and clinical interests include cancer survivorship, qualitative methodology and LGBTQ+ healthcare.

Session no: 1.3.1 Abstract no: 0065

**Research Topic:** Children and Young People, Research Ethics and Governance, Patient Experience

**Methodology:** Interviewing

**Research Approach:** Mixed Methods Research

**Impact on siblings of having a brother or sister with congenital heart disease – a qualitative interview study**

*Presenter: Elizabeth Bichard, RNC, Bsc (Hons), MRes, PhD Candidate, London South Bank University, UK*

*Co-author(s): Stephen McKeever, Australia; Jo Wray, UK; Suzanne Bench, UK*

**Abstract**

**Background:** Congenital heart disease (CHD) is a structural abnormality, involving heart walls, valves, or blood vessels. Children with CHD are at risk of co-morbidities resulting in long-term impacts on health. They are cared for within a family, by parents and siblings, therefore a long-term care burden also lies with them (Knecht et al. 2015). Often outlasting that of parents, siblings have the longest relationship (Cicirelli 2013). However, little is known about how this relationship impacts this sibling (Parker et al. 2020).

**Aim:** To describe children's and young people's experiences of having a sibling with CHD and the impact on their lives.

**Method:** Video interviews with children and young people who have a sibling with CHD. Recruitment was facilitated by children's cardiac charities.

**Findings**

Seventeen siblings, aged 8-17yrs, participated. Participants spoke about feelings of worry related to their brother's/sister's hospital stays and operations. Methods of coping were described including distraction and talking with family members or friends. Open, honest, and accurate communication from their parents about CHD was highly valued. Siblings described overwhelming

love and protection which often left them feeling mature and responsible. This love and protection were also talked about in the context of pride and gratitude; feeling lucky to have such a brave sibling. Siblings explained that these feelings contributed to them having a more positive and appreciative outlook on life and towards others.

**Discussion:** Despite difficult and sometimes traumatic experiences, positive experiences and outcomes described by siblings illustrated resilience and personal growth.

**Conclusion:** Findings from video interviews indicate positive aspects of having a sibling with CHD such as resilience and personal growth, which come from negative experiences. It is important to understand and identify what helps siblings of children with CHD develop resilience, grow from difficult experiences, and develop positive personality attributes and coping skills.

**Biography**

Elizabeth is a Paediatric Intensive Care nurse with an interest in psychosocial and psychological outcomes of children and their families. She has a particular interest in the impact on siblings of having a brother or sister with congenital heart disease and I am currently undertaking a PhD in this area.

Session no: 1.3.2 Abstract no: 0407

**Research Topic:** Children and Young People

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

**Fathers experiences when their child is born with congenital heart disease**

*Presenter: Peter McNee, RGN, RSCN, ENB 415, BN (Hons), MSc, PGCE., Cardiff University, UK*

**Abstract**

The aim of this study was to explore the experiences of fathers, when their child was born with congenital heart disease (CHD). CHD is the most common congenital condition in children, affecting 8:1000 live births in the UK. Children born with CHD will require a range of surgical and medical treatments across childhood and for some, into adulthood. Family centred care has been described as the foundation of children's nursing practice, however within the available healthcare literature fathers are much less visible than mothers and within the CHD literature, very few studies have

presented fathers' experiences across a range of settings.

Following a narrative inquiry methodology, the study explored fathers' experiences through various turning points in their child's treatment. Data were collected through the use of semi-structured interviews at two separate points in the father's journey. Six fathers received an antenatal diagnosis, three fathers received a post-natal diagnosis soon after birth and one father, a late diagnosis due to their son's unrelated illness.

Fathers accessed surgery at six children's cardiac surgical centres in the UK. All of the fathers had the treatment elements of their journey in common, diagnosis, referral, transfer of care, surgery and care afterwards. What was different, was how fathers approached the disruption to the expected fatherhood narrative with some wanting to maintain an element of control while other fathers talked about burying their heads in the sand or being content to follow the expected process.

The findings demonstrate the importance of the role of the father and the need for greater recognition of this by healthcare professionals. The findings illustrate the unique ways in which fathers have made sense of their experiences to date and how their experiences could have been enhanced at various points in their journey.

**Biography**

Peter McNee is a senior lecturer in children's nursing at the School of Healthcare Sciences, Cardiff University. His clinical background is predominantly within paediatric critical care. His main areas of teaching include acute and critical care alongside clinical skills. Peter's research utilises a narrative approach to explore fathers' experiences when their child is born with congenital heart disease.

## 1.3 Theme: Children and young people / Interviewing

Session no: 1.3.3 Abstract no: 0412

**Research Topic:** Children and Young People, Service Innovation and Improvement, Research Process Issues  
**Methodology:** Interviewing  
**Research Approach:** Evaluation (process, impact)

### 'Just one interview': making visible the 'hidden' workload associated with qualitative research

*Presenter: Julie Menzies, RN, PhD, MSc, B(Nurs), ENB 415, Birmingham Women's and Children's NHS Foundation Trust, UK*

*Co-author(s): Nigel Drury, UK; Co-author(s): Carly Tooke; Timothy Jones, UK; Co-author(s): Anna Lavis, UK*

#### Abstract

**Background:** Ensuring Randomised Controlled Trials (RCT) are appropriately resourced and costed is invaluable to ensure studies recruit to time and target. However, there is little guidance to advise on the workload and staffing requirements associated with qualitative research.

**Aims:** to illuminate research nurse activity within a qualitative sub-study from participant approach- interview completion ('recruitment -retention') and review planned workload versus actual workload (activity/costs/time)

**Methods:** Trust registered audit of research nurse activity during a qualitative single site sub-study (Drury et al 2021) to a multi-centre, double-blind, RCT in children undergoing cardiac surgery (ISRCTN 12923441). All parents of children approached for the RCT (consenters and decliners) (09.2017-06.2019), were subsequently approached and consented by research nurses to participate in one semi-structured interview (face-face /telephone) following hospital discharge to discuss research decision-making. The interview was subsequently arranged and conducted by a Nurse Researcher. Baseline research activities were timed. Anticipated research nurse activity (protocol/HRA statement of activities) was compared to actual activity. The qualitative study was funded for 30parent interviews (approximately £150/patient).

**Results:** In a 21month period 46 families were approached for the RCT (38 consenters, 8 decliners; trial recruitment rate overall 85%). 26 were subsequently recruited to an interview (24 consenters, 2 decliners). Median time from hospital discharge to interview: median 31 days (16.5-54.5). Planned research nurse activity

involved 2 points of contact and estimated 0.72hrs/participant; 3 points/contact 1.72hrs (including interview). Anticipated activity total: median 21.6hrs (51.6hrs with interview). Actual research nurse activity reflected median 5 points of contact (3.75-7.25), 1.55hrs (0.47-1.35)(excluding interview). Actual activity total: median 46.625(14.25-40.625) (without interview).

**Conclusion:** There was significant workload associated with conducting a relatively 'simple' qualitative sub-study with a research-engaged patient group, which was not fully articulated within the study protocol. Highlighting this workload is invaluable to ensure realistic project timelines, recruitment targets and sufficient research staff funding.

#### Biography

Julie is a Registered Children's Nurse, with over 21 years of paediatric nursing experience, predominantly in Paediatric Intensive Care (PICU). She is currently employed in a Clinical Academic role, PICU (2 days /week) and as NIHR Senior Nurse Research Lead for Birmingham Women's and Children's NHS Trust (2 days /week). Julie is a Principal Investigator for a number of multi-centre studies within PICU and co-applicant on a number of funded NIHR grants. She has served as an elected nurse member of the UK Paediatric Critical Care Society (PCCS) council and is currently the Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). Her research interests are early rehabilitation and mobilisation, patient and family experience, patient and public involvement and engagement and I am passionate about developing clinical academic careers opportunities for nursing and midwifery.

## 1.4 Theme: End of Life Care

Session no: 1.4.1 Abstract no: 0211

**Research Topic:** End of Life Care, Ethical and Philosophical Issues, Health and Social Policy

**Methodology:** Documentary Research  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Do Not Resuscitate Orders in the time of COVID-19: Exploring media representations and implications for public and professional understandings

*Presenter: Jo Bird, BMedSci, MMedSci, MSc, PhD, RN, University of Sheffield, UK*

*Co-presenter(s): Fiona Wilson, UK*

#### Abstract

**Background:** COVID 19 resulted in a number of headlines in the UK press heightened concerns around Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) orders, particularly the use of 'blanket' DNACPR orders applied to older people in care settings. The portrayal of DNACPR raises ethical and moral debates which may have implications for future practice and professional and public understandings of DNACPR.

**Aims:** To explore how DNACPR orders were portrayed in the general and academic press and consider implications for lay and professional understandings and practice.

**Methods:** We searched for articles published during 1st March to 11th May 2020 using COVID-19 combined with terms related to DNACPR and accessed the academic databases Web of Science, Cinahl, and Medline and the news database Nexis Academic. Selected articles were analysed thematically.

**Results:** The final selection of 179 media articles and 11 professional commentaries revealed ethical discourses and mixed understandings of DNACPR. Three themes were identified: rationing of acute services, autonomy in DNACPR decisions, and communication and trust.

**Discussion:** The initial media outputs reflect the challenges of advance care planning and communication at a time of considerable uncertainty. Pandemic decisions appeared to centre around a paternalistic and utilitarian response to acute and critical care resource management which undermined autonomy for vulnerable groups. The call to 'protect the NHS' captured an acute care versus no care dichotomy in which palliative and social care were marginalised leading

to public and human rights objections that question the suitability of DNACPR as a component of palliative care and advance care planning.

**Conclusions:** The conflation of DNACPR as a rationing tool cultivates concerns around autonomy and potential for discriminatory practice. Furthermore, the link between DNACPR and acute care resources suggests that DNACPR orders occupy an uneasy positioning in advance care planning and maybe regarded with suspicion post covid.

#### Biography

Jo is a Clinical Nurse Specialist in Immunotherapy Late Effects at Sheffield Teaching Hospitals NHS Trust and YCR Research Fellow at the University of Sheffield. Her research interests are embedded in clinical work with oncology patients and include cancer survivorship and end-of-life care. Prior to this Jo was a Research Nurse for 16 years coordinating a portfolio of clinical cancer research including rare tumours, experimental cancer medicines and survivorship studies. In 2018 she completed a part-time NIHR Clinical Doctoral Research Fellowship where she develop her clinical role with melanoma patients while conducting research into the experience of cancer patients and their carers. Jo is also a board member for the UK Oncology Nursing Society and chair the Research Group.

Session no: 1.4.2 Abstract no: 0229

**Research Topic:** End of Life Care, Respiratory, Chronic Illness  
**Methodology:** Other collection or analysis method  
**Research Approach:** Systematic Review and other Secondary Research

#### Existential suffering within the daily lives of those living with chronic obstructive pulmonary disease (COPD)

*Presenter: Louise Elizabeth Bolton, MSc-Clinical Research/ PhD Student, University of Sheffield, UK*

#### Abstract

**Background:** There are an estimated 328 million cases of COPD worldwide (López-Campos, Tan and Soriano, 2016). It is likely to become the third biggest cause of death by 2030 (World Health Organisation, 2019). The impact of living with palliative care needs arising from COPD disrupts an individual's existential situation. Understandings of individuals existential

situations within COPD are limited within the research literature and are rarely addressed within clinical practice, yet existential suffering has been linked to poor health-related quality of life for those living with other chronic conditions.

**Aims:** To provide a synthesis of existing evidence on existential suffering for those living with palliative care needs arising from COPD.

**Methods:** This is an integrative review undertaken in accordance with PRISMA guidelines. Nine electronic databases were searched from April 2019 to January 2021. 35 empirical research papers of both qualitative and quantitative methodologies, alongside systematic literature reviews were included. Data analysis was undertaken using an integrative thematic analysis approach.

**Results:** Identified themes of existential suffering when living with palliative care needs arising from COPD are as follows: Liminality, Lamented Life, Loss of Personal Liberty, Life Meaning and Existential isolation. The absence of life meaning and purpose was of most importance to patients.

**Conclusion:** This integrative review provides a synthesis of international evidence upon the presence of existential suffering. It is present and of significant impact within the daily lives of those living with palliative care needs arising from COPD.

The absence of life meaning has the most significant impact, requiring further exploration of both its physical and psychological impact. Rediscovery of life meaning diminishes feelings of worthlessness and hopelessness in daily life and facilitates feelings of inner peace. For those with COPD living with such a relentless symptom burden, a positive existential situation is desirable.

#### Biography

Louise is a 3rd year PhD student within the Division of Nursing and Midwifery at the University of Sheffield. She also remains in clinical practice as a Practice Educator/ Registered Nurse at Nottingham University Hospitals NHS Trust. Louise has spent her nursing career specialising in Respiratory Medicine, with a particular interest in Palliative care for those living with COPD. Having successfully completed a NIHR/ HEE funded Masters by Clinical Research at Coventry University, exploring the use of self-management strategies for those living with COPD at the end of life, she is now undertaking a doctorate through a qualitative exploration of the impact of meaningfulness in daily life for those living with Palliative care needs arising from COPD.

Session no: 1.4.3 Abstract no: 0350

**Research Topic:** End of Life Care  
**Methodology:** Other collection or analysis method  
**Research Approach:** Systematic Review and other Secondary Research

#### Family experiences of in-hospital end-of-life care for adults: A systematic review of qualitative evidence

*Presenter: Wendy Walker, PhD Health Sciences, MSc Health Studies, PG Diploma in Adult Education, BSc (Hons) Nursing Studies, Diploma in Professional Studies in Nursing, RN., The Royal Wolverhampton NHS Trust, UK*

*Co-author(s): Nikolaos Efstathiou, UK; Co-author(s): Jennifer Jones, UK*

#### Abstract

**Background:** In the UK healthcare system, end-of-life care (EoLC) has been identified as an area for quality improvement. Core to the National Health Service agreed single definition of quality is 'care that provides a positive experience' (NHS England 2016, p4). Whilst quality improvement applies to all care settings, particular attention has been paid to transforming EoLC in hospitals.

**Aims:** This presentation describes the process and outcomes of a systematic review of qualitative evidence based on the Joanna Briggs Institute methodology (Lockwood et al. 2020). Specifically, the review sought to generate propositions of what counts as a positive experience of EoLC, based upon family-reported descriptions in the extant literature.

**Methods:** A systematic process was enabled by the development of an a priori review protocol. Primary research, published 2014 onwards was identified using a sequential strategy of electronic and hand searches. Studies that met a pre-determined inclusion/exclusion criterion were uniformly appraised (CASP 2018) and synthesised using a meta-aggregative approach.

**Results:** Fifteen studies of European, Australasian and North American origin formed the review. The quality of each study was considered very good in view of a 'yes' response to most screening questions. Extracted findings were assembled into 12 categories, and subsequently developed into five synthesised findings: Understanding of approaching end of life; Essential care at the end of life; Interpersonal interactions; Environment of care; Patient and family care after death.

**Discussion and conclusions:** The review findings underline the importance of



affective staff-patient-family care and communication. Consideration must be given to the fulfilment of family needs and apparent hallmarks of quality care that appear to influence experiential outcomes. Our developed understanding of family experiences serves as a guide for evidence-informed practice, quality improvement, audit and research, including the future testing of an association between a positive experience of in-hospital EoLC care and family grief.

## Biography

Dr Wendy Walker is a Reader in Nursing at the Royal Wolverhampton NHS Trust, and Honorary Senior Research Fellow in Nursing at the University of Birmingham. Wendy has a clinical background in adult intensive care nursing. She maintains a passionate interest in acute and critical care, and is an Associate Editor for the journal, *Nursing in Critical Care*. Wendy is an experienced lecturer and researcher. Her main research interests are in end-of-life care and bereavement. She has published papers in scientific journals, contributing empirical, methodological and theoretical papers of relevance to nurse education, policy and practice. Wendy's role in the NHS enables her to work closely with nurses to identify opportunities for research and evidence-base practice development.

the impact of RN involvement in improving healthcare services on RN retention, is unclear.

**Aims:** This research aims to describe and understand the relationship between RN involvement in improving healthcare services and RN retention in NHS trusts in England.

**Methods:** The first phase of this two phased explanatory sequential mixed methodology research, involved a correlational study of approximately 88,000 RNs employed by 164 NHS trusts. It used published data from the annual NHS staff survey and from NHS Improvement's Model Hospital digital tool (for benchmarking NHS trust productivity). The second phase of the research involves in-depth interviews with RNs in a single site case study and is ongoing.

**Results:** Phase one, identified different relationships between RN involvement in improvement and RN retention across all four types of NHS trust in England. A small statistically significant, positive correlation was found in mental health NHS trusts. A small non-significant, positive correlation was observed in community NHS trusts. There was no correlation in specialist NHS trusts. A small non-significant, negative correlation was found in acute NHS trusts. The second phase focuses on a single acute NHS trust to understand these findings.

**Discussion:** These early findings suggest that the approach to increasing RN retention across healthcare organisation, needs to be tailored to the type of health care organisation. This is an important issue for national and international nursing leaders.

**Conclusions:** This research makes a valuable contribution to the topic of RN retention. Phase two will explain the possible reasons for the findings from phase one.

## Biography

As a Clinical improvement project lead for the Nursing directorate at NHS England and NHS Improvement, Jane provides quality improvement expertise to the design and delivery of national clinical improvement programmes. She is passionate about involving frontline staff in improvement and is studying for a Professional doctorate researching the impact of RN involvement in improving healthcare services on RN retention. Jane has over 30 years' healthcare experience in both Scotland and in England; moving to a national role six years ago. As well as being a registered nurse and qualified midwife, she is a member of the Health Foundation's Q community and has had many publications about improvement. She was one of #100outstandingnurses and was awarded the title of Queen's Nurse in 2019.

Session no: 1.5.2 Abstract no: 0328

**Research Topic:** Health and Social Policy  
**Methodology:** Mixed  
**Research Approach:** Mixed Methods Research

## The impact of prior care experience on pre-registration nursing students' compassionate values and behaviours

*Presenter: Sarah Field-Richards, RN, MNurSci, PhD, PGCHE, University of Nottingham, UK*

*Co-presenter(s): Joanne Lymn, UK*

*Co-author(s): Helen Spiby, UK; Sarah Redsell, UK; Patrick Callaghan, UK; Philip Keeley, UK; Anabel Simpson, UK; Gemma Stacey, UK; Aimee Aubeeluck, UK*

## Abstract

**Background:** Following identification of failings in nursing care quality, Francis (2013) recommended that care experience form a prerequisite for entry into nurse training. Subsequently, the Department of Health (DH) (2013) introduced a pilot programme, providing individuals with care experience prior to nurse training. Although Francis' report fostered a proliferation of international compassion-related research and debate, there remains little evidence regarding the impact of prior care experience (PCE) on nursing students' compassionate values and behaviours (e.g.the 6Cs [DH,2012]). PCE's effectiveness as a means of addressing Francis' concerns therefore remains unknown.

**Aim:** To evaluate the impact of PCE on pre-registration nursing students' compassionate values and behaviours (CVBs).

**Methods:** Contributing to a longitudinal mixed-methods design, package 1 (qualitative) comprised longitudinal semi-structured telephone interviews with PCE pilot participants (n=10 timepoint 1). Package 2 (dominant quantitative) involved questionnaire data collection (6C proxies), from nursing students attending three UK Universities at four timepoints (n=220 timepoint 1) and an embedded qualitative component (focus groups n=8). Data collection spanned September 2015–June 2019.

**Results:** No differences in 6C proxy measures were detected between participants with and without paid PCE at any timepoint. Qualitative findings suggest that PCE has positive and negative effects on students' CVBs, however the majority of positive effects do not extend to qualification.

**Discussion:** There is insufficient evidence of longitudinal beneficial impact to recommend PCE as an effective intervention to

## 1.5 Theme: Health and social policy

Session no: 1.5.1 Abstract no: 0172

**Research Topic:** Health and Social Policy  
**Methodology:** Statistical Analysis (descriptive and correlational)  
**Research Approach:** Mixed Methods Research

## The relationship between registered nurse involvement in improvement and registered nurse retention

*Presenter: Jane Robinson, RN, BSc sci-nursing, professional doctorate student, NHS England and NHS Improvement, Anglia Ruskin University, UK*

## Abstract

**Background:** Retention of registered nurses (RNs) is an international nursing priority (World Health Organisation, 2020). Jones et al (2015) recommended that RNs are involved in projects to improve care as a way of valuing their knowledge about patient care and staff needs. However, Robinson and Gelling (2019) identified that

Session no: 1.6.2 Abstract no: 0253

foster nursing students' CVBs. Mandating PCE as a prerequisite for entry into nurse training is not therefore recommended. This outcome supports current international demand to increase the size of the nursing workforce, over a shorter timeframe, in the COVID-19 context and beyond, by allowing applicants who display appropriate CVBs at interview but do not have paid PCE, to enter nurse training.

**Conclusions:** PCE does not appear to have longitudinal beneficial impact on pre-registration nursing students' CVBs.

### Biography

Dr Sarah Field-Richards is a Registered Nurse and Research Fellow in the School of Health Sciences at the University of Nottingham. Her research interests include nursing education and workforce issues, sociology of professions and organisational sociology.

### 1.5.3 Withdrawn

## 1.6 Theme: Leadership and management

Session no: 1.6.1 Abstract no: 0213

**Research Topic:** Leadership and Management

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The mismatch of employer expectations and a nurse's response following a clinical error: the finding from a grounded theory study exploring early career nurses referral to the Nursing Midwifery Council Fitness to Practise Committee

*Presenter: Abbie Fordham Barnes, PhD, Birmingham City University, UK*

#### Abstract

The Nursing Midwifery Council (NMC) Fitness to Practise Committee's role is to screen allegations of impaired fitness to practise to determine whether there is likely to be a cause for concern, and investigate those where there may be a case to answer. In 2020, the NMC received 5,704 new concerns, an increase of six per cent from 2019/20 (NMC, 2020). The number of concerns received this year represents around 8 referrals for every 1,000

registrants on the NMC register; a number of referrals were registrants who have been registered for five years or less.

This qualitative research study explains the factors that preceded the referral of an early career nurse to the professional regulator from the perspective of employers. A constructivist grounded theory approach was used. Semi-structured interviews were conducted with 20 healthcare employers in England across the fields of nursing practice. The core category revealed employers' decision to refer an early career nurse to the professional regulator was based on a combination of factors: the employer's responsibility of patient safety; the employer's expectations of the nurse; and the early career nurse's risk of exposing their professional vulnerability. The findings confirm that following a clinical error the employer expected the nurse to: admit the mistake; say sorry; demonstrate a level of insight; accept responsibility for their actions; and engage in the organisations processes. This research explains there can be a mismatch between the employer's expectations and the nurse's response following an error which can cause an "irretrievable breakdown of relationships". It is recommended educational strategies are needed to support early career nurse's transition into the profession. It is evident further research is needed of what reaction and response should be displayed by early career nurses taking into consideration the cultural and diverse backgrounds of the UK's nursing community.

### Biography

Abbie started her nursing career in Birmingham when she qualified as a registered general nurse in 1993, at the Queen Elizabeth Hospital. She worked for the NHS for several years in emergency medical care before moving into higher education. Abbie obtained a Bachelor's Degree in Health and Community Studies from Sheffield Hallam University in 1999, a Master's Degree in Education from University of Wolverhampton in 2007. She has worked in higher education since qualifying as a NMC Approved Registered Teacher in 2000. Currently, and is the Associate Professor - Faculty of Lead for Practice Quality for the Faculty of Health, Education and Life Sciences at Birmingham City University. Abbie is very passionate about enhancing the student experience in practice and is the Project Lead for the Midlands Yorkshire, North East and East of England Practice Learning group. She has recently been awarded Doctor of Philosophy in professional regulation fitness to practise.

**Research Topic:** Leadership and Management

**Methodology:** Questionnaire

**Research Approach:** Evaluation (process, impact)

### Evaluation of the impact of redeployment on healthcare professionals during wave 1 of the COVID-19 pandemic

*Presenter: Rachel M Taylor, PhD, MSc, PGDip, RSCN, RGN, University College London Hospitals NHS Foundation Trust | UCL, UK*

*Co-author(s): Anika Petrella, UK; Luke Hughes, UK; Lorna Fern, UK; Flo Panel-Coates, UK; Julie Hogg, UK*

#### Abstract

**Background:** The COVID-19 pandemic has brought unprecedented upheaval for the healthcare system in the UK. Rapid changes in the way healthcare professionals (HCP) were asked to work brought about many challenges (Maben and Bridges, 2020). The purpose of this evaluation was to assess the impact of these changes on HCPs who were redeployed during the first acute phase of the pandemic and explore factors associated with burnout.

**Methods:** An online survey containing 42 bespoke items specific to redeployment was distributed to HCPs who were redeployed in two hospitals in England.

**Results:** Valid responses were received from 240/618 (39%) HCPs (81% nurses). The majority of respondents felt it was their duty to work where they were asked (79%), were prepared to work where needed (72%) and were consulted on changes to their working hours (55%). However, HCPs were nervous about the new role (75%), felt they had a lack of choice regarding redeployment (66%) and the way it was implemented (50%). Prevalence of poor self-rated physical and mental health was low, as was exposure to morally distressing situations. Yet 57% of respondents felt emotionally drained and 43% felt burned out. Multiple regression analysis showed that lack of training ( $\beta=0.18$ ) and feeling undervalued ( $\beta=0.48$ ) was positively and significantly associated with emotional exhaustion, which accounted for 37% of the variance among redeployed HCPs.

**Conclusion:** Redeploying staff during a pandemic is challenging but we found that HCPs were mostly willing to support acute care and work as required. However, in order to mitigate the risk of HCPs burnout as a result of redeployment, appropriate training and managerial support is needed that fosters feeling valued in new roles



## Biography

Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) and NIHR 70@70 Senior Nurse Research Leader. Rachel's clinical background is an adult/children's trained nurse working in children's intensive care. She began her research career in 1995, starting as a research nurse and gradually becoming an independent researcher where she leads a large national programme of research focusing on teenage and young adult cancer care. Rachel took the Director role in 2017 to provide research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership.

Interviews were audio recorded by phone and transcribed. Analysis was guided by a framework based on our research questions, which aimed to identify factors to strengthen the END role.

**Results:** Participants highlighted the importance of being strategic and having the ability to influence, as well as having the political acumen to succeed in the role. ENDs and nominees also highlighted the need for supportive networks, having visibility throughout their organisation, and strong support from other executives at board level as central to their success. ENDs also emphasised how access to power and influence in challenging times was essential.

**Conclusion:** ENDs need acumen in accessing sources of power and support as the role may itself lack agency relative to other executive positions (e.g. many lack budgetary or financial control). There is a need to be aware of the part that power and influence play in raising the status of the END role and, in turn, their contribution in strengthening the role that nursing plays in shaping health systems and responding to major challenges, such as COVID-19, at local, national and international levels.

## Biography

Professor Daniel Kelly PhD FRCN Professor Daniel Kelly has held the Royal College of Nursing Chair of Nursing Research at Cardiff University since 2011. He has been involved in cancer care practice, education and research for over 35 years. Long-standing research interests include health system topics which has led to a number of projects on patient safety, whistleblowing / speaking up and the potential of senior nursing roles. He is a past President of the European Oncology Nursing Society and was a member of the board of the European Cancer Organisation. He is a Trustee at St Christopher's Hospice and Visiting Professor at Edinburgh University and University College London.

## 1.7 Theme: Mental health

Session no: 1.7.1

Abstract no: 0160

**Research Topic:** Mental health, Methodology, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Mental health nurses' experiences of being assaulted in secure settings: initial findings from a doctoral research project.

*Presenter: Helen Ayres, RMN, BNurs, , Oxford Brookes University, UK*

*Co-author(s): Olga Kozłowska, UK; Susan Schutz, UK*

## Abstract

**Background:** It is recognised that mental health nurses represent a group that, in the context of healthcare services, face a high level of assaults. Research studies demonstrate prevalence, explore attitudes and contributing factors, and make links between assaults and burnout, impaired resilience and negative mental health outcomes. Studies have also suggested the high number of assaults contributes to the challenge of retaining mental health nurses in the profession - particularly important given the current and increasing shortage of nurses in the UK. Whilst the individuals' interpretations of their experience of assault are referred to in some studies, there are none for which this is the central focus. It is suggested the meaning of the event for the individual is important in determining their resulting emotional experience and behaviour, and thus worthy of focussed exploration. The context of the study is secure mental health services, the researcher's area of clinical expertise.

**Aims:** To progress what is currently understood about the experience of mental health nurses who have been assaulted in secure mental health settings; to elicit individuals' interpretations of their experiences of being assaulted and identify the meanings attributed to the event; to contribute to guidelines for providing meaningful and effective support for mental health nurses post assault.

**Research Question:** How do forensic mental health nurses understand their experience of being assaulted by patients in medium secure mental health settings?

**Methods:** Data for this exploratory, qualitative study was collected using

Session no: 1.6.3 Abstract no: 0296

**Research Topic:** Leadership and Management

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Strengthening the Executive Nurse Director role in the UK – a question of influence?

*Presenter: Daniel Kelly, , Cardiff University, UK*

*Co-author(s): Pam Smith, UK; Aisha Holloway, UK; Helen Noble, UK; Joanne Reid, UK; Anne Marie Rafferty, UK; Aled Jones, UK; Ruth Harris, UK; Sharon Hamilton, UK; Zoe Horseman, UK*

## Abstract

**Background:** The role of the Executive Nurse Director (END) in the UK is key to the promotion of nursing leadership at local and national levels, but relatively little is known about it from a research perspective.

**Aims:** This study provides contemporary insights into these leadership roles, by exploring the challenges and opportunities facing ENDs in the UK, with a view to making recommendations about how to strengthen the role in the future.

**Methods:** An exploratory qualitative study, grounded in experiences and empirically driven, using semi-structured telephone interviews with ENDs (N=15) as well as nominees suggested by them (N=9). Interviews took place between April and December 2019. A diverse group of ENDs and nominees were recruited from across the UK.

semi-structured interviews with between 20 forensic mental health nurses who had been assaulted. The data were thematically analysed.

**Findings:** Initial analysis has begun to identify themes including 'sense of isolation', 'impact on identity' and 'organisational response'.

**Discussion:** The ways in which participants made sense of their experiences of being assaulted varied between individuals and shaped both their emotional and behavioural responses.

### Biography

Helen Ayres is a mental health nurse and Matron in a medium secure service in Oxford. Her clinical experience is in secure inpatient, PICU and prison settings, and she has lecturing experience at Oxford Brookes University, developing and leading the forensic mental health nursing undergraduate module. Together with the Council of Europe Helen has undertaken projects in Georgia and Kosovo to improve nurses' skills and knowledge in the assessment and treatment of people experiencing mental health difficulties in prisons and other secure settings. Helen is in her fourth year of a Professional Doctorate in Nursing and is studying the experiences of mental health nurses who have been assaulted.

Session no: 1.7.2      Abstract no: 0219

**Research Topic:** Mental health

**Methodology:** Questionnaire

**Research Approach:** Experimental Research

### Effectiveness of a peer-led self-management programme for people with recent-onset psychosis

*Presenter: Wai Tong Chien, PhD, BN, RMN, FAAN, Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong*

### Abstract

**Background:** Recognizing many adverse health effects in early psychosis, different approaches to psychosocial interventions provide significant benefits in improving patients' symptom management and relapses, but inconsistent/inconclusive results in most psychosocial health outcomes. Peer-delivered recovery-focused care is suggested for recent-onset psychosis to enhance patients' recovery, social support and service satisfaction.

**Aims:** To examine the effects of a peer-led self-management intervention (PLSMI) modified from the Crisis-resolution-team Optimisation and RElapse Prevention (CORE) programme (Johnson et al. 2018) for psychotic patients' recovery, mental state, problem solving ability and other patient outcomes at 2-week post-intervention, compared with a psychoeducation and a routine care only group.

**Methods:** A multi-centre RCT with repeated-measures, three-arm design was adopted. A list of 180 Chinese patients with recent-onset psychosis randomly selected from six Community Centers for Mental Wellness in Hong Kong between September-November 2020 and randomly assigned into study groups by matching with computerized random numbers. After three months of interventions, post-test was performed. Outcomes were analysed on intention-to-treat basis, using Generalised Estimating Equation test.

**Results:** Significant interaction (Group × Time) treatment effects of the PLSMI were found on six outcomes (recovery, psychotic symptoms, functioning, problem-solving, and service satisfaction) between three groups at post-test, Wald  $\chi^2=7.05-21.87$ ,  $p=0.02-0.001$ , with moderate to large effect sizes ( $\eta^2$ ) of 0.12-0.24, in comparison to usual care. Level of recovery, problem-solving and service satisfaction of the PLSMI were also significantly greater improved than psychoeducation group at post-test with moderate effect sizes (0.07-0.10).

**Discussion/Conclusions:** The findings can provide evidence for the short-term effectiveness of the peer-led self-management programme for early-stage psychosis in community care on improving patients' recovery and mental condition, functioning, and service satisfaction. Self-learning of illness management through effective problem-solving strategies, together with peer support, are increasingly important and useful in recovery-focused interventions in early-stage psychosis under limited healthcare resources/professionals.

### Biography

Prof. Wai Tong CHIEN, Professor and Director at the Nethersole School of Nursing, The Chinese University of Hong Kong, is the Co-Director of Cochrane Hong Kong and Director of Asia-Pacific Genomic and Genetic Nursing Centre. Prof. CHIEN has been an advanced mental health nursing practitioner and researcher for 30 years and promoted mental health through research, advocacy, education, and psychosocial intervention for people with psychotic disorders and their families,

and for the Chinese/Asian communities. He obtained the Fellowships of American Academy of Nursing (2018) and Hong Kong Academy of Nursing (2012). He also received the Excellent Research Award by Health and Medical Research Fund, Food and Health Bureau, The HKSAR Government in 2018. Prof. Chien has served as editors of several international refereed journals and invited speakers of international conferences/seminars. He has also obtained >50 external competitive interdisciplinary health research grants with >US\$2,900,000 and published >180 articles at international healthcare journals.

## Concurrent session 2

Tuesday 7 September 2021

### 2.1 Theme: Workforce and employment (including health and wellbeing roles, research careers) COVID RELATED

Session no: 2.1.1 Abstract no: 0250

**Research Topic:** Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Questionnaire

**Research Approach:** Survey

#### Advanced practice nurses experiences during the COVID-19 outbreak in the UK

*Presenter: Emily Wood, PhD, RNMH, The University of Sheffield, UK*

*Co-author(s): Rachel King, UK; Michaela Senek, UK; Steven Robertson, UK; Bethany Taylor, UK; Angela M Tod, UK; Tony Ryan, UK*

#### Abstract

**Background:** During the first stages of the COVID-19 crisis in the UK there were multiple anecdotal reports about staff safety concerns, lack of equipment and delays in patient care for non-COVID illnesses. Advanced Practice Nurses (APNs), in senior nursing roles with clinical and leadership responsibilities, are well placed to report clinical issues in their areas and in the wider organisation.

**Aim:** To understand the experiences of APNs in the UK during the COVID-19 pandemic, particularly in relation to safety, shortages and retention.

**Methods:** A survey was sent to 243 APNs in June 2020. All are part of an existing cohort study. A further survey in March 2021 followed up key findings around safety, delayed care and intent to leave. Quantitative analysis was descriptive and correlational. Framework analysis of open questions, with themes of staff safety and patient safety, investigated nurses concerns at work.

**Results:** 124 APNs (51%) responded to the 2020 survey. Data collection for 2021 is ongoing. In 2020, 47% had considered leaving their job, 51% reported staff shortages and 68% PPE shortages. There were numerous reports of new, innovative ways of practicing and providing care.

**Discussion:** In 2020, APNs reported shortages in staffing and equipment across primary and secondary care across the UK. Shortages of personal protective equipment (PPE) during a pandemic contribute to mental health sequelae and increased staff turnover. Half the APNs surveyed were considering leaving their role. The UK risks a further crisis in staff morale and retention if this is not acknowledged and addressed.

APNs also expressed concern about patients not receiving routine care as many specialities closed or reduced working during the crisis. However, there were also many examples of good practice, positive changes and innovation.

Results from the 2021 follow up survey will also be presented at the conference

#### Biography

Dr Wood is a mental health nurse and Research Fellow at The University of Sheffield. She specialises in research into the nursing workforce. She is currently working on several projects including experiences of advanced nurse practitioners and retention issues for mental health staff. Other interesting include animal assisted therapies and environmental interventions for mental wellbeing, spiritual care for mental health services users and the physical health care of people with mental health conditions. She works primarily with realist evaluations and pragmatic mixed methods designs. Rachel King has been a registered nurse for 20 years with experience in a range of healthcare settings, most recently as an advanced nurse practitioner in primary care. As a research associate at The University of Sheffield, she contributes to a variety of research projects with the Royal College of Nursing (RCN) Strategic Research Alliance (SRA); leading on a longitudinal cohort study of Trainee Nursing Associates, and a study on the impact of leadership training. Steve is a nurse and health visitor who has been working in research for over 20yrs. His main research interests are around men, gender and health and more recently nursing education and nursing workforce concerns. He is Editor-in-Chief of the International Journal of Men's Social and Community Health, Emeritus Professor at Leeds Beckett University and Adjunct Professor at Waterford Institute

of Technology, Ireland. I am currently Professor of Older People and Care in the School of Nursing and Midwifery at the University of Sheffield. Whilst I am still registered as a nurse I have spent the last 20 years working in research roles. I have many years of experience conducting and applying research into healthcare, primarily in the area of patient experience, health care access and the impact of nurses, midwives and allied health professionals on patient outcomes. My research has mainly focused on care for adults and older people. A particular focus of my research is in lung cancer and mesothelioma patient experience studies. I am co-director of the Mesothelioma UK Research Centre and have a portfolio of research projects in collaboration with Mesothelioma UK. In addition, I am Joint Principle Investigator on a national Strategic Research Alliance between the University of Sheffield and the Royal College of Nursing in the UK.

Session no: 2.1.2 Abstract no: 0310

**Research Topic:** Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Questionnaire

**Research Approach:** Survey

#### Psychological impact of COVID-19 on nurses and midwives in Ireland: a cross-sectional study

*Presenter: Steve Pitman, RGN, FFMRCIS, BSc (Hons), MSc (Psy Health), MSc (Work Org Psy), Pg Cert LHPE., Irish Nurses and Midwives Organisation, Ireland*

*Co-author(s): Niamh Adams, Ireland; Edward Mathews, Ireland*

#### Abstract

**Background:** High levels of psychological symptoms and distress have been reported in those caring for patients with COVID-19.

**Aims:** The aim of the research was to understand the psychological experiences of nurses and midwives during the COVID-19 pandemic. (1,2)

**Methods:** A cross-sectional online survey was designed and conducted throughout August and September 2020 of nurses



and midwives across Ireland. The survey contained seven demographic questions and 23 Covid-19 related questions. Three research tools were used in the paper, the Burnout Assessment Tool (BAT), Impact of Events Scale (IES-R), and the Professional Quality of Life (ProQual) Measure.

**Results:** Of the 2,642 nurses and midwives who responded to the survey, 83% stated that their experience of COVID-19 has had a negative psychological impact on them as an individual. More than 90% of respondents said they had experienced mental exhaustion while off duty, and 61% stated that their experience of the pandemic made them consider leaving their professions.

**Discussion:** The results of this survey are unambiguous; Covid-19 is having a significant negative psychological impact on nurses and midwives in Ireland. The trauma of contracting Covid-19 takes a horrific toll on patients, their families and their loved ones. Nurses caring for patients with the virus bear witness to its terrible effects, compounded by the challenge of comforting patients and caring for families who are unable to visit during such a difficult and important time.

**Conclusions:** This research highlights the importance of monitoring the psychological and long-term physical effects of Covid-19 on healthcare workers. Action must be taken now to limit this psychological impact to ensure that we can maintain a healthy workforce over the coming months and to ensure that we retain nurses and midwives once the crisis is over.

### Biography

Steve Pitman is an RGN and Fellow of the RCSI Faculty of Nursing and Midwifery. He is the Head of Education and Professional Development at the Irish Nurses and Midwives Organisation (INMO). Steve has worked in clinical practice in the UK and Ireland, management and academia. He was previously Programme Director and Lecturer in the RCSI Leadership coordinating programmes in Ireland, Dubai and Bahrain. He has a primary degree in Social Psychology and Masters degrees in the Psychology of Health and Mental Performance and Work and Organisational Psychology. Steve lectures in leadership and strategy in the RCSI. His area of research interest is work engagement and burnout. He is a member of the Education and Training Committee of the Nursing and Midwifery Board of Ireland (NMBI) and other national committees. Steve Pitman is a Registered General Nurse and Fellow of the RCSI Faculty of Nursing and Midwifery.

Session no: 2.1.3 Abstract no: 0314

**Research Topic:** Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Questionnaire

**Research Approach:** Survey

### Cross sectional survey of trainee and early career nursing associate work experiences during the Covid-19 pandemic

*Presenter: Rachel King, PhD, RN, The University of Sheffield, UK*

*Co-author(s): Tony Ryan, UK; Michaela Senek, UK; Emily Wood, UK; Bethany Taylor, UK; Angela M Tod, UK; Ashfaque Talpur, UK; Steven Robertson, UK*

### Abstract

**Background:** A key reason for implementing the nursing associate role in England was to address nursing workforce shortages (Health Education England, 2015). The Covid-19 pandemic has exacerbated pressures on the workforce and caused distress amongst healthcare workers globally (Bielicki et al., 2020). Nurses caring for Covid-19 patients require adequate training, and psychological support through quality leadership (Gan et al., 2020). Little is known about nursing associate experiences during the pandemic.

**Aim:** To explore trainee and early career nursing associate work experiences during Covid-19.

**Method:** This cross-sectional survey recruited via social media and university emails. A total of 64 e-questionnaires were completed between July and August 2020. Closed responses were analysed using descriptive statistics with inferential comparisons between community and secondary care. Open questions were analysed thematically by two researchers.

**Results:** Participants included 43 trainee and 21 newly qualified nursing associates across England. Key themes related to working practices, training and development, and wellbeing. Over half (53%, n=33) experienced increased workload and 32% (n=20) were redeployed. Some described reduced learning opportunities but 76% (n=47) still felt able to provide the same standards of care. Several spoke about enhanced teamwork and nearly all (97%, n=60) wanted to stay in their post. Those working in the community reported significantly more concerns about staffing, working overtime, missed care and safety than those in acute settings.

**Discussion:** The challenges faced by nursing associates related to their new role have been exacerbated by Covid-19. Despite

changes in working practices, interrupted training and development, and fear of exposure to Covid-19, participants strived to provide excellent care and support for their patients and colleagues, sometimes at personal cost.

**Conclusion:** Future strategies to support nursing associates and other similar roles should focus on protecting their development, utilising skills in appropriate ways, and ensuring adequate support for wellbeing and safety.

### Biography

Rachel King has been a registered nurse for 20 years with experience in a range of healthcare settings, most recently as an advanced nurse practitioner in primary care. As a research associate at The University of Sheffield, she contributes to a variety of research projects with the Royal College of Nursing (RCN) Strategic Research Alliance (SRA); leading on a longitudinal cohort study of Trainee Nursing Associates, and a study on the impact of leadership training. Dr Wood is a mental health nurse and Research Fellow at The University of Sheffield. She specialises in research into the nursing workforce. She is currently working on several projects including experiences of advanced nurse practitioners and retention issues for mental health staff. Other interesting include animal assisted therapies and environmental interventions for mental wellbeing, spiritual care for mental health services users and the physical health care of people with mental health conditions. She works primarily with realist evaluations and pragmatic mixed methods designs. I am currently Professor of Older People and Care in the School of Nursing and Midwifery at the University of Sheffield. Whilst I am still registered as a nurse I have spent the last 20 years working in research roles. I have many years of experience conducting and applying research into healthcare, primarily in the area of patient experience, health care access and the impact of nurses, midwives and allied health professionals on patient outcomes. My research has mainly focused on care for adults and older people. A particular focus of my research is in lung cancer and mesothelioma patient experience studies. I am co-director of the Mesothelioma UK Research Centre and have a portfolio of research projects in collaboration with Mesothelioma UK. In addition, I am Joint Principle Investigator on a national Strategic Research Alliance between the University of Sheffield and the Royal College of Nursing in the UK. Ashfaque Talpur is a researcher associate at the Health Sciences School University of Sheffield. He completed his PhD in

adult safeguarding in 2019. His research spans the areas of ageing, ethnicity, elder mistreatment, social isolation and loneliness, CPD, palliative care. Steve is a nurse and health visitor who has been working in research for over 20yrs. His main research interests are around men, gender and health and more recently nursing education and nursing workforce concerns. He is Editor-in-Chief of the International Journal of Men's Social and Community Health, Emeritus Professor at Leeds Beckett University and Adjunct Professor at Waterford Institute of Technology, Ireland.

**Implications for Practice:** Digital therapeutics have a strong and increasing evidence based in the mental health setting. Digital health interventions are likely to be suitable in the context of supporting peri and menopausal women in the nursing workplace because they are able to be administered discreetly and can be developed and designed with precision to support specific conditions for specific occupations. This paper provides guidance to support health practitioners as they adapt, utilise and prescribe digital health strategies to support women as they encounter the discomforts of peri menopause and menopause.

### Biography

Dr Camille Cronin is a Senior Lecturer and Director of Research and Impact at the School of Health and Social Care, University of Essex. Camille is the Co-Lead Investigator leading on the Digital Health Intervention and Menopause Project. Her research interests include lifelong learning, workplace learning and workforce issues including retention and skill mix, dementia and culture in the healthcare workforce, mouthcare in acute hospitals, socialisation of student nurses in dementia care, pedagogy and curriculum, women's health and digital health and qualitative methodologies particular case study research, ethnography and narrative research.

## 2.2 Theme: Women's health

Session no: 2.2.1 Abstract no: 0375

**Research Topic:** Women's health

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

### Digital therapeutics to support women in menopause: a narrative review.

*Presenter: Camille Cronin, RN, PhD., University of Essex, UK*

*Co-presenter(s): Rhonda Wilson, Australia*

*Co-author(s): Catherine Hungerford, Australia*

### Abstract

**Introduction:** The aim of this study was to undertake an international literature review to inform the development of digital therapeutics to support women in the nursing workforce during perimenopause and menopause.

**Methods:** A literature search was undertaken of peer-reviewed journals across multiple databases over a ten-year period (2010-2020). Fewer than five articles were located, and a further hand search was conducted. The limited number of articles together with the prominence of the study topic led the research team to select a narrative approach to review the available literature.

**Results:** Three main themes were described: 1. Symptoms of Menopause; 2. Menopause in the workplace; 3. Menopause, health interventions and support services. Frequently, women experience vasomotor, psychosocial, physical and sexual discomforts during the peri and menopausal life stages. However, women are often do not seek help to alleviate these symptoms because of embarrassment, stigma and/or cultural taboos associated with doing so.

Session no: 2.2.2 Abstract no: 0376

**Research Topic:** Women's health

**Methodology:** Focus Groups

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Menopause in the nursing workplace: an international collaborative project.

*Presenter: Camille Cronin, RN, PhD., University of Essex, UK*

*Co-presenter(s): Rhonda Wilson, Australia*

*Co-author(s): Gemma Bidwell, UK; Janene Carey, Australia; Sara Donevant, The United States of America; Kerri-ann Hughes, New Zealand; Marja Kaunonen, Finland; Jette Marcussen, Denmark*

### Abstract

**Background:** By 2025, there will be more than 1 billion women, experiencing menopause. Of those employed 75-80% of women are of menopausal age and may experience symptoms that impact working life. A significant number of women are

working in female dominated professions such as nursing.

**Objectives:** The aim of this study is to explore menopause and discuss the suitability of digital health interventions as strategies to facilitate coping and alleviate discomfort in menopausal women.

**Design:** A qualitative exploratory study using focus groups was employed to explore nurses' experiences.

**Setting:** Nurses were recruited from different healthcare workplaces around the world: UK (n=11), Finland (n=6), Australia (n=10), New Zealand(n=10), USA (n=10) and Denmark (n=10).

**Methods:** Focus groups provide a natural environment for participants with a shared culture, just as they would in the clinical or workplace setting. The focus groups were structured to allow participants to share their perceptions of menopause and support needs and large enough to obtain a range of experiences. All focus groups were audio recorded and transcribed verbatim using the Framework Method of data analysis.

**Results:** Preliminary findings suggest four overarching themes emerging from the data analysis: managing symptoms in the workplace, recognition in the workplace, menopause interventions, and expectations versus reality.

**Conclusions:** A range of physical symptoms of menopause dominated and did impact on working and home life. There were some variations in understanding and recognising menopause in the workplace attributed to the different countries. Rather than being a taboo subject, nurses welcomed the opportunity to discuss this topic with their colleagues, about how they felt, coping mechanisms, and discussed various options in term of interventions seeking a layered approach to support in the workplace from digital interventions like apps, easily accessible information and space to chat and talk through menopause.

### Biography

Dr Camille Cronin is a Senior Lecturer and Director of Research and Impact at the School of Health and Social Care, University of Essex. Camille is the Co-Lead Investigator leading on the Digital Health Intervention and Menopause Project. Her research interests include lifelong learning, workplace learning and workforce issues including retention and skill mix, dementia and culture in the healthcare workforce, mouthcare in acute hospitals, socialisation of student nurses in dementia care, pedagogy and curriculum, women's health and digital health and



qualitative methodologies particular case study research, ethnography and narrative research. Gemma Bidwell is a Lecturer at the School of Health and Social Care, University of Essex. Gemma is the research assistant working on the Digital Health Intervention and Menopause Project. Her research interest includes women and child health.

Session no: 2.2.3 Abstract no: 0388

**Research Topic:** Women's health  
**Methodology:** Questionnaire  
**Research Approach:** Evaluation (process, impact)

**From research to reality: Using the GUIDED checklist to demonstrate the transferability of 5 years of PhD research to clinical practice.**

*Presenter: Catherine Lowenhoff, M.Sc. B.Sc (Hons) RGN, SCPHN, PGCe, FiHV, Institute of Health Visiting, UK*

**Abstract**

25% of mothers experience mental ill-health during pregnancy or the first post-natal year. This number has increased as a result of the social isolation and lack of access to services that many mothers have experienced as a result of the pandemic. Maternal mental ill-health can have a negative impact on the health, growth and development of the baby. Identifying mothers who need help can therefore have beneficial repercussions for two generations. The remit of health visitors includes assessing maternal mental health and promoting family wellbeing. In 2014, the updated NICE guideline for antenatal and postnatal mental health suggested that there was insufficient evidence to recommend the continuing delivery of 'Listening Visits' by health visitors - a therapeutic intervention that they had been offering to mothers with postnatal depression since 1989. This generated confusion about what health visitors should be doing. In the RCN research conference in 2017 I reported the findings of a survey of health visitors to examine current practice and future intentions. In the RCN 2019 research conference I presented my findings using the 7 stages of the enriched development phase of the MRC guidance (Bleijenbergh et al, 2018) and 'Doing a Delphi' - to describe a consensus building exercise with an expert group of health visitors to decide what should be included in an updated, evidence-informed, health visiting intervention. A manual to guide health visiting practice was

produced. 25 health visitors participated in a quality improvement initiative designed to test the intervention and develop a system for recording health visitor practice and outcomes. Further iterative development of the guide and the training programme involved another 37 health visitors who participated in pre-post and 10 week follow-up surveys. In 2021 I would like to report on the intervention development process using the GUIDED checklist (Duncan et al, 2020).

**Biography**

Catherine Lowenhoff has spent most of her career focussing on family emotional wellbeing, first as a health visitor and then as a nurse consultant in perinatal and infant mental health. She commenced her PhD studies at Oxford Brookes University in February 2015. The focus of her research was exploring how health visitors support mothers with mental health problems. The stages of research included problem identification and definition, examining the evidence, exploring theory, investigating the needs of providers and recipients, examining current practice, modelling process and outcomes and, finally, designing an updated, evidence informed intervention that health visitors can use in their work with families to promote family emotional wellbeing. She is now delighted to be working with the Institute of Health Visiting to further develop the guide and the training in collaboration with health visitors so that it is useful, compatible with the professional remit of health visitors, feasible to deliver, acceptable to mothers and culminates in improved outcomes for mothers and their families.

**2.3 Theme: Primary and community care**

Session no: 2.3.1 Abstract no: 0122

**Research Topic:** Primary and Community Care, Leadership and Management  
**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

**Continuing professional development for non-medical prescribers in primary care. A rapid evidence review**

*Presenter: Anna Young, RN, Mmed Sci, The University of Sheffield, UK*

*Co-author(s): Rachel King, UK*

**Abstract**

**Background:** Primary Care has one of the highest proportions of nurse prescribers in the UK with the widest scope of practice (Cope et al 2016) and yet the support received post qualification to both deliver and develop the role is inadequate despite the recognition of the importance of Continuing Professional Development (CPD) (Weglicki et al 2015). CPD has been found to generate positive outcomes through transformation of individual practice, skills, knowledge and workplace culture (Manley et al., 2018). These transformation theories were used as a theoretical lens to explore the findings.

**Aim:** To critically analyse the literature on CPD in Non-Medical Prescribing (NMP).

**Method:** Cinahl and Web of Science databases were searched for literature on Non-Medical prescribing and continuing professional development published between 2006 and January 2020. 118 papers were retrieved and 11 were included in the review. Following critical appraisal the findings were analysed thematically and presented in a narrative synthesis

**Results:** Themes that enable support and development for NMP were CPD, organisational structure, role development, safety in prescribing, preparation of the role of prescriber, support in prescribing, the role clarity and patient satisfaction.

**Discussion:** Through translating theory to practice the author used the findings from this review to highlight the gaps to current provision for NMP, challenging the culture that CPD is the sole responsibility of the individual practitioner. Using Manley et al's (2018) transformation theories the author considered changes that could be made to transform the of skills, knowledge, workplace culture and individual professional practice of NMP in primary care.

**Conclusion:** Based on this critical analysis of the literature the author will share experience of developing an ongoing interactive programme of CPD for NMP in primary care and of developing a leadership role in the development of NMP through improving online resources and links between departments.

### Biography

Anna Young is a clinical advanced nurse practitioner in primary care with a background of practice nursing. Her study was part of her masters in advanced practice. Following its completion Anna has been working with the primary care development nurses and medicines management team at the local Clinical Commissioning Group to get the recommendations from the research into practice. Her work is unique and novel as the role for combining clinical practice and research does not currently exist despite it being part of the 4 pillars of advance practice. There have been many challenges in combining the two roles but leading this work is something Anna is passionate about. Rachel King has been a registered nurse for 20 years with experience in a range of healthcare settings, most recently as an advanced nurse practitioner in primary care. As a research associate at The University of Sheffield, she contributes to a variety of research projects with the Royal College of Nursing (RCN) Strategic Research Alliance (SRA); leading on a longitudinal cohort study of Trainee Nursing Associates, and a study on the impact of leadership training.

favourable to patients, little is known about the experience of implementing and delivering this approach from staff and organisational perspectives.

**Aim:** To explore the experience of the workforce, implementing and delivering group consultations in general practice.

**Methods:** A qualitative telephone interview study using a purposive sample. Topic guides were formed from stakeholder engagement and explored the perspectives and experiences of general practice staff on the implementation and delivery of group consultations. Data analysis adopted principles of the Framework Method underpinned by Normalisation Process Theory. Data were collected between October and Dec 2019.

**Results:** Interviews were conducted with 8 GPs, 8 Practice Nurses, 1 Nurse Associate, 1 Practice Pharmacist, 1 Deputy Practice Manager and 1 Healthcare Assistant. Four themes were identified: sense making of group consultations; the work associated with initiating group consultations; the experiences of operationalising group consultations; and sustaining change. Group consultations made sense to participants as a mechanism to reduce burden on primary care, enhance multi-disciplinary working, and provide patient-centred care. Implementation required strong leadership from a 'champion', and a facilitator had a pivotal role in operationalising the approach. The associated workload was often underestimated.

**Discussion:** A range of motivators influence the engagement, or coherence of the approach by clinicians. Barriers to embedding change included achieving whole practice buy-in, competing practice priorities, and system-level flexibility.

**Conclusion:** Our findings are transferable to international general practice settings. General practice clinicians enjoyed group consultations, yet significant work is required to initiate and sustain the approach. An implementation plan considering leadership, roles and responsibilities and wider organisational support is required at the outset. Further research or evaluation is needed to measure process outcomes.

### Biography

Dr Finney is a nurse academic with a background in rheumatology and primary care. Based at Keele University; in 2010 he successfully gained a National Institute for Health Research (NIHR) Clinical Doctoral Fellowship. The prestigious research grant allowed Andrew to complete a PhD at the Arthritis Research UK (Now, Versus Arthritis) Primary Care

Centre. Andrew's PhD was nested within a Cluster Randomised Controlled Trial entitled 'The Management of Osteoarthritis in Consultations' (MOSAICS). The PhD was awarded in 2014 and was entitled 'Multisite Peripheral Joint Pain: Prevalence, Impact and Multidisciplinary Support in Community Dwelling Older Adults' Andrew currently undertakes post-doctoral research as part of Keele's Impact Accelerator Unit. He is Evidence-Based Practice lead for Stoke-on-Trent and North Staffs CCG, working predominantly with primary care nurses to question and appraise 'best evidence' in their general practice roles. He is currently the Research Theme Lead for the School of Nursing and Midwifery; working across the Faculty of Medicine and Health Sciences to develop the school's research theme of 'Health, Care and Wellness'

Session no: 2.3.3 Abstract no: 0324

**Research Topic:** Primary and Community Care

**Methodology:** Questionnaire

**Research Approach:** Survey

### Exploring Perspectives of the Impact on Continence Care of Covid-19 (EPICCC-19)

*Presenter: Nikki Cotterill, PhD BSc(Hons) RN, University of the West of England, UK*

*Co-author(s): Cecily Palmer, UK; Davina Richardson, UK; Juliette Rayner, UK; Marcus Drake, UK*

### Abstract

**Background:** Bladder leakage affects over 14 million adults, 6.5 million experience bowel control difficulties and more than 900,000 children experience incontinence in the UK, causing significant decrement to quality of life (1,2). Continence services were impacted in response to the Covid-19 crisis to varying degrees.

**Aims:** To map changes made to continence services in response to Covid-19 and survey service providers to gather views about the impact, advantages and disadvantages.

**Methods:** Qualtrics online survey platform was used to map continence services in England and administer an open and closed question survey. The survey was designed collaboratively with multidisciplinary stakeholders and patient and public partners through the Bladder And Bowel Confidence (BABCON) Health Integration Team (3). Descriptive statistics describe quantitative data and content analysis is employed to identify emerging themes in free text responses.

Session no: 2.3.2 Abstract no: 0295

**Research Topic:** Primary and Community Care

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The experience of the workforce; implementing and delivering group consultations in UK general practice

*Presenter: Andrew Finney, PhD, BSc, PG Cert, RN, Keele University, UK*

*Co-author(s): Laura Swaithe, UK*

### Abstract

**Background:** Group consultations are a relatively new concept in UK primary care and are a suggested solution to current workload pressures in general practice (RCGP, 2018). Although they appear

**Results:** 152 services have been identified and 41 provided survey responses to date. Only one reported no change to service provision while most reported mass staff redeployment and complete migration to remote consultations. Resumption of services varied over time and between teams and waiting lists had increased significantly.

34 services reported benefits: reduced travel, increased accessibility, capacity and attendance. Six services reported no benefit at all. 39 services reported disadvantages: inability to complete comprehensive assessments and digital exclusion for those with communication and cognition difficulties, or technology issues.

**Discussion:** Continence services were significantly impacted during the pandemic which will continue due to the backlog created. The requirement for a blended approach between digital and physical consultations is highlighted. 'Face-to-face' appointments are considered gold standard with non-verbal communication a key component. However, advantages to remote provision are acknowledged.

**Conclusions:** These findings can inform service recovery and policy decisions regarding continence services in the recovery phase following Covid-19, ensuring they are fit for purpose for the population they serve.

#### Biography

Nikki Cotterill is an Associate Professor of Nursing in Continence Care at UWE, Continence Lead for North Bristol NHS Trust, and Director of the BABCON HIT in Bristol. Since 2003, Nikki has worked in the field of Continence research involved in a broad spectrum of projects with a strong emphasis on the patient experience. Nikki's research focusses on the promotion of continence and enabling access to high quality care and education to improve bladder and bowel symptoms. In her role as BABCON Director, Nikki is able to coordinate a systemwide approach to improving the experience for individuals with bladder and bowel symptoms through collaboration between acute healthcare (physical and mental health settings), local authority, clinical commissioning, higher education and charity partners. Nikki was a Florence Nightingale Foundation Leadership Scholar in 2019 and continues to work with the Foundation to raise the profile of continence care to inform policy decisions at a national level.

### 2.4 Theme: Patient safety / Acute and critical care

Session no: 2.4.1 Abstract no: 0370

**Research Topic:** Patient Safety (including human factors, infection prevention and control etc), Acute and critical care, Service Innovation and Improvement  
**Methodology:** Other collection or analysis method  
**Research Approach:** Other approaches

#### Nursing-sensitive patient outcomes: Navigating a path for using research to improve nursing care practices

*Presenter: Jenny Sim, RN, PhD, BAppSc(Nurs), Grad Dip App Sc (Nurs), Grad Dip Bus Admin, University of Wollongong, Australia*

#### Abstract

**Background:** Nurses play a pivotal role in keeping patients safe in acute care hospitals.

**Aim:** This presentation will provide an overview of a programme of research from Australia that examines how nursing knowledge, nursing care processes and evidence-based care practices can improve patient outcomes.

**Methods:** A series of research studies were conducted from 2016 to 2021. The studies build on the conceptual framework for measuring the quality and safety of nursing care (Sim et al., 2018) and include mixed-methods studies, cross-sectional surveys, secondary analysis of administrative datasets and realist evaluation. The programme of research uses Donabedian's (1986) structure-process-outcomes framework.

**Results:** Nurses play an important role in improving patient outcomes. Findings indicate that the pathway for turning research data into changes in practice and improved outcomes involves focused-research that examines nursing care processes. The research uses a comprehensive suite of data including nurse staffing (and skill mix), the nursing practice environment, nursing knowledge about care processes and the actual nursing care processes used in practice. Outcomes examined include pressure injuries, falls, medication errors, hospital-acquired infections, mortality and the patient experience. The findings indicate that sustainable practice change only occurs when research is embedded at the ward-level and nurses are engaged in the research process.

**Discussion:** Improving care processes is the key to improving nursing-sensitive patient outcomes. This involves practice change and must be championed at the individual

nurse and ward level. Developing sustainable improvements in practice requires a fundamental change in the way we support nurses to think about their work and the impact their individual care has on patient outcomes.

**Conclusion:** Nursing knowledge and the use of evidence-based nursing care processes provide the key to improving nursing-sensitive patient outcomes. Nurses are uniquely positioned to enhance patient safety and improve healthcare quality in acute care hospitals.

#### Biography

Dr Jenny Sim is a Senior Lecturer and research leader in the School of Nursing at the University of Wollongong in Australia. Jenny's research explores the quality and safety of nursing practice. Jenny is focused on understanding how the quantity and quality of nursing care influence patient outcomes and how nursing knowledge and nursing care processes can be used to improve care outcomes in the acute-care hospital setting.

#### 2.4.3 Withdrawn

### 2.5 Theme: Nursing, midwifery or support worker education

Session no: 2.5.1 Abstract no: 0092

**Research Topic:** Nursing, Midwifery or Support Worker Education  
**Methodology:** Statistical Analysis (descriptive and correlational)  
**Research Approach:** Quantitative (not included in another category)

#### What impact does increasing student nurse capacity in placements have on patient safety? A retrospective cohort study of the implementation of Collaborative Learning in Practice (CLIP)

*Presenter: Graham Williamson, BA, MA, PhD, RN, Plymouth University School of Nursing and Midwifery, UK*

*Co-presenter(s): Graham Williamson, UK; Adele Kane, UK; Jane Bunce, UK*

#### Abstract

**Background:** One solution to the global nursing shortage is to increase the numbers of student nurses: clinical placements need to increase their capacity to host them. Capacity increases have previously been viewed as problematic if they increase the supervisory burden on registered nurses,



and unsafe if they dilute students' supervision. One method of organising placement learning which increases capacity and has beneficial outcomes for student learning and preparedness for registrant practice is Collaborative Learning in Practice (CLIP), in which student supervision utilises coaching approaches, and student from different year groups support each other (Williamson et al 2020a; 2020b).

**Aim:** The aim of this study was to assess the impact on specific patient safety measures (pressure ulcers, falls and medication errors) of having students in placement being educated in Collaborative Learning in Practice (which increases capacity) compared to when they were not.

**Method:** Audit data were collected from four NHS trusts in the South West of England in a retrospective cohort study. We received data on 5532 adverse events from 15 clinical areas in four NHS trusts, with 996 students on placement between January 2018 and August 2019.

**Results:** The risk ratio and mean differences for adverse patient events were favourable (RR=0.9842; 95%CI 0.9604-1.008; mean difference 279, 95%CI 213-346, p=0.01). There was no statistically significant correlation between increased student numbers and increased adverse patient events.

**Discussion and conclusions:** Our data must be interpreted with caution, but we conclude that increasing capacity for student nurses in CLIP placements appears to have a positive impact on patient safety.

### Biography

Dr Graham R Williamson is an Associate Professor in Plymouth University School of Nursing and Midwifery at the Exeter School of Nursing. Graham has a 25 year history in nursing education and research, having focused on evidence informed decision making, and supporting students in practice. He has taken part in many related research studies, and published and presented extensively throughout his career. Graham is Editor-in-Chief of the Open Nursing Journal.

Session no: 2.5.2 Abstract no: 0262

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Student Nurse Socialization: A model of professional discourse adoption

*Presenter: Sue Jackson, PhD, MPhil, BSc, RN, RNT, Northumbria University, UK*

*Co-author(s): Alison Steven, UK*

### Abstract

**Background:** Professionalism is a complex concept (Finn et al. 2009). Everyday language used by 'discourse communities' in relation to professionalism privileges some perspectives, while suppressing others. Students are socialised into discourse communities during professional identity development.

Nursing research has predominantly explored professionalism within clinical practice, without exploring language use. However, time at university is key to student professional socialization, with exposure to discourse communities occurring in both clinical and academic contexts. This study examined how students and their lecturers construct language regarding professionalism while at university.

**Aims and objectives:** The aim of the study was to explore the processes of socialization focusing on the language of professionalism used by student nurses and lecturers. The premise was to gain insight into factors influencing discourses of professionalism such as lecturer-student relationships, and outside influences such as professional bodies.

**Design and Methods:** Seventeen interviews were conducted with eight lecturers and seven student nurses multiple times over 3 years (2013–2016). A Discourse Analysis approach was employed to uncover interpretative repertoires ('Building blocks' of language) (Potter and Wetherell 1987).

**Results:** Findings indicated participants drew upon a number of repertoires. These changed over the 3 years. Analysis led to development of a Model of Professional Discourse Adoption, illustrating a three phased process, resonating with theories of professional socialization.

**Conclusion:** The research:-

- Illustrates how movement between clinical practice and university is reinforced through language used by both students

and their lecturers and may serve to differentiate between nursing groups.

- Develops nursing's knowledgebase around professionalism; educational strategies for raising awareness of professionalism language; tailoring of learning and teaching to meet student requirements.
- Introduces 'The Model of Discourse Adoption' offering conceptualizations as to how professionalism might be socially constructed, how it is linguistically framed, and how the language of professionalism might be perpetuated.

### Biography

Sue is a Registered Nurse with 37 years working within clinical nursing, healthcare research, and nurse education. Her PhD was awarded in 2018 with the title of her thesis being 'Student Nurse Professionalism: Repertoires and Discourses used by University Students and their Lecturers'. This work explores the student journey to professional socialization through the language they use. Sue is a Principal Lecturer in Adult Nursing, a Registered Nurse Tutor, and an Advance Higher Education Fellow. Her current research interests all aim to improve and enhance the student's experience in both the academic and the clinical nursing practice setting. As Departmental Director for Equality, Diversity and Inclusion, Sue is committed to ensuring students from minority, and widening participation groups have a voice at all stages of their education experiences.

Session no: 2.5.3 Abstract no: 0280

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

### Rapid review of the factors that optimise continuing professional development in nursing: application to practice

*Presenter: Steven Robertson, PhD, RN, HV, University of Sheffield, UK*

*Co-presenter(s): Rachel King, UK; Bethany Taylor, UK; Ashfaque Talpur, UK; Kim Manley, UK; Carolyn Jackson, UK; Emily Wood, UK; Nicola Ashby, UK; Michaela Senek, UK; Angela Tod, UK; Tony Ryan, UK*

### Abstract

**Background:** The global Covid-19 crisis has reinforced the importance of continuing professional development (CPD) in ensuring

the provision of evidence-based, safe and effective person-centred nursing care. However, there is significant international variation in standards of CPD for nurses. Furthermore, it has been noted (Jackson et al, 2015) that CPD needs to be adequately transferred into clinical settings to maximise impact. There is limited information available on how best to do this.

**Aim:** To review the factors that optimise CPD impact in the workplace. The presentation focuses primarily on the final, consultation phase and how the review influenced the Royal College of Nursing (RCN) Education, Learning and Development Strategy.

**Method:** A rapid evidence review of papers published between 2002-2019 was conducted and findings integrated through narrative synthesis. Findings were sent out for consultation to UK stakeholders (n=12) and responses combined to finalise the review. The review then informed the RCN strategy development process.

**Findings:** 3790 papers were retrieved. After duplicates were removed, and title/abstract and full text considered, 39 papers were included. Studies were undertaken in Australia, Europe and North America. Three categories developed from data synthesis: relational dynamics, workplace culture, and individual motivation. Stakeholder consultation showed broad agreement that these categories optimise workplace CPD impact at individual, team and organisational level. Stakeholders highlighted three areas warranting further investigation 1) How CPD priorities are determined 2) The importance of inter- and multidisciplinary learning in workplace transformation. 3) How CPD impact can be most effectively evidenced.

**Discussion:** Review and consultation findings were utilised to help inform the development of the RCN UK Education, Learning and Development Strategy, 2021-2024. This strategy will enable the RCN to provide leadership and influence within health and social care, empowering nursing by providing evidence-based guidelines that support the UK future health and social care workforce requirements.

#### Biography

Steve is a nurse and health visitor who has been working in research for over 20yrs. His main research interests are around men, gender and health and more recently nursing education and nursing workforce concerns. He is Editor-in-Chief of the International Journal of Men's Social and Community Health, Emeritus Professor at Leeds Beckett University and Adjunct Professor at Waterford Institute of Technology, Ireland. Rachel King has been

a registered nurse for 20 years with experience in a range of healthcare settings, most recently as an advanced nurse practitioner in primary care. As a research associate at The University of Sheffield, she contributes to a variety of research projects with the Royal College of Nursing (RCN) Strategic Research Alliance (SRA); leading on a longitudinal cohort study of Trainee Nursing Associates, and a study on the impact of leadership training. Ashfaque Talpur is a researcher associate at the Health Sciences School University of Sheffield. He completed his PhD in adult safeguarding in 2019. His research spans the areas of ageing, ethnicity, elder mistreatment, social isolation and loneliness, CPD, palliative care. Dr Wood is a mental health nurse and Research Fellow at The University of Sheffield. She specialises in research into the nursing workforce. She is currently working on several projects including experiences of advanced nurse practitioners and retention issues for mental health staff. Other interesting include animal assisted therapies and environmental interventions for mental wellbeing, spiritual care for mental health services users and the physical health care of people with mental health conditions. She works primarily with realist evaluations and pragmatic mixed methods designs.

Clark, 2020; Robb et al. 2020), however there remains a need to understand the longitudinal impact of social isolation and distancing.

**Aim:** To explore older people's longitudinal experience of social isolation and distancing, and the coping strategies they implemented to support them through the COVID-19 pandemic.

**Methods:** An inductive phenomenological study. University staff posted the study invitation flyer on social media, including WhatsApp neighbourhood groups, the Nextdoor App and Twitter. Qualitative semi-structured interviews were undertaken via telephone at 2-week intervals with 19 participants, whose ages ranged from 70 to 89. Data was collected during the first wave of the pandemic, with each participant completing six interviews between the 6th April and 10th July 2020. Audio data was transcribed verbatim and thematic analysis was completed.

**Results:** Three themes were identified, firstly, loss of socialisation, including passing or opportunistic socialisation. Secondly, the increased use of technology as a coping strategy for re-socialisation, and thirdly, the need to remain safe through understanding the government's current restrictions.

**Conclusion:** Nurses need to be aware of loss of socialisation on older adult's physical and mental health and wellbeing, whilst supporting older people to both understand and adhere to social restrictions to keep them safe. Digital technologies offer virtual coping strategies for re-socialisation. Nurses need to engage with older people and recommend the development of a digital community, which may support their social needs, but is also a low-cost approach of using technology to maintain health and wellbeing.

#### Biography

Professor Joanne Brooke is a Professor of Nursing, and Director of the Centre for Social Care Health and Related Research at Birmingham City University led for the Person-Centred Aging Cluster, as well as the Director of the Institute of Dementia and Culture Collaborative, Dr Maria T. Clark is a Senior Lecturer at Birmingham City University (BCU), School of Nursing and Midwifery. She leads the MSc Safeguarding programme, which aims to improve the protection of children, young people, and adults from harms associated with violence and abuse. Maria is a nurse, midwife, and health visitor by background, working mainly in the NHS and as a public health nurse in Ireland and Australia. She completed her PhD (Sociology / Health

## 2.6 Theme: Older people

Session no: 2.6.1 Abstract no: 0330

**Research Topic:** Older People

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Longitudinal impact of the COVID-19 pandemic on older people: An inductive phenomenological study

*Presenter: Joanne Brooke, RN, DProf, PGCert in HE, MSc, BSc, Birmingham City University, UK*

*Co-author(s): Sandra Dunford, UK; Maria Clark, UK*

#### Abstract

**Background:** During the COVID-19 pandemic people over the age of 70 have been advised to undertake stringent social isolation and distancing measures. Global data has begun to emerge on older people's early experience of adhering to social restrictions, and the impact of the pandemic on their health and well-being (Brooke and



Service Research) at the University of Bristol (2008). She is an Associate Editor for the journal *Child Abuse Review* and an affiliate member of the Risk, Abuse, and Violence research group at the University of Birmingham (UK). Maria is an honorary health visitor at Birmingham Community Healthcare Foundation Trust. Her research is close to community-based practice, involving interdisciplinary and independent 'third sector' collaboration to improve health-related outcomes for women and children, across the life-course.

Session no: 2.6.2 Abstract no: 0289

**Research Topic:** Older People, Patient Experience

**Methodology:** Other collection or analysis method

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### **“Pause Time” - a multi-perspective exploration of Person Centred Care in an acute hospital, an interpretative phenomenological analysis study with older people, families and staff.**

*Presenter: Katrina Whittingham, RN, PG Cert Learning, Teaching and Assessment, MSc in Nursing, Doctorate of Professional Practice, Robert Gordon University, UK*

*Co-author(s): Fiona Work, UK; Lisa Kidd, UK; Kay Cooper, UK*

#### **Abstract**

The term Person Centred Care (PCC) has become integral in healthcare language, policy, education, research and practice (World Health Organisation (WHO) 2020). PCC has become synonymous with the delivery of high-quality care (Scottish Government 2013). The aim of this doctoral study was to explore, interpret and illuminate the experiences of PCC from the perspectives of older people (without cognitive impairment), their families and members of the staff in an acute medicine for the elderly unit. Ethical approvals were granted from an NHS Research Ethics Committee and local RandD department.

A hermeneutic phenomenological approach was taken, combining collective case studies with Interpretative Phenomenological Analysis (IPA). The research setting was four mixed sex, acute medicine for the elderly wards, within an acute hospital in the North East of Scotland. Diaries and face to face interviews were

used to collect data. Combining collective case studies with IPA contributes uniquely to the PCC knowledge base, illuminating multiple simultaneous perceptions of PCC experiences.

Four superordinate themes were uncovered: the impact of personhood on PCC experiences; the PCC experience of accessing acute hospital; the PCC experience in acute hospital and the PCC experience of leaving acute hospital. Personhood shaped participants' definition and expectations of PCC in ways which were not aligned to current theoretical models of PCC, such as being actively involved in care/decision making (McCormack and McCance 2017). The findings provide contemporary empirical support for seminal theories and models of care, interpersonal connections were found to be the foundation to high quality care experiences; where staff 'pause time', connect and were present. A flexible model of PCC where older people, families and staff are cared about, for and with, is recommended. The findings present a positive platform to celebrate PCC experiences in acute care and to plan further research.

#### **Biography**

Katrina qualified as a Registered Nurse in 1991. Her clinical career was in acute care, where she held a variety of roles across predominantly medical areas. Prior to moving into academia in 2010, she worked in NHS practice education, where she gained my teaching qualification, a Florence Nightingale Travel Scholarship and MSc in Nursing. Katrina's academic practice has been focused in undergraduate education, with some experience gained in post-graduate and MSc level studies. However, her personal experience as a close family member when my brother was diagnosed with aggressive cancer inspired her doctorate exploration of person centred care in acute older person care, looking at the experiences of patients, families and staff.

Session no: 2.6.3 Abstract no: 0045

**Research Topic:** Older People

**Methodology:** Other collection or analysis method

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### **Reconsidering compassion - A conversation analytic study of conversational complaints made by patients during nurse-patient interaction.**

*Presenter: Rachael Drewery, BSc(Hons), MSc, MA, RN, SCPHN (HV), University of Nottingham, UK*

*Co-author(s): Alison Edgley, UK; Alison Pilnick, UK; Joanne Cooper,*

#### **Abstract**

**Background:** Compassion has become an overarching value in twenty-first century healthcare policy, with the NHS Constitution (DoH, 2015) stating that compassion is "central to the care we provide". Previous research generally accepts that compassion should be embedded throughout nursing care. Within nurse-patient encounters there are however, many competing interactional and institutional demands. As part of a larger study on compassion in nurse-patient interaction, the current paper explores effective care and compassion, when patient's talk includes complaints about care.

**Aim:** To identify and describe how Advanced Nurse Practitioners (ANPs) respond to complaint stories during consultations with older patients, and consider how this relates to common understandings of compassion.

**Methods:** Collection of twenty-seven audio-visual recordings of naturally-occurring interaction between ANPs and older people in hospital in-patient settings (data collection Jun.-Dec. 2019).

Analysis uses conversation analysis, a qualitative, inductive approach which aims to understand how participants construct and understand what is happening within the context of turn-by-turn interaction.

**Findings:** Fine-grained analysis of audio-visual recordings shows that responding to a patient's complaint story is an interactionally delicate issue. Using recordings, I will show how ANPs skilfully navigate patient complaint stories, aligning as the recipient of the patient's story, but not always explicitly affiliating with the patient's complaint. I will propose that not affiliating with the complaint, which may be deemed 'uncompassionate' within the

immediate interactional context, could in fact be argued to be compassionate in the longer term.

**Conclusion:** Researching nurses' responses to patient complaints, within their actual interactional context, suggests that there may be good institutional reasons for nurses not to affiliate with patient complaints. These findings have implications for our knowledge about the skills nurses use in-situ, rather than relying on idealised and generalised images of compassion, which may be unhelpful for nurses and patients.

#### Biography

Rachael is presently completing an ESRC-funded PhD using conversation analysis (CA) to explore the enactment of compassion in nurse-patient interaction. She has also completed an NIHR MA in research methods, which included a pilot project using CA to explore health visitor-client interaction. As a result, Rachael developed an interest in CA and its potential to expand knowledge about the communication skills nurses use in actual practice. Rachael is a nurse and health visitor, who prior to commencing her PhD worked on an intensive home-visiting programme with vulnerable families (FNP). She has also worked in specialities including oncology and paediatric bone marrow transplant. Rachael's research interests include compassionate care, nurse-patient relationships, and the role of effective communication in nursing care.

### 2.7 Theme: Qualitative studies

Session no: 2.7.1 Abstract no: 0387

**Research Topic:** Nursing, Midwifery or Support Worker Education, Patient Experience, Rehabilitation  
**Methodology:** Other collection or analysis method  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### Acceptance – a grounded theory study of combat-related limb-loss in veterans from the Iraq and Afghanistan conflicts.

*Presenter: Lee Yarwood-Ross, RN BSc(hons) PhD, University of Wolverhampton, UK*

*Co-presenter(s): Lee Yarwood-Ross, UK; Kirsten Jack, UK*

*Co-author(s): Gary Witham, UK*

#### Abstract

**Background:** The post-2001 conflicts in Iraq and Afghanistan have led to many armed forces personnel sustaining horrific injuries that can result in amputation of upper and lower limbs. The advancements in first aid, personal protective equipment (body armour) and improved military medicine have led to armed forces personnel experiencing devastating complex wounds that they would not have survived in previous conflicts (Edwards et al, 2015). However, despite personal protective equipment increasing survival rates, the upper and lower limbs remain particularly vulnerable in combat. These men and women may survive their injuries but they are left with life altering changes. There are few studies that have investigated combat-related limb-loss from the perspective of veterans to further understanding of the psychosocial impacts. These men and women will require life-long treatment, therefore it is important for nurses to understand how this trauma is experienced in order to provide effective care.

**Methods:** A classic grounded theory approach was adopted in this study (November 2012 – June 2018), which employed the use of coding, constant comparison, theoretical sampling and memoing. In line with the classic grounded theory methodology, multiple data sources were utilised such as face to face and online interviews, autobiographies, documentaries, YouTube videos, online blogs, newspaper/online articles, symposia and armed forces' charity websites and theatrical plays.

**Discussion:** The analysis of the incoming data patterned into the major category

of acceptance. Sub-categories included resilience, accepting limitations, time and educating misconceptions.

**Conclusion:** Acceptance is a pivotal process that veterans are faced with and must endure in their rehabilitation. Specifically, they are faced with accepting the physical, psychological and social consequences of their trauma. Having an awareness of the ways in which veterans accept their injuries, will enable practitioners to provide appropriate care for this group of people.

#### Biography

Dr Lee Yarwood-Ross is a Lecturer in Nursing at University of Wolverhampton. He has a special research interest in military and civilian trauma as well as people's experiences of chronic illness. He completed a PhD in 2020 at Manchester Metropolitan University, which explored the impact of combat-related limb-loss on veterans from the Iraq and Afghanistan conflicts. He is the past editorial assistant of the Grounded Theory Review journal.

Session no: 2.7.2 Abstract no: 0139

**Research Topic:** Renal  
**Methodology:** Interviewing  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### Perceptions of infection risk, prevention and action: findings from a UK qualitative study with patients using home dialysis

*Presenter: Jessica Baillie, BN (Hons.) PhD RN (Adult), Cardiff University, UK*

*Co-author(s): Paul Gill, UK; Molly Courtenay, UK*

#### Abstract

**Background:** Kidney failure is rising internationally and can be managed by peritoneal dialysis (PD), a home-based treatment. Peritonitis is a significant problem for patients using PD and prevention is vital to safely manage PD. Few studies have explored patients' knowledge and experiences of peritonitis, particularly in the United Kingdom (UK).

**Aim:** To explore patients' and relatives' knowledge and experiences of peritoneal dialysis-associated peritonitis.

**Methods:** Thirty participants were purposively sampled from six UK hospitals. In-depth interviews were undertaken (March-July 2018), and the data were

analysed thematically. A reflexive diary was maintained by the researcher and the co-authors reviewed the analysis. Ethical and governance approvals were gained.

**Results:** 1: Perceptions of risk: Participants all assessed their risk of developing peritonitis and many described their persistent fear of infection and the implications on their health and families.

2: Preventing peritonitis: This fear led participants to enhance hygiene practices and affected their lives with PD. All participants took steps – many similar and some differing – to minimise their risk of developing peritonitis.

3: Identifying peritonitis: Many participants struggled to identify peritonitis and delayed seeking help from the PD team. Other sought help from the renal team and were inappropriately signposted to out-of-hours services. This led to delays in the PD team assessing and treating peritonitis.

**Discussion:** Preventing peritonitis is a concern for patients and families. To safely self-manage PD at home, individuals must be supported to identify complications, know when to seek help and receive prompt care. Further work is needed to ascertain the best ways to support individuals to recognise complications and seek help.

**Conclusions:** How individuals view their risk of infection, the steps they take to prevent it and knowing when to seek help are topical issues within healthcare; findings from this study are transferable to other acute and long-term conditions.

### Biography

Jessica is a Lecturer in Adult Nursing and a qualitative researcher. Her clinical background is in kidney care and she now teaches, assesses and supervises students across pre-registration, postgraduate taught and doctoral programmes. Jessica has recently completed a Postdoctoral Fellowship, funded by RCBC Wales.

Session no: 2.7.3 Abstract no: 0154

**Research Topic:** Disability

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Reproductive and sexual healthcare needs of women with cerebral palsy: qualitative study

*Presenter: Julie Taylor, RN, PhD, University of Birmingham, UK*

*Co-presenter(s): Sonali Shah, UK; Carrie Bradbury-Jones, UK*

### Abstract

**Background:** Women with cerebral palsy (CP) have the same level of primary and preventative health needs as all women. However, little is known about the hormonal, musculoskeletal and functional changes experienced by women with CP as they increase in chronological age. Coupled with the cumulative impact of social, institutional and cultural disabling barriers across the life course, this puts women with CP at greater risk of unmet need.

**Aims:** This qualitative study aimed to generate new knowledge about the barriers and enablers to sexual and reproductive healthcare for teenage girls and adult women with CP; and the experiences of healthcare professionals providing care to this population.

**Methods:** Twenty five life course interviews were conducted with women who identified as having a diagnosis of CP. Nine healthcare professionals were also interviewed. Interviews were conducted in person or using Skype, Zoom, email or Facebook Messenger. Framework analysis was used to interpret the data.

**Results:** The quality of sexual and reproductive healthcare for women with CP is determined by multiple socioecological factors. Individual level effects included physical and mental impacts of premature ageing with CP and mental health effects triggered by experiences of sexual abuse. Practitioner attitudes about disability, as well as limited knowledge and understanding of the impairment effects of CP in adulthood was highlighted as a barrier to good quality healthcare for women with CP. Women's experiences and uptake of preventative sexual healthcare was also influenced by the accessibility and adaptability of the environment and procedures.

**Conclusion:** Women with CP face many challenges to their sexual and reproductive healthcare. Understanding these provides

a springboard from which we can plan for and provide appropriate care and interventions for women and girls with CP across different stages of life. Elements of this knowledge could have benefits for the care of all disabled women.

### Biography

Julie is a nurse scientist specialising in child maltreatment and has extensive research experience with vulnerable populations using a wide range of qualitative and participative methods. She is Professor of Child Protection at the University of Birmingham, with previous chairs at the Universities of Edinburgh and Dundee. Her research programme is concentrated at the interface between health and social care and is largely underpinned by the discourse of cumulative harm and the exponential effects of living with multiple adversities (domestic abuse, parental mental ill health, substance misuse, disabilities etc.). She is a Fellow of the Royal College of Nursing.

## Concurrent session 3

Wednesday 8 September 2021

### 3.1 Theme: Patient safety

Session no: 3.1.1 Abstract no: 0414

**Research Topic:** Patient Safety (including human factors, infection prevention and control etc)

**Methodology:** Questionnaire

**Research Approach:** Mixed Methods Research

#### What are patients' perceptions of their safety within an acute hospital setting? A study to inform the development of a measurement questionnaire.

*Presenter: Jacqueline Sinclair, Doctorate in Healthcare, Royal Free Hospital, UK*

#### Abstract

A study to inform the development of a measurement questionnaire.

**Background and rationale:** Few studies have concentrated on patients' experiences and their perceptions of safety and there are limited validated tools to measure patient perceptions of safe/unsafe care.

**Aim:** To explore what patients understood by being safe, and how they experienced safety within an acute hospital setting. The findings were then used to inform the development of the King's Patient Safety Measure (KPSM).

**Design:** Setting for the study was within a large London acute teaching hospital, with a diverse ethnic background. Data was collected during a three week period during August 2016. A sequential mixed methods design was used. Objective 1 involved a scoping review of the literature and feedback from patients within the acute trust, to inform the layout and questions to be examined in the pilot questionnaire. Objective 2 pilot testing the questionnaire. Objective 3 was a cross-sectional study to establish validity and reliability of the questionnaire to 158 patients within 11 general medical wards. Objective four explored relationships between patient demographics (ethnic background, age, gender, social deprivation, and family support), mode of admission and patient perceptions of safety, using ANOVA.

**Results:** A validated tool was developed with patients. No statistically significant

differences in perceptions of feeling safe between ethnic background and mode of admission, age, sex and whether they have family support during their hospital stay were found, illustrating generalisability of the tool to acute hospital settings.

**Conclusion:** Development of knowledge illustrated relational aspects of care mattered to patients. Healthcare policy needs to acknowledge patients experience their world of safety differently. KPSM has the potential to be used as an early warning trigger tool to improve safety.

#### Biography

Dr. Jacqueline Sinclair Biography Jacqueline has operated at Directorate and Corporate management levels for over 15 years (currently at the Royal Free Hospital in London, working as the Divisional Director of Nursing for Surgery and Associated Services). Her expertise includes re-designing nursing services in preparation for moving into a new hospital and integration of services from other hospitals into a large teaching hospital, a Deputy Directorship for Infection Control, establishing hospital wide assurance processes and delivery of patient safety, quality and financial targets within an organisation in turnaround. Jacqueline's doctoral research examined patient safety, from the patients' perspective. The information provided from patients was used to develop a questionnaire that measured patients' experience of safety from their perspective enabling a proactive and patient focused approach to safety development. Jacqueline is a Florence Nightingale Foundation research and leadership scholar, and completed the Foundation's Aspiring Nurse Director Programme.

#### 3.1.2 Withdrawn

### 3.2 Theme: Workforce and employment (including health and wellbeing roles, research careers)

Session no: 3.2.1 Abstract no: 0217

**Research Topic:** Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Questionnaire

**Research Approach:** Survey

#### The impact of COVID-19 on the UK nursing and midwifery workforce: the ICON survey study

*Presenter: Keith Couper, University of Warwick and University Hospitals Birmingham NHS Foundation Trust, UK*

*Co-author(s): Trevor Murrells, UK; Janet Anderson, UK; Holly Blake, UK; Daniel Kelly, UK; Bridie Kent, UK; Jill Maben, UK; Anne Marie Rafferty, UK; Julie Sanders, UK; Rachel M Taylor, UK; Ruth Harris, UK;*

#### Abstract

**Background:** Nurses suffer considerable psychological impact during pandemics (Nickell et al 2004). During the Covid-19 pandemic, the nursing and midwifery (NandM) workforce were at the forefront of healthcare delivery.

**Aims:** To describe the psychological impact of the COVID-19 pandemic on the UK NandM workforce and identify factors associated with emerging Post-Traumatic Stress Disorder (PTSD).

**Methods:** We conducted a national online survey at three time-points during the first surge of the COVID-19 pandemic between April and August 2020 (time-point one-baseline; time-point two-peak; time-point three-recovery, 3 months post-peak).

All UK registered and unregistered NandM workforce members were eligible to participate. We promoted the survey via social media and through organisational email newsletters.

The primary outcome was probable PTSD diagnosis, defined using the Impact of Events Scale-revised (score  $\geq 33$ ). We used multivariable logistic regression modelling to assess the association between explanatory variables and PTSD.



**Results:** In total, 7480 eligible responses were received (time-point one- 2040; time-point two- 3638; time-point three- 2162). Overall, 91.6% respondents were female and 77.2% were adult registered nurses. 28.7% were redeployed during the pandemic.

Probable PTSD was observed in 44.6%, 37.1%, and 29.3% respondents at time-points one, two and three respectively. At all three time-points, both personal factors and employment factors were associated with PTSD. Redeployment with inadequate/no training was associated with PTSD at time-points one and two (e.g. time-point one: odds ratio (OR) 1.37, 95% confidence interval (CI) 1.06-1.77). At time 3, personal symptomatic COVID-19 infection was associated with PTSD (OR 1.56, 95% CI 1.23-1.98).

**Conclusion:** This study highlights the impact of both personal and employment factors on adverse psychological effects linked to the COVID-19 pandemic. As PTSD symptoms were sustained across all time points, interventions are needed to mitigate the personal and organisational consequences of the pandemic.

### Biography

Keith is a clinical academic nurse with appointments at the University of Warwick and University Hospitals Birmingham NHS Foundation Trust. His main research interest is the identification and care of the critically ill patient, particularly those in cardiac arrest. Professor Daniel Kelly PhD FRCN Professor Daniel Kelly has held the Royal College of Nursing Chair of Nursing Research at Cardiff University since 2011. He has been involved in cancer care practice, education and research for over 35 years. Long-standing research interests include health system topics which has led to a number of projects on patient safety, whistleblowing / speaking up and the potential of senior nursing roles. He is a past President of the European Oncology Nursing Society and was a member of the board of the European Cancer Organisation. He is a Trustee at St Christopher's Hospice and Visiting Professor at Edinburgh University and University College London. Jill Maben is Professor of Health Services Research and Nursing at the University of Surrey, United Kingdom. She is a nurse and social scientist and her research focuses on supporting staff to care well. She is an NIHR Senior Investigator and undertook one of the first studies to demonstrate relationships between staff wellbeing and patient experience at the team and individual level. She also completed the first UK national evaluation of Schwartz Centre

Rounds in the UK and is currently studying poor mental health in nurses, midwives and paramedics as well as the Impact of Covid-19 on Nurses. Jill was awarded an OBE in June 2014 for services to nursing and healthcare. Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) and NIHR 70@70 Senior Nurse Research Leader. Rachel's clinical background is an adult/children's trained nurse working in children's intensive care. She began her research career in 1995, starting as a research nurse and gradually becoming an independent researcher where she leads a large national programme of research focusing on teenage and young adult cancer care. Rachel took the Director role in 2017 to provide research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership.

Session no: 3.2.2 Abstract no: 0282

**Research Topic:** Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The ICON (Impact of Covid on Nurses) longitudinal qualitative interview study: exploration of nurse distress and psychological health needs

*Presenter: Jill Maben, RN, PhD, University of Surrey, UK*

*Co-presenter(s): Anna Conolly, UK; Ruth Abrams, UK*

*Co-author(s): Daniel Kelly, UK; Keith Couper, UK; Emma Rowlands, UK; Bridie Kent, UK; Ruth Harris, UK*

### Abstract

**Background:** For nurses and midwives, the Covid-19 pandemic has exacerbated the issue of excessive demands on a workforce already at risk of stress and burnout (West et al., 2020; Kinman et al., 2020).

**Aims:** The ICON interview study examines the impact of the Covid-19 pandemic on levels of workforce stress, resilience, burnout and the accessing of support across the NHS and social care.

**Methods:** Semi-structured qualitative interviews were undertaken with a purposive sample of nurses working in a range of settings, sampled from the national ICON

survey. Interviews were conducted after the first wave of Covid-19 in July 2020 (n=27) and again with the same sample at the beginning of the second wave in December 2020/January 2021 (n=25). Interviews were inductively analysed for themes cross-sectionally and longitudinally using constant comparative analysis.

**Results:** Re-deployed nurses struggled with the transition to new working practices in altered care-landscapes with more critically ill patients. Some developed new skills and confidence, however, many others experienced high levels of stress and psychological distress. Themes identified included (i) systemic challenges (insufficient training and staff; limited opportunity to speak out); (ii) moral distress due to care delivery (work left undone; increased patient acuity and death) and (iii) emotional exhaustion (survival mode; burnout and depersonalisation; intention to leave).

**Discussion:** We explore the use of 'hero' narratives (Mohammed et al., 2021) and compare our data with other Covid-19 studies examining which support interventions were most useful to staff noting where we can learn from those who had more positive experiences. Nurses valued their own agentically produced support groups where they shared their experiences with colleagues who had 'been through the same thing'.

**Conclusion:** There is an urgent need to restore nurse well-being and develop a national Covid nursing workforce recovery strategy focussing on valuing the nursing workforce and nurse retention.

### Biography

Jill Maben is Professor of Health Services Research and Nursing at the University of Surrey, United Kingdom. She is a nurse and social scientist and her research focuses on supporting staff to care well. She is an NIHR Senior Investigator and undertook one of the first studies to demonstrate relationships between staff wellbeing and patient experience at the team and individual level. She also completed the first UK national evaluation of Schwartz Centre Rounds in the UK and is currently studying poor mental health in nurses, midwives and paramedics as well as the Impact of Covid-19 on Nurses. Jill was awarded an OBE in June 2014 for services to nursing and healthcare. Professor Daniel Kelly PhD FRCN Professor Daniel Kelly has held the Royal College of Nursing Chair of Nursing Research at Cardiff University since 2011. He has been involved in cancer care practice, education and research for over 35 years. Long-standing research interests include health system topics which has led to a number of



projects on patient safety, whistleblowing / speaking up and the potential of senior nursing roles. He is a past President of the European Oncology Nursing Society and was a member of the board of the European Cancer Organisation. He is a Trustee at St Christopher's Hospice and Visiting Professor at Edinburgh University and University College London. Keith is a clinical academic nurse with appointments at the University of Warwick and University Hospitals Birmingham NHS Foundation Trust. His main research interest is the identification and care of the critically ill patient, particularly those in cardiac arrest.

### 3.3 Theme: Learning and intellectual disabilities

Session no: 3.3.1 Abstract no: 0359

**Research Topic:** Learning/ intellectual disability

**Methodology:** Documentary Research

**Research Approach:** Mixed Methods Research

#### The role of intellectual (learning) disabilities liaison nurses in acute healthcare services as articulated in their job descriptions: a documentary analysis

*Presenter: Dorothy Kupara, PGCert, University of West London, UK*

#### Abstract

**Introduction:** The difficulties people with intellectual (learning) disability (ID) face when accessing acute healthcare services are well documented. Strategies and policies have been developed to address health inequalities people with ID and their carers experience. Healthcare for All report (Michael, 2008) recommended implementation of reasonable adjustments and role of acute liaison nurses in response to Death by Indifference report (Mencap, 2007). ID nurses have taken up this role but it is relatively new compared to other ID nursing roles.

**Research aim:** To investigate through exploring, describing and explaining the role of intellectual (learning) disability liaison nurses when supporting people with learning disability in acute healthcare services using role theory as a conceptual/theoretic framework.

**Methods:** This is Stage 1 of a 3-stage exploratory mixed methods design. Stage 1 used qualitative study design by adopting documentary analysis methodology where job

descriptions and person specifications of ID liaison nurses in England were analysed using thematic analysis to identify patterns in how they enact their roles.

**Results:** Different ID liaison nurses enact the role differently depending on their level of employment and where they work. The role includes clinical activities, education and practice development, and strategic organisational development.

**Implications:** The findings defined the role of the ID liaison nurse in acute healthcare services and contributed to the body of knowledge and evidence base in ID nursing in context of role theory. The findings will help to improve hospital/ patient experience and safety of people with ID when accessing acute healthcare services.

**Keywords:** acute liaison nurse, health inequalities, acute healthcare, intellectual/ learning disabilities nursing, intellectual disabilities liaison nursing

#### Biography

Dorothy is a Registered Nurse Learning Disabilities (RNLD). She has worked with people with profound and multiple disabilities, as acute liaison, community nurse, and lead nurse. She is also a qualified nurse prescriber. Dorothy has teaching experience in nursing and has been at UWL since summer 2014. She is currently studying for her research degree (PhD), where she is investigating the roles of Learning Disabilities Acute Liaison Nurses. Dorothy teaches on the pre- and post-registration nursing courses including non-medical prescribing. She has experience of supervising undergraduate dissertations/ innovation projects. Her main areas of interest are advanced/ specialist nursing and prescribing roles, nursing research, leadership and management in healthcare, mental capacity, and health of people with learning disabilities. I have collaborated with colleagues on different research projects. Some of the work has been published in peer reviewed journals. She has done poster and oral presentations on learning disabilities at some of the well renowned international conferences.

### 3.4 Theme: Patient experience

Session no: 3.4.1 Abstract no: 0206

**Research Topic:** Patient Experience, Research Process Issues, Rehabilitation  
**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

#### A systematic literature review of older individuals' experiences of care and wellbeing during Acquired Brain Injury physical rehabilitation.

*Presenter: Panagiota Lafiatooglou, PhD candidate, RN, MSc, Department of Nursing, University of Ioannina, Greece*

*Co-author(s): Caroline Ellis-Hill, UK; Mary Gouva, Greece; Avraam Ploumis, Greece;*

*Co-author(s): Stefanos Mantzoukas, Greece;*

#### Abstract

**Background:** Acquired brain injury (ABI) is one of the most common neurological diseases with older people being one of the most affected age groups (Jones et al., 2011). ABI's consequences may include mild to severe functional changes, leading to psychosocial difficulties for individuals (Giustini et al., 2013). Given the impending increase in ageing populations and the fact that ABI is often a life-changing condition, rehabilitation for older individuals needs to focus more on their potential to live well. Therefore, the concept of wellbeing during rehabilitation and nursing care for older individuals with ABI becomes quite salient deserving greater consideration.

**Aim:** To gain an understanding of how older individuals diagnosed with ABI conceptualise and experience wellbeing during physical rehabilitation.

**Method:** The review was conducted following the PRISMA protocol and was led by a PEOT question. Databases included: PubMed, CINAHL Plus, APA PsycInfo, ASSIA, and SCOPUS. The quality of selected studies was appraised using the Critical Appraisal Skills Programme (CASP) tool. The synthesis methods drew on the "thematic synthesis" approach (Thomas and Harden, 2008).

**Results:** Fourteen qualitative studies published between 2005-2020, met the inclusion criteria. Four themes were identified, indicating the following findings: Organisational and structural care deficiencies can adversely impact older individuals' autonomous decision-making and goal setting potentials. The discrepancy between older individuals' expectations and the reality of returning home can further negatively affect their sense of

wellbeing. Constructive communication, family involvement, and creating a stimulating, enriching social environment can increase wellbeing through humanising older individuals' response to their post-ABI reality.

**Conclusion:** The review reveals the scarcity of qualitative research into older individuals' ABI rehabilitation experiences. The findings indicate the need to further examine the significance of humanising care and the factors that affect older individuals' sense of wellbeing.

### Biography

Panagiota holds a BSc in Nursing, from the University of Thessaly, Greece (former Higher Technological Educational Institute of Central Greece) and a master's degree (MSc) in Healthcare Management from the Edinburgh Napier University. She has extensive work experience in both clinical (as a Registered Nurse) and non-clinical roles, within the public and private healthcare sector in Greece and the UK. Currently, she is a PhD Candidate in the Nursing Department of the University of Ioannina, Greece and a Marie Skłodowska-Curie ITN Fellow at the European project INNOVATEDIGNITY. Panagiota's PhD project will explore the lifeworld of older individuals undergoing ABI physical rehabilitation, their experiences of their life situation and their perceptions of wellbeing when they are in need of care.

Session no: 3.4.2 Abstract no: 0125

**Research Topic:** Patient Experience

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The child's experience of staying in hospital from the perspectives of children and Registered Children's Nurses in Northern Ireland.

*Presenter: Sonya Clarke, EdD, MSc, PGCE, PGcert, BSc Hons, RN (child), RGN, Queen's University Belfast, UK*

### Abstract

**Background:** Globally the needs of children differ to that of adults; consequently, the 'voice' of children in health care delivery is paramount to its effectiveness as a service.

**Aims:** To reflect a contemporary "slice" of life in four children's ward in a typical United Kingdom children's hospital in the

21<sup>st</sup> century from the perspective of the service user (child) and significant service giver (children's nurse).

**Methods:** Phase one of the qualitative study developed a child research advisory group (CRAG) of five local primary school children to assist in the co-production of research questions and data collection tool for child participants - two talking cartoon characters (Sprinkle Cupcake and Ronaldo Football) via app/iPad. In phase two, hospitalised children (n=18) - parental presence optional and Registered Children's Nurses (n=8) were interviewed once within their ward using a semi structured approach in July 2017.

**Results:** Emerging themes using thematic analysis were (1) children - the child's needs, relationships, fears and concerns, alongside (2) nurses - children's nursing, job pressures, safe and effective care. Themes were then presented as tensions in that they represent the relationship between variables where the different elements in the relationship are held in tension, such that a change in one impacts upon the other.

**Discussion:** Similarities between the children and nurses include the environment, lack of time to care, effects of nurse led interventions and valued role of play. Differences are largely around the role of the parent. The development and work of the CRAG and use of 'tensions' to more effectively present the complexity of the findings are unique to this study.

**Conclusions:** Study contributes to the development of a generalised knowledge base for policy, nursing education and clinical practice by shedding light in how the complex hospital environment can be challenging for the child and children's nurse.

### Biography

Sonya Clarke, Senior Lecturer (Education) at Queen's University, Belfast (QUB) UK, where she obtained her Doctorate and other degrees is a registered children's nurse and general nurse (RGN) who has made important contributions to children's nursing within the UK. In the EdD study which explored children's experiences of hospital from the perspectives of children and children's nurses she was instrumental in informing nurse educators, policy makers and healthcare providers on what matters to children (and children's nurses) in hospital. Sonya was awarded the RCN's Award of Merit in 2020, which acknowledges outstanding voluntary service to the RCN. She been active in the RCN for many years as chair for professional forum, Society of Trauma and Orthopaedic Nursing. Sonya's educational roles include Professional Lead for Children's nursing, NI rep for

CYPNAUK and recent position, Professional Lead for a new QUB pre-registration MSc in Professional Nursing for Children and Young People.

## 3.5 Theme: Leadership and management

Session no: 3.5.1 Abstract no: 0246

**Research Topic:** Nursing, Midwifery or Support Worker Education, Leadership and Management, Research Policy

**Methodology:** Other collection or analysis method

**Research Approach:** Other approaches

### Embedding clinical academic infrastructure from scratch: lessons from the University of Hertfordshire/East and North Herts NHS Trust experience

*Presenter: Natalie Pattison, RN, PhD, University of Hertfordshire, UK*

*Co-presenter(s): Carina Cruz, UK*

### Abstract

**Introduction:** Infrastructure for clinical academic models varies significantly across the NHS and Higher Education Institutes (HEI) in the UK. Research is a core pillar of nursing care and activity under the nursing accreditation and excellence frameworks, which are increasingly popular in the UK. We outline advantages to practice through embedding clinical academics, to professionalism and to how nursing is perceived.

**Methods:** Led by the jointly-appointed clinical professor of nursing, we undertook a scoping exercise of clinical academic activity, re-wrote the Trust nursing strategy and established a clinical excellence framework, with research as a central tenet. We established key objectives to entrench a greater focus on research and to consider how to foster clinical academic careers across the organisations.

**Results:** This scoping exercise highlighted the dearth of activity, leading to a targeted action plan, focusing on fellowships and small grant applications, a research training and champion scheme, encouraging work for award submissions and small-scale research/service evaluations for research naïve groups/individuals. Patient and public involvement was a core objective, which both engaged staff and ensured person-centred research planning. Promoting and establishing clinical academic infrastructure, which places an emphasis on best evidence for best practice, was seen to

enhance internal and external perceptions of nursing professionalism.

**Discussion/conclusion:** In less research-active organisations a scaled approach is needed for planning clinical academic and research infrastructure, with a mix of short-term and long-term strategic goal setting. Acting as brokers across NHS and HEI organisations, clinical academic posts, such as clinical professors and NIHR 70@70 nurses, that focus on developing research capacity, can be highly effective in advancing clinical academia more broadly.

Embedding a clinical academic infrastructure requires multi-agency and cross-disciplinary working, both in academic higher education institutions and a clear strategy to ensure it is properly rooted to reflect academic, professional and practice needs of nurses.

#### Biography

Professor Natalie Pattison is a clinical academic who has worked clinically in cancer, critical care and critical care outreach. She is the Florence Nightingale Foundation Clinical Professor of Nursing with a joint appointment across the University of Hertfordshire and East and North Herts NHS Trust. She is the clinical lead for critical care follow-up services, combining this with a research role. Her research interests focus on her clinical area of critical care and critically ill ward patients, and cancer critical care. She is widely published in critical care supportive care. She also leads on developing clinical academic capability in the Trust and University for Nursing.

Session no: 3.5.2 Abstract no: 0161

**Research Topic:** Nursing, Midwifery or Support Worker Education, Leadership and Management

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### Experiences and perceptions of leadership; A Narrative Inquiry.

*Presenter: Alison James, RGN, PG Cert. BA Hons, BA Hons, PGCHP, MA., Cardiff University, UK*

#### Abstract

Approaches to leadership development within nurse education globally varies. Leadership has been linked to patient safety, working cultures, stress, resilience and emotional labour. There is an

international focus on the importance of preparing nurses for leading the future of the profession, making this a highly relevant topic (WHO 2020). Suggestions persist that newly registered nurses are unprepared for leadership roles. Experiences of effective leadership and development in aspiring nurses requires further research to clarify and explore effective educational pedagogical approaches. The results of a narrative inquiry study using photographic elicitation are presented. Data was collected during February and March 2020.

The aims of this study were to review the evidence for leadership development in undergraduate nursing globally. To acquire an understanding of the perceptions and experiences of final year nursing students, educators and senior nurses of leadership, their expectations of leadership skills in nurses entering registration and effectiveness of preparation for the role of leadership.

A narrative inquiry methodology was applied (Clandinin and Connelly 2000), using photographic elicitation to further explore experiences and perceptions. The theoretical frameworks for analysis included Dewey's three dimensional framework and Nussbaum's philosophical capabilities theory. Semi structured interviews were conducted, transcribed and analysed. Use of images allowed deeper emotional and metaphorical associations to be made.

Experiences of leadership revealed tensions between expectations and visions of leadership for future roles. A disconnect was revealed between contexts of learning and emotional reasoning and reflexivity was found to have impact on influencing self-leadership vision. Recommendations include aligning leadership clearly to professional values in higher education, positive and inclusive role modelling and challenging negative authoritarian cultures and leadership styles. Self-awareness should be clearly aligned with leadership development early in educational programmes, and students encouraged to be influencers for policy, locally and globally.

#### References

Clandinin, D.J. and Connelly, F.M. 2000. Narrative inquiry, experience and story in qualitative research. San Francisco: Jossey-Bass. World Health Organisation. 2020. The State of the world's nursing. Available at: <https://www.who.int/news-room/detail/07-04-2020-who-and-partners-call-for-urgent-investment-in-nurses>.

### 3.6 Theme: Older people

Session no: 3.6.1 Abstract no: 0247

**Research Topic:** Older People

**Methodology:** Mixed

**Research Approach:** Mixed Methods Research

#### The Holistic Assessment and Care Planning in Partnership Study(HAPPI): The results of a feasibility randomised controlled trial of a nurse-led intervention for community-dwelling older people who live with frailty

*Presenter: Helen Lyndon, RN, MSc, BSc(Hons), PgDip, Cornwall NHS Foundation Trust, UK*

*Co-author(s): Bridie Kent, UK; Jos M. Latour, UK*

#### Abstract

**Background:** Frailty is a serious but not inevitable consequence of ageing. Frail older people are more at risk to adverse health outcomes than the non-frail, yet many do not receive evidence based management including a comprehensive geriatric assessment (CGA); a holistic assessment and care planning approach. The majority of older people access health services in primary care, yet it is not clear if this approach can be successfully delivered in this setting with nurses as the lead clinician.

**Aims:** The content of a nurse-led assessment and care planning intervention was determined in a previous Delphi survey in the first phase of this research. This study then aimed to evaluate the feasibility of conducting a randomised controlled trial of the intervention for community-dwelling older people who live with frailty.

**Methods:** A multi-site, feasibility, cluster randomised controlled trial (fRCT) with 56 participants. Primary analysis was undertaken based on intention to treat basis with descriptive statistics. As a feasibility trial, the study was not powered to detect clinically meaningful between-group differences. To comprehensively evaluate the intervention and study methods, an embedded qualitative study was conducted with interviews with participants, carers and clinicians. Interview data was analysed using thematic analysis.

**Results:** The fRCT demonstrated that it was possible to conduct a randomised controlled trial of the intervention in primary care. Feasibility criteria relating to recruitment and retention were achieved, outcome measures evaluated, and recommendations



made for a definitive trial. The qualitative study determined that the intervention was acceptable to participants and could be delivered by nurses. Trial processes and procedures were feasible with some changes.

**Conclusions:** The study has demonstrated that the intervention is feasible and provided information to inform the conduct of a future definitive randomised controlled trial. This gives the green light for testing nurse-led community based CGA for the first time.

### Biography

Helen Lyndon, Nurse Consultant Older People/ NIHR Clinical Academic Doctoral Research Fellow. Helen has worked as a district nurse, nurse leader, community matron, nurse practitioner and nurse consultant in primary/community care settings. She set up services for older people in the Cornwall including Hospital-at-Home, Community Matrons and Telehealth. In 2016 she completed a 2 year secondment to NHS England as Clinical Lead for Frailty. In April 2017, Helen was awarded a NIHR/HEE Clinical Academic Doctoral Research Fellowship. Helen's PhD study with Plymouth University aims to develop and test an assessment and care planning intervention for frail older in primary care.

**Method:** This study used a sequential mixed methods design. Stage one was a quantitative retrospective exploration of NHS data on emergency department attendances in Northern Ireland. Stage two utilised an interpretive qualitative approach incorporating in-depth, individual interviews to gather information on the experience of EMS staff (n=21), older people with mental health needs (n=10) and carers/partners (n=5). Data were analysed using Braun and Clarke's (2006) thematic analysis.

**Results:** 74 766 attendances were examined in stage one and significant differences were found between the total sample and the sub-sample. Themes surrounding support, time, the environment, prioritisation of care needs, perceptions and experiences of older people with mental health needs and planning for the future were illuminated.

**Discussion:** The results suggest older people with mental health needs experience an inequality of care provision in the EMS setting. They wait longer than the older person without mental health needs, rely heavily on the ambulance service and experience loneliness and isolation. Stigma still exists for the older person and they remain reluctant to discuss/disclose their diagnosis in the EMS setting.

**Conclusions:** Health and social care inconsistencies impact the care of older people with mental health needs in the pre-hospital and EMS settings. Findings demonstrate need for a strategic approach to planning and developing health and social care provision for older people with mental health needs to ensure that everyone who accesses services are treated fairly and effectively.

Session no: 3.6.2 Abstract no: 0304

**Research Topic:** Older People

**Methodology:** Mixed

**Research Approach:** Mixed Methods Research

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### A study of attendance trends and care experiences of older people with mental health needs in Emergency Medical Services settings.

*Presenter: Debbie Goode, PhD, MSc, PGDip, PGCert, BA (Hons) RN, FHEA, FCHERP, Ulster University, UK*

### Abstract

**Introduction:** Older people with mental health needs are at risk of not having their needs met in acute care. An ageing society presents challenges to the provision of person-centred care within Emergency Medical Services (EMS). The aim of the study was to describe and analyse attendance trends and explore the care experience of older people with mental health needs in pre-hospital and in-hospital EMS settings.

### Biography

Debbie is a Lecturer in Nursing at Ulster University and intensive and critical care nurse. Studied MSc Nursing at QUB and PhD, Post Grad Specialist Cert in ICU and PGDip in Nurse Education at Ulster. PhD on older people with mental health needs in the prehospital and emergency care environment. Athena Swan Chair for Nursing. Research interests are in older people with mental health needs, prehospital, emergency and critical care, nurse education, social media and digital learning, person centredness and end of life care. <https://orcid.org/0000-0001-7428-901X>



## Concurrent session 4

Wednesday 8 September 2021

### 4.1 Theme: Cancer

Session no: 4.1.1 Abstract no: 0202

**Research Topic:** Cancer  
**Methodology:** Statistical Analysis (descriptive and correlational)  
**Research Approach:** Systematic Review and other Secondary Research

#### A systematic review of factors which influence access to systemic anti-cancer therapies for women with secondary breast cancer.

*Presenter: Sally Anne Pearson, MSc, BSc, RN, The Christie NHS Foundation Trust, UK*

*Co-presenter(s): Sally Taylor, UK; Antonia Marsden, UK; Jessica Dalton-O'Reilly, UK; Sacha Howell, UK; Janelle Yorke, UK*

#### Abstract

**Background/aim:** Access to and receipt of guideline concordant treatment with systemic anti-cancer therapies (SACT) for secondary breast cancer (SBC) is a key determinant in overall survival, however disparities in treatment receipt remain poorly understood. This review aims to identify and examine factors associated with access and receipt of SACT treatment for women with secondary breast cancer.

**Methods:** Systematic searches of the literature were undertaken using electronic databases to identify studies which met predefined inclusion criteria. Methodological quality was assessed using validated tools and the review was conducted in accordance with best practice guidance for the conduct of systematic reviews. A narrative approach to synthesis was taken.

**Results:** Preliminary findings identified individual, clinical and contextual factors associated with guideline concordant treatment. Patients who were younger, of white origin, with higher socioeconomic status and health insurance benefits had an increased likelihood of treatment receipt. Patients treated at teaching, research, private and comprehensive cancer centres and those with fewer comorbidities were more likely to receive SACT and in a more timely manner. However, overall methodological quality was limited. There was inconsistency between studies in measures of exposure and outcome and transferability

to UK populations was limited. High levels of heterogeneity precluded meta-analysis.

**Discussion/implications/conclusion:** Due to limitations in overall methodological quality, inconsistency in measures and limited transferability to UK populations findings should be interpreted with caution. Further research in this area is required however, preliminary findings may indicate a requirement for targeted interventions which address diverse individual, clinical and contextual factors.

The review protocol has been registered in PROSPERO CRD42020196490 and is available at: [https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=196490](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=196490)

#### Biography

Sally has an MSc in Clinical Research Methods and is a Doctoral Nurse Research Fellow at The Christie NHS Foundation Trust. Working at the Centre for Patient Centred Research she is currently undertaking a PhD in Cancer Clinical Science at The University of Manchester. Sally's current research focus is the use of real world clinical data to improve patient centred care, experience and outcomes. In particular examining multi-level factors associated with access and treatment receipt for secondary breast cancer. She is also active in supporting clinical academic development for NMAHPs.

Session no: 4.1.2 Abstract no: 0204

**Research Topic:** Cancer  
**Methodology:** Interviewing  
**Research Approach:** Mixed Methods Research

#### Patient centred integrated care for people living with and beyond colorectal cancer: A mixed methods investigation of the role of the electronic Holistic Needs Assessment (eHNA).

*Presenter: Louise Bramley, PhD, RN, NUH NHS Trust, UK*

*Co-presenter(s): Louise Bramley, UK; Sevim Hodge, UK; Joanne Cooper, UK*

#### Abstract

**Background:** The eHNA was created to identify and address the needs and concerns of patients living with and beyond cancer.<sup>1</sup>The eHNA is a patient-centred questionnaire that enables patients to have holistic conversations regarding their care with health professionals and collaboratively develop a patient-focused care plan.<sup>2</sup>

**Aim:** To explore how the eHNA is being used by patients and healthcare staff and the role of the eHNA on integrating patient care.

**Design:** The study utilised a mixed-method approach. This reports the qualitative phase. Phase 1 - qualitative interviews with patients and healthcare staff to explore their experiences of using the eHNA and the impact on patient care. Participant interviews were conducted during January 2019 - March 2020.

**Findings:** Patient participants (n=30) were interviewed. Patients' recollections of the eHNA varied from very little to reporting how the eHNA informed aspects of their care. There was evidence of holistic care throughout patients' narratives. However, many could not confirm whether any of the care they received was directed by their eHNA.

Staff participants (n=23) were interviewed. The sample featured cancer nurse specialists (74%), radiographers (9%) and non-registered healthcare workers (17%). Staff reported that the eHNA was a useful communication tool and that the eHNA

had the potential to support the integration of patient care. However, outdated IT systems, high demand for organisational resources and inability to share information across systems resulted in eHNAs being completed in silos and prevented optimal care integration.

**Conclusion:** The eHNA is a complex intervention designed to identify and address the needs and concerns of patients living with cancer. The eHNA has the potential to support patients and staff by informing service provision and fully integrating approaches to cancer care. However, current NHS systems remain unintegrated and challenges accessing/sharing resources remain.

### Biography

Dr Louise Bramley is the Clinical Lead (Research, Innovation and Professional Regulation) at Nottingham University Hospitals NHS Trust (NUH). She is a senior nurse with a wealth of clinical, research and leadership experience in acute care and healthcare of older people and currently combines research and practice within a large NHS Trust. Dr Bramley received her PhD from the University of Nottingham in 2016 and holds an honorary Associate Professor appointment at the University of Nottingham. She was recently recognised by the NIHR as one of their 70@70 Clinical Academic Nursing Research Leaders. She is passionate about building capacity and capability for front-line nurses and midwives to undertake primary research that improves patient outcomes and care. In 2018, Dr Bramley co-founded the East Midlands Clinical Academic Practitioner Network. This network has over 250 members and is a forum that brings together and supports both clinical and academic development of members.

Session no: 4.1.3 Abstract no: 0271

**Research Topic:** Cancer

**Methodology:** Interviewing

**Research Approach:** Evaluation (process, impact)

### Integrated care for patients with cancer: results of UK based service change

*Presenter: Kate Lippiett, RN, BA (Hons), MSc, PhD, University of Southampton, UK*

*Co-author(s): Jane Winter, UK; Claire Foster, UK*

### Abstract

**Background:** As more people are diagnosed with and live beyond cancer, hospital-based

models of cancer care are unsustainable. Many people report poor coordination of care across multiple, siloed organisations. Better integration of primary/secondary care should improve care coordination, enabling more effective care of comorbidities, treatment effects and recurrence.

**Aim:** Identify and address cancer training/development needs in primary/secondary care in the UK.

**Methods:** Cancer nurse specialists (CNSs) working between two UK trusts and 11 general practices (June 2019 – December 2020). Pre Covid-19, CNSs conducted training needs analyses (TNAs) with primary care health professionals (HCPs) and worked in primary care; during Covid-19, CNSs delivered virtual webinars. Concurrently, semi-structured interviews/focus groups with HCPs undertaken (August 2019-December 2020).

**Results:** CNSs worked principally with nurses in primary care. TNAs identified requirements for more knowledge of cancer treatments, symptoms of relapse and promoting well-being. Interviews with HCPs in primary care indicated little formal cancer education.

CNS focus groups/interviews demonstrated little understanding of primary care cancer role, particularly of nurses.

18 webinars (July-December 2020) on a range of cancer-related topics attended by 1,164 primary/secondary HCPs. 73% of attendees completing feedback reported they would change clinical practice.

**Discussion:** The number of HCPs attending the webinars was unusually high, despite pandemic pressures on clinical services, suggesting that primary care clinicians saw cancer education as important; relevant to clinical practice.

Primary care nurses reported willingness to undertake an active role in cancer care, suggesting their role in chronic disease management facilitated relational continuity with patients/family.

CNSs reported a greater understanding of role of primary care, leading to improved coordination of care for patients with cancer.

**Conclusion:** More formal cancer training for primary care HCPs and increased understanding by secondary care HCPs of the role of primary care HCPs in cancer management may improve care coordination.

### Biography

Dr Kate Lippiett has worked in the NHS since 1999, first in general management, completing the NHS management training scheme in 2003. Kate was awarded an MSc

in Health Management from the University of Birmingham in 2005. She re-trained as a nurse and specialised in respiratory nursing. Currently, Kate is Vice Chair of the Research and Education Committee for the Association of Respiratory Nurse Specialists. In 2020, Kate completed a full-time PhD, identifying and characterising patient experiences of burden of treatment in lung cancer and Chronic Obstructive Pulmonary Disease (COPD). Kate is currently a Research Fellow at Macmillan Survivorship Research Group at the University of Southampton, providing management and evaluation support to the Wessex Cancer Alliance led, Health Education England funded Cancer Nursing Across Boundaries project and working with the Wessex Cancer Alliance to support the treatment programme of work delivering the NHS long term plan.

## 4.2 Theme: Children and young people

Session no: 4.2.1 Abstract no: 0378

**Research Topic:** Children and Young People, e-Health (including informatics and telehealth), Ethical and Philosophical Issues

**Methodology:** Focus Groups

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The Going Digital Study: the ethical and legal considerations of children and young people using a patient portal

*Presenter: Pippa Sipanoun, RN Adult, RN Child, BSc (Hons), MA, Great Ormond Street Hospital, UK*

*Co-author(s): Jo Wray, UK; Kate Oulton, UK; Faith Gibson, UK*

### Abstract

**Background:** In April 2019, Great Ormond Street Hospital (GOSH) transitioned to an electronic patient record (EPR) system, including a patient portal (MyGOSH), which enables patients aged 12 years or older (and their parents) to access their digital health data. This includes access to results, documentation, appointments, and facilitates communication with their care team.

**Aims:** As part of the Going Digital Study, a longitudinal project conducted from 2018-2021 on stakeholder experiences during EPR implementation in a paediatric tertiary hospital, a focus group was conducted to

explore ethical and legal considerations of children and young people using MyGOSH.

**Methods:** Recruited participants were members of the GOSH Paediatric Bioethics Service. Written informed consent was provided by all participants (n=7). The focus group was recorded, transcribed verbatim, and analysed using thematic analysis.

**Results:** Six themes were identified: burden, uncertainty and responding to change - managing expectations; access, competence and capacity - granting access to the system; inequalities in access resulting in inequities; documenting, risks and data safety; engagement, empowerment and understanding - how to use and manage personal information; legal considerations and obligations.

**Discussion:** Giving young people patient portal access to their digital health data can increase engagement, and empower them to be more involved in their care, yet poses challenges for all involved. Complexities exist in assessing capacity or competence when granting system access, disclosing sensitive information, maintaining confidentiality, managing the burden on clinicians, managing user expectations whilst providing an equitable service, and data management that meets professional and legal requirements.

**Conclusion:** Ongoing support is required for all relevant stakeholders following patient portal implementation to navigate the ethical and legal complexities, promote equity and portal utility for patient benefit.

#### Biography

Pippa is a Research Associate and member of the Clinical Academic Faculty at the Centre for Outcomes and Experience Research in Children's Health, Illness and Disability at Great Ormond Street Hospital (GOSH), and has 26 years' experience as a children's and adult nurse. She is an expert member of both the GOSH Paediatric Bioethics Service and its rapid response team, and the HRA Bloomsbury Research Ethics Committee. Her areas of special interest are medical ethics, bioethics and medical law, especially moral theory, children's rights, the ethics and law of digital health, AI, reproductive ethics, law of reproduction and emerging reproductive biotechnologies, and ethics and law at the end of life. She completed a Master's in Medical Ethics and Law at King's College, London. Pippa is now in her final year of PhD studies at UCL GOS Institute of Child Health, and the Chief Investigator for the Going Digital Study.

Session no: 4.2.2 Abstract no: 0394

**Research Topic:** Children and Young People

**Methodology:** Documentary Research

**Research Approach:** Other approaches

#### Critical reflections on child abuse linked to faith or belief – implications for global nursing

*Presenter: Maria Clark, RN, PhD, FHEA, SCPHN-HV, Birmingham City University, UK*

*Co-presenter(s): Jeannette Littlemore, UK; Julie Taylor, UK; Geoff Debelle, UK*

#### Abstract

**Background:** Child abuse linked to faith or belief (CALFB) is a worldwide phenomenon, linked to serious short and long-term consequences and even death. These children have undergone multiple harms including ritual starvation, beatings, burns, stabbings, and drowning. They present in diverse cultural contexts, prompting concern in hospitals, schools, and communities around the world, including unscheduled emergency and primary care. Nurses play a key role in safeguarding children yet their role in identifying and responding to CALFB is unexplored.

**Method:** We present our critical inter-disciplinary review of the international literature and cases drawn from the National Society for the Prevention of Cruelty to Children (NSPCC) repository of serious case reviews in England. We adopted a novel metaphorical approach to our review to explain the attributions. We present some common features of CALFB here for global nurses who might have reason to suspect and investigate this type of abuse.

**Findings:** We found 48 cases of beliefs in child 'evil spirit' possession, including mention of 'Djinn'/'Jinn' spirits and 'kindoki'. Some perpetrators claimed beliefs in evil spirits led them to undertake severe punishments of their children, leading to child death. Extra-familial care, loss and bereavement, mental illness, and migratory stress featured. The children involved were living in impoverished circumstances, with multiple mental and physical manifestations of abuse. One case reported a maternal 'exorcism' during pregnancy, unrelated to the child's death.

**Conclusion:** The role of metaphor in recognizing and reporting CALFB is important. The use of metaphor to express beliefs about child illness, behaviour, or difference is culturally contingent. Not all such beliefs suggest child abuse. However, the words used suggest patterns or 'alerting signs' that require exploration. Our review provides a guide to the physical and

metaphorical expressions of abuse associated with CALFB, inviting global nursing contributions to better recognize and prevent it.

#### Biography

Dr Maria T. Clark is a Senior Lecturer at Birmingham City University (BCU), School of Nursing and Midwifery. She leads the MSc Safeguarding programme, which aims to improve the protection of children, young people, and adults from harms associated with violence and abuse. Maria is a nurse, midwife, and health visitor by background, working mainly in the NHS and as a public health nurse in Ireland and Australia. She completed her PhD (Sociology / Health Service Research) at the University of Bristol (2008). She is an Associate Editor for the journal Child Abuse Review and an affiliate member of the Risk, Abuse, and Violence research group at the University of Birmingham (UK). Maria is an honorary health visitor at Birmingham Community Healthcare Foundation Trust. Her research is close to community-based practice, involving interdisciplinary and independent 'third sector' collaboration to improve health-related outcomes for women and children, across the life-course.

Session no: 4.2.3 Abstract no: 0408

**Research Topic:** Children and Young People, Leadership and Management, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Case Study

#### “When you can't change the direction of the wind- adjust your sails”: Strengthening the culture of children and young peoples health research

*Presenter: Jane Coad, RGN, RSCN, BA, PhD, FRCN, University of Nottingham, UK*

*Co-presenter(s): Joseph Manning, UK; Sarah Redsell, UK*

#### Abstract

**Introduction:** Nationally, Children and Young People (CYP) nurse research leadership in both Healthcare and Higher Education Institutions (HEIs) is under-developed. This is most notable in areas where professorial, senior leadership is underinvested. This is in a context where there is sustained focus on CYP clinical priorities and the need for high quality, impactful research to drive



innovation and improvement to clinical care has never been so important.

**Aim:** This presentation will critically discuss the development and evaluation of a new research centre for CYP Health Research (CYPHR) built on HEI and healthcare strategic partnership with a specific focus on cultural change through leadership and collaboration.

**Approach:** In 2019, with the appointment of Nottingham's first Research Professor of Children and Families Nursing, CYPHR was established between University of Nottingham and Nottingham Children's Hospital, the only Children's hospital with ANCC Pathway to Excellence designation in Europe (Ford, 2020). CYPHR had a strategic mission to improve the health outcomes and well-being of CYP and their families across their life-course through a multi-disciplinary, integrated programme of translational health research with national and global impact.

The nine dimensions of NHS Leadership Framework were applied (NHS, 2013). Following stakeholder consultation, CYPHR core research themes include: Complex Health Needs; Clinical Outcomes and Survivorship; and Community and Global Health with a number of high-level cross cutting themes. CYPHR is committed to developing a vibrant community of clinical academic researchers targeted at building capacity and capability through grantsmanship, mentoring, seminar programme, and integration of clinical academic fellowship programmes.

**Evaluating Change:** Ongoing evaluation of CYPHR has identified that with clear strategic intent, collaboration, and strong leadership, research culture and activity can improve. Case histories will be shared alongside our metrics. Insights will provide important discussion for delegates about leadership, investment and evaluating change in adjusting the direction of the sails.

### Biography

Professor Jane Coad has a strong background in both art and nursing, specifically children and young peoples complex care needs. She undertakes a number of arts-based participatory qualitative methods, surveys and complex evaluation projects. Currently, Jane leads Children and Young People's Health Research (CYPHR) in School of Health Sciences, University of Nottingham and Nottingham University Hospital. Jane is committed to supporting not only research that changes patient outcomes and care but also impact on Nurses, Midwives and Allied Health Professionals (NMAHPs) in their clinical

academic research careers. In terms of professional recognition, Jane is a Royal College of Nursing Fellowship (FRCN) and leads on a number of local, national and international groups holding substantive posts.

### 4.3 Theme: End of life care / primary and community care

Session no: 4.3.1 Abstract no: 0153

**Research Topic:** End of Life Care, Primary and Community Care, Pain Management  
**Methodology:** Mixed  
**Research Approach:** Mixed Methods Research

### Community end-of-life anticipatory medication prescribing practice: a mixed methods observational study

*Presenter: Ben Bowers, RN, MSc, University of Cambridge, UK*

*Co-author(s): Kristian Pollock, UK; Stephen Barclay, UK*

#### Abstract

**Background:** Anticipatory medications are injectable drugs prescribed ahead of possible need for administration if distressing symptoms arise in the final days of life. Little is known about how they are prescribed in primary care.

**Aim:** To investigate the frequency, timing and recorded circumstances of anticipatory medications prescribing for patients living at home and in residential care.

**Methods:** Retrospective mixed methods observational study using General Practitioner (GP) and community nursing records for 329 deceased adult patients registered with 11 GP practices in two UK counties (30 most recent deaths per practice). Patients died from any cause except trauma, sudden death or suicide, between March 2017 and September 2019. Multivariable logistic regression models were built to detect key factors associated with prescribing. Qualitative analysis involved inductive constant comparison between patient records.

**Results:** Anticipatory medications were prescribed for 167/329 (50.8%) patients, between 1212 and 0 days before death (median 17 days). The likelihood of prescribing was significantly higher for patients with a recorded preferred place of death (odds ratio [OR] 34; 95% CI 15-77;  $p < 0.001$ ) and specialist palliative care involvement (OR 7; 95% CI 3-19;  $p < 0.001$ ). For 66.5% of patients (111/167)

anticipatory medications were recorded as being prescribed as part of a single end-of-life planning intervention. Standardised prescribing of four drugs and doses was commonplace and prompted by primary care electronic end-of-life templates. The extent to which patients and family carers were involved in prescribing decisions was unclear.

**Conclusion:** Standardised anticipatory medications prescribing patterns and the variability in the timing of prescriptions highlight the challenges in diagnosing dying, and the risks involved in prescribing far in advance of possible need. Patient and family preferences for involvement in prescribing decisions and their experiences of care warrant urgent investigation.

### Biography

Ben is a NIHR School for Primary Care Research PhD Student, Queen's Nurse and Community Palliative Care Nurse. After gaining extensive experience in community nursing, Ben specialised in palliative and end of life care. He has held the title of Queen's Nurse since 2009 in recognition of his ongoing commitment to patient-centred care and evidence-based practice. Ben is currently completing his NIHR School for Primary Care Research PhD studentship at the University of Cambridge. His PhD is investigating end of life anticipatory prescribing (Just in Case drugs) practice and patient, family caregiver and healthcare professionals' perspectives of this care.

Session no: 4.3.2 Abstract no: 0236

**Research Topic:** End of Life Care, Primary and Community Care  
**Methodology:** Questionnaire  
**Research Approach:** Survey

### Evaluating the effectiveness of medicines access practices at end-of-life: an England-wide online survey

*Presenter: Sue Latter, UK*

*Co-author(s): Natasha Campling, UK; Jacqueline Birtwistle, UK; Alison Richardson, UK; Michael Bennett, UK; Sean Ewings, UK; David Meads, UK; Miriam Santer, UK*

#### Abstract

**Background:** Timely patient access to medicines at home during the last year of life is crucial for symptom control but can be problematic. Little is known about healthcare professionals' practices in supporting medicines access and what influences their effectiveness. As part of a



larger study (ActMed1) this survey evaluated the effectiveness of current practices and influencing factors.

**Methods:** Online questionnaire survey of healthcare professionals (community-based Clinical Nurse Specialists and Community Nurses, General Practitioners and Community Pharmacists) delivering end-of-life care in primary and community care settings in England. Quantitative data were analysed using descriptive statistics and free text responses using directed content analysis.

**Results:** 1,327 responses were received. All healthcare professional groups participated in supporting access to prescriptions, using varying methods. GPs remain the predominant route for patients to access new prescriptions in working hours. Nurses and primary care-based pharmacists also contribute but the data demonstrated only 42% (160) of Clinical Nurse Specialists and 27% (27) of Community Nurses surveyed were trained as prescribers. The majority (58% 142) of prescribing nurses and pharmacists at the time of survey did not have access to an electronic prescribing system. Satisfaction with access to shared patient records to facilitate medicines access was low: 39% (507) were either Not at All or only Slightly Satisfied. Out-of-hours specialist cover was reported by less than half (49%; 656) of all respondents and many GPs and pharmacists lacked confidence advising about out-of-hours services. Respondents perceived that a significant improvement in pain management could be made if access to medicines was greater.

**Conclusions:** Greater numbers of nurses and pharmacists must be trained and supported to prescribe end-of-life medicines; and coverage and awareness of out-of-hours services to access medicines needs to be improved. Solutions are also required to enable shared access to patient records across healthcare professional groups.

#### Biography

Sue Latter (PhD, BSc (Hons) RN, PGDipHV) is Professor of Health Services Research at the School of Health Sciences, University of Southampton. She was Chief Investigator for the NIHR Health Services and Delivery Research funded ActMed study evaluating access to medicines at end-of-life in community and primary care (<https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/165223/#/>). Sue leads the Medicines Management Research Group in the School and her research programme focuses on: • access to medicines and patient and carer self-management of medicines • nurses' decision-making in prescribing and

medicines management • communication in out-of-hours medicines consultations • patient experience of self-management and of medicines in long term conditions  
 Natasha Campling (PhD, BSc (Hons) RN) is Lecturer and Senior Research Fellow at the School of Health Sciences, University of Southampton. Natasha has a background in palliative care nursing and significant expertise in qualitative and mixed methods research including evaluation of end-of-life medicines-related issues. She was a Co-Investigator and the Senior Research Fellow for the NIHR Health Services and Delivery Research funded ActMed Study (HSDR 16/52/23: Accessing medicines at end-of-life: a multi-stakeholder, mixed method evaluation of service provision) and co-led one of the study phases.

Session no: 4.3.3 Abstract no: 0281

**Research Topic:** End of Life Care, Primary and Community Care

**Methodology:** Other collection or analysis method

**Research Approach:** Case Study

#### Patient and carer experience of medicines access at end-of-life: a comparative case study

*Presenter: Natasha Campling, BSc, PhD, RN, University of Southampton, UK*

*Co-author(s): Sue Latter, UK; Jacqueline Birtwistle, UK; Alison Richardson, UK; Michael Bennett, UK; David Meads, UK; Claire Sloan, UK*

#### Abstract

**Background:** Access to medicines during the last year of life is essential for symptom control and care at home. However, the role that service delivery models play in influencing access has not been studied. As part of a larger study (ActMed1), this study evaluated patient and carer experience of medicines access across such models.

**Methods:** A comparative case study design was utilised. Service delivery models were purposively selected: general practice, community palliative care clinical nurse specialist (CNS) with nurse independent prescriber qualification and palliative care 24/7 telephone support line (TSL). Data from up to 10 patients (and carers) in each case were collected: up to 3 interviews over the 8-week study period, with weekly structured logs on medicines access experiences; and via interviews with healthcare professionals. Data extraction from up to 40 patient records in each case informed cost effectiveness modelling, including medicines prescribed, services used,

including out-of-hours, unplanned or emergency services, and hospice or hospital admissions.

**Results:** GP services as the main prescription provider demonstrated limitations, including difficulties for patients in accessing their GP and/or practice. CNS prescribers reduced delays and the burden of access work on patients and carers, and provided good information about end-of-life medicines and services. The TSL model also offered advantages by being a single point of contact, particularly out-of-hours, shifting the work of access off patients and carers, and using shared records and a local network of healthcare professionals' services to speed access. GP services were associated with higher prescription costs than CNS prescriber services and higher total resource use costs compared to the TSL.

**Conclusions:** Both a CNS prescriber service and a TSL service available alongside GP services for palliative care patients are advantageous in supporting and speeding medicines access, reducing burden on patients and carers and are likely to be less costly.

#### Biography

Natasha Campling (PhD, BSc (Hons) RN) is Lecturer and Senior Research Fellow at the School of Health Sciences, University of Southampton. Natasha has a background in palliative care nursing and significant expertise in qualitative and mixed methods research including evaluation of end-of-life medicines-related issues. She was a Co-Investigator and the Senior Research Fellow for the NIHR Health Services and Delivery Research funded ActMed Study (HSDR 16/52/23: Accessing medicines at end-of-life: a multi-stakeholder, mixed method evaluation of service provision) and co-led one of the study phases. Sue Latter (PhD, BSc (Hons) RN, PGDipHV) is Professor of Health Services Research at the School of Health Sciences, University of Southampton. She was Chief Investigator for the NIHR Health Services and Delivery Research funded ActMed study evaluating access to medicines at end-of-life in community and primary care (<https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/165223/#/>). Sue leads the Medicines Management Research Group in the School and her research programme focuses on: • access to medicines and patient and carer self-management of medicines • nurses' decision-making in prescribing and medicines management • communication in out-of-hours medicines consultations • patient experience of self-management and of medicines in long term conditions

### 4.4 Theme: Inequalities in health

Session no: 4.4.1 Abstract no: 0239

**Research Topic:** Inequalities in Health  
**Methodology:** Interviewing  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### **Different constellation and shining stars: A qualitative investigation of lesbian parents' experiences of accessing healthcare for their adopted children in England**

*Presenter: Lucille Kelsall-Knight, RN (Child), BNurs, MSc, DProfHW, University of Birmingham, UK*

#### **Abstract**

**Background:** There are numerous studies detailing LGBT people's experiences of accessing healthcare but there is a lack of research about their experiences of accessing healthcare services for their children (Kelsall-Knight, 2021). In 2020, one in six children in England was adopted by same-sex parents. Adopted children have an increased incidence of additional health care needs and therefore dental and medical appointments in comparison to children who remain with their biological parents.

**Aims:** This study explored the experiences of lesbian mothers accessing healthcare for their adopted children in England.

**Method:** A qualitative inductive design, utilising purposive sampling and Narrative Inquiry. Three stage Skype interviews were held between October 2018 and March 2019 and utilised critical incident recall with six lesbian adoptive parents. Interviews were analysed using critical event analysis (Webster and Mertova, 2007) and broadening, burrowing, storying and restorying (Clandinin and Connelly, 1990). A composite character couple was created to 're-story' participants' experiences.

**Results:** Lesbian parents had positive and negative experiences when accessing healthcare for their adopted children. Five overarching themes were: navigating heteronormativity, navigating healthcare settings and professionals and having an 'adopted' status, intersectional identity of lesbian parented adoptive families accessing healthcare, reflective imagery of lesbian parents and adoptive families, and professional expectations.

**Discussion:** The needs and challenges of lesbian adoptive families may be different to those of heterosexual and biological

families when accessing healthcare for their children. Discriminatory practice shown by some healthcare professionals is a problem. This is coupled with lack of understanding of the adoption process, knowledge surrounding a child's history and the legalities regarding parental responsibility.

**Conclusion:** Healthcare providers must ensure that practitioners adhere to Equality legislation and professional standards when supporting same-sex parents and their adopted children. Appropriate training is required to equip practitioners with the skills to practice in a non-discriminatory, supportive way.

#### **Biography**

Lucille Kelsall-Knight, is a Lecturer in Children's Nursing at the University of Birmingham. Her research interests focus on her clinical background which includes acute nursing care and diverse families within healthcare. She qualified as a Registered Children's Nurse from Swansea University in 2004 and worked, post qualifying, at Birmingham Women and Children's Hospital NHS Foundation Trust. In 2011 she entered Higher Education at the University of Wolverhampton and subsequently joined the University of Birmingham in 2019. Her doctoral research project focused on the experience of lesbian parents in accessing healthcare for their adopted children and it was awarded the Research in Child Health research award 2019-20 by the Royal College of Nursing. She has published several book chapters and peer reviewed articles in nursing journals and her first children's book, 'Courtney Goes to the Hospital' was published in March 2021, which was a by-product of her doctoral research.

Session no: 4.4.2 Abstract no: 0277

**Research Topic:** Inequalities in Health, Research Process Issues, Women's health  
**Methodology:** Mixed  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### **Impact of the COVID 19 pandemic on Sub Saharan African women: A global perspective**

*Presenter: Clementinah Rooke, PhD, The University of Huddersfield, UK*  
*Co-presenter(s): Sally Arrey, UK*

#### **Abstract**

**Background:** The impact of the Covid 19 pandemic on Sub-Saharan African women, known to make up a significant percentage of the workforce, is poorly understood. Therefore, there is a pressing need for an in-depth exploration of their lived experiences during the pandemic. The paper reports on two themes that have emerged from responses to the questions seeking to establish what Sub-Saharan African women's experiences of access to or use of healthcare systems / services has been like during the 'COVID 19' pandemic.

**Aim:** To explore and gain an understanding of access to healthcare and the economic impact of the COVID 19 pandemic on Sub-Saharan African women working/living in the diaspora and at home.

**Methods:** A qualitative exploratory approach with data collected over a period of 6 months from July 2020 using 8 x 90-minute virtual focus group discussions with 10 panel members plus a 90-120-minute interactive webinar with 36 participants from the target population.

**Results:** 1. Disparity in the quality of and access to healthcare services between the West and Africa in need of urgent address.

2. A strong belief in the efficacy of traditional herbal/complementary therapies in preventing and/or treating Covid 19 for all women despite country of residence, therefore,

**Discussion and conclusions:** There is a strong link between the negative socio-economic impact of the Covid 19 pandemic and poor access to healthcare services across Africa. Given that the pandemic knows no borders, policymakers should adopt a global approach to addressing the socio-economic impact of Covid 19. The rise in use and heavy reliance on traditional and herbal alternatives is worth further research. Can we comprehend the African

tradition of medicine in order to create and articulate a meaningful Covid 19 discourse globally?

### Biography

Clementinah is a Senior Lecturer in Mental Health Nursing. She is an experienced Higher Education and NMC teacher able to teach on undergraduate and taught postgraduate programmes across the Human and Health Sciences portfolio, and contribute to the management of such programmes. She has a live interest and involvement in research and scholarly activity with a particular focus on patient public involvement, quality improvement, the impact of the built environment on health and well-being, salutogenic health design, lean health care and person centred dementia care. She is also interested in how the people of Africa understand, explain and treat mental health illness and the lived experiences of black African nurses working in the NHS and/or other healthcare sectors.

Session no: 4.4.3 Abstract no: 0347

**Research Topic:** Inequalities in Health  
**Methodology:** Mixed  
**Research Approach:** Survey

### Promoting equality, diversity and inclusion in research

*Presenter: Deepsi Khatiwada, RN, MSc (Applied Public Health), Lancashire Teaching Hospitals NHS Foundation Trust, UK*  
*Co-presenter(s): Philippa Olive, UK*

### Abstract

**Background:** Research active organisations have better patient experience, health outcomes and lower mortality rates (Jonker and Fisher, 2018). However, there is increasing evidence that ethnic minority population are under-represented in research (Smart and Harrison, 2007), raising questions about whether services, resource allocation and interventions are going to be relevant and/or effective. This study aimed to establish a baseline understanding of the experiences and perceptions of patients and public in research participation/non-participation.

**Method:** This was a cross-sectional survey. A 23-item custom questionnaire was designed with involvement of patient and public. Multiphase purposive sampling was used to recruit patients and public from October 2020 to January 2021 in two phases. The first phase was hospital-based through existing email circulation lists and poster distribution. The second phase

was community-based via local minority community groups and champions.

**Results:** A total of 476 responses was obtained. In phase one, 92% and 8% of respondents identified themselves as white and non-white respectively. Non-white respondent recruitment increased to 32% by end of phase two. Lack of research awareness was reported as the most common barrier to research in both groups. However, non-white participants reported stigma, language and societal pressure as frequent barriers compared to white participants.

**Conclusion:** Evidence suggests that non-white population are less likely than white population to participate in research. The role of stigma, language and societal pressure amongst non-white respondents found in this study contributes important information to the field. In addition, differences between non-white and white participant recruitment in hospital-based versus community-based approaches in this study highlights the importance of population-focused recruitment strategies. This study concludes that labelling populations as 'hard to reach' is a misnomer. Rather, well-designed engagement and awareness campaigns with active involvement of patients, community organisations and health/social care services are essential to achieve equitable and accessible participation in research.

### Biography

Deepsi holds a Master's degree in Applied Public Health and is a registered adult nurse with around ten years experience in clinical research within the NHS setting. She currently works as a research nurse in centre for health research and innovation at Preston, Lancashire. She has extensive experience of supporting NIHR portfolio, academic and industry research studies and is responsible for leading, co-ordinating and recruiting participants to research. She also works collaboratively with the NIHR, sponsors, academic partners, regulatory bodies, clinical teams, patients and public. Deepsi has also previously worked with the NIHR North West Coast (NWC) as a research nurse. She has experience of working with the local BAME population and is involved in promoting health and behaviour change initiatives. As an aspiring research leader, she aims to promote diversity and inclusiveness in clinical research and hopes to ultimately contribute towards 'NHS Long Term plan' of reducing health inequalities.

### 4.5 Theme: Nursing, midwifery or support worker education

Session no: 4.5.1 Abstract no: 0357

**Research Topic:** Nursing, Midwifery or Support Worker Education  
**Methodology:** Interviewing  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Learning to care in unprecedented times: the impact of Covid-19 on nursing education

*Presenter: Helene Snee, PhD Sociology, Manchester Metropolitan University, UK*

### Abstract

**Background:** Sociological research has explored inequalities in university admissions, experiences and outcomes (Waller, Ingram and Ward 2017), but there is a lack of evidence in nursing over how to best to tackle widening participation (Young 2016). The pathways into, through and out of nursing education were already of great importance in addressing workforce problems before the COVID-19 pandemic (NHS 2019).

**Aim:** to assess the impact of the COVID-19 pandemic on a group of final year pre-registration nursing students and the wider implications for nursing education in England.

**Methods:** 15 semi-structured interviews were conducted September-November 2020. Participants were final year pre-registration nursing students during the outbreak of the Covid-19 pandemic who 'opted in' as aspirant nurses.

**Results:** Participants reported considerable anxiety compounded by a lack of communication from universities. This was offset by support from peer networks, although differences between institutions caused dissatisfaction. Experiences as aspirant nurses were mixed, but opting in was seen as an obligation. Some felt that this contribution had been undervalued, and there were concerns about transitions into the first year post-qualification. There were also positive outcomes in terms of self-development and confidence.

**Discussion:** Student nurses wished to avoid delays to qualification which overrode concerns about opting in. Not all students had the same resources available to navigate the disruption and the impact of distance learning was not even. They also indicated an ongoing divide between the practical and academic elements of nursing education.



**Conclusions:** Communication was not timely and consistent, which had negative effects. Pressure from external factors on routes to qualification, and who is most affected by this, needs more acknowledgement and mitigation, along with ensuring that this cohort are not disadvantaged through curtailed preceptorships or access to training. Ongoing support from universities post-qualification could help with transitions.

### Biography

Dr Helene Snee is Senior Lecturer in Sociology at Manchester Metropolitan University, UK. Her current research interests are focused on social mobility and educational reform in the caring professions. Previous research has explored stratification with a particular focus on youth and class and she was a contributor to *Social Class in the 21st Century* (Pelican, 2015). She has also published journal articles on youth transitions and educational choice; narratives and representations of difference and inequality; and digital methods.

Session no: 4.5.2 Abstract no: 0341

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Mixed

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Defining the General Practice Nurse (GPN) Educator role in England

*Presenter: Gill Rogers, RN, BA, MA, Crosspath Consulting, UK*

*Co-presenter(s): Sue Crossman, United Kingdom*

#### Abstract

Project title: Defining the General Practice Nurse (GPN) Educator role in England.

**Background:** In general practice in England, there is no clearly defined educator role to support nurses and no uniform way of working, making it hard to quantify benefits and establish the role on a national scale. The study was commissioned by NHS England and conducted during 2020.

**Aim:** The aim was to explore the range of educator roles currently employed and determine how far they meet the goals articulated in the NHS England GPN 10 Point Plan (NHSE 2017).

**Method:** The qualitative study was conducted through structured telephone interviews and 2 focus groups with GPN Educators (GPNEs) and their key professional contacts.

#### Sample

The sample was purposively selected, to ensure all inclusion criteria were met, with representation across geographical regions, GPNE roles and employer types. 20 participants were interviewed and a further 5 were included in the Focus Groups.

**Results:** Key themes emerged from the analysis of interview data:

- There is a range of employment settings.
- Many different titles are used by GPNEs.
- Key responsibilities of the role were identified.
- Benefits of the role were highlighted.
- There were challenges that hindered the role being effective.

A classification framework was developed, defining 6 GPNE 'roles by organisation'. Six scenarios were written to illustrate each of the roles, and these along with the framework, were tested out for authenticity in 2 focus groups.

**Discussion:** There was confirmation the 6 GPNE roles were relevant and clear, with some overlap between them which was considered positive, allowing flexibility of adoption in different regions.

**Conclusion:** There was strong support from participants to adopt the 'GPNE roles by organisation' framework, clarifying how the educator roles can work effectively across organisations in the primary care system. Recommendations for implementation were made to NHS England.

#### Biography

Gill is the founding Director of Crosspath Consulting LTD, which she established in November 2016 to offer individualised services to organisations based on her wealth of experience in the health sector. Gill has over 30 years' experience in health care as; a clinician, manager, health commissioner, educator, facilitator, leader and senior nurse in the NHS. She has worked predominantly in the Primary and Community Care sector and is well versed in the model of General Practice in the UK. She was a Director at Londonwide Local Medical Committees (LLMCs) leading on workforce, training and innovation, developing and implementing value added services for GPs and their practice teams. Gill was a member of the senior management team involved in overseeing the running of the organisation including budget control and governance. She was also programme director for a

number of academic programmes delivered regionally. Gill works with clients in the NHS and not for profit sector. Gill is a non-executive Director of Risky Business Events Ltd.

Session no: 4.5.3 Abstract no: 0383

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Mixed

**Research Approach:** Mixed Methods Research

### Learning from nursing students' experiences of studying and working through the COVID-19 pandemic

*Presenter: Judith McLeod, PhD MSc RGN FHEA, University of the West of Scotland, UK*

*Co-presenter(s): Audrey Cund, UK*

*Co-author(s): Suzanne Gray, UK; Garry Collins, UK; Robin Ion, UK; Susan Rae, UK*

#### Abstract

**Background:** Confirmation that the COVID-19 pandemic had reached the shores of the United Kingdom led the UK Government to instigate a national lockdown in March 2020. Immediately, on-campus activity within the university was cancelled, prompting the rapid transition to fully on-line teaching and learning activity. Practice placements for nursing students were also affected, with the immediate cancellation of all placements. This created an opportunity for nursing students to undertake paid placements. This study aimed to investigate the experiences of the students who opted to work and study through the pandemic.

**Methods:** A mixed method sequential study was adopted. Phase 1 issued an online survey to all Adult and Mental Health nursing students at one Scottish University. The survey captured the impact of COVID-19 on their health, wellbeing, resilience and experience of support in an academic and clinical context. Phase 2 invited Year 2 and 3 students who undertook a paid placement to take part in a semi-structured interview to reflect on their experiences.

**Results:** 336 students completed the questionnaire and 13 participated in the interviews. Students experienced worry about completing their academic studies and the impact of COVID on their health and wellbeing. However, despite the pressures and demands placed upon the students they were resilient. Uncertainty was evident about paid placements, however, support from the university and clinical areas was



positive. Thematic analysis identified the students' sense of duty to contribute; their fears about not graduating and why contributing was important to them.

**Conclusion:** Understanding the students' experience has been invaluable. It has confirmed their sense of duty to the profession, their views on academic and clinical support and helped inform strategies to support learning and placements throughout lockdown. Future research is needed to examine the long term impact on student learning and disruption to clinical placement experiences.

## Biography

Judith McLeod is a lecturer in Adult Nursing and Healthcare at the University of the West of Scotland, based at the Paisley campus. She joined the university in December 2019, after completing a 27 year career as a member of Princess Mary's Royal Air Force Nursing Service. Joining the Royal Air Force shortly after qualifying as a nurse, Judith has worked in a variety of clinical and non-clinical roles. Her interests in research and education prompted the start of her second career as a nurse lecturer.

## 4.6 Theme: Nursing, midwifery or support worker education / workforce and employment

Session no: 4.6.1 Abstract no: 0188

**Research Topic:** Nursing, Midwifery or Support Worker Education, Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Perceptions of motivations and aspirations surrounding the professional development and career advancement of technical diploma nurse graduates in Egypt: A qualitative descriptive exploration

*Presenter: Linda Gorman, DHPE, MScHC, BN (Hons), RN, PGC (Academic Practice), SPQ (Critical Care), Gouna Technical Nursing Institute, Egypt*

*Co-author(s): Joan McDowell, Egypt; Susan Jamieson, Egypt*

#### Abstract

**Background:** Global strategic agendas for strengthening the nursing workforce have emphasised the need for nurses to participate in professional development and career advancement to ensure the upward-standing of the profession (WHO, 2020). However, key challenges within low-to-middle-income countries such as Egypt have prevented nurses from fully engaging in professional updating activities and progressing successfully in their careers. The literature demonstrates a modest evidence base in relation to these concepts, and an Egyptian perspective, specifically that of Technical Diploma-level nurses who constitute a significant part of the nursing workforce within the country, have not been studied.

**Aim:** To explore the perceptions of the professional development and career advancement of Technical Diploma nurse graduates from a Technical Institute of Nursing in Egypt.

**Methods:** A qualitative descriptive exploratory design, and in-depth semi-structured interviews, were used to extend knowledge on this topic. Perceptions of Technical Diploma nurse graduates (n=18) and nurse educators (n=2) from the identified Technical Institute of Nursing, as well as healthcare managers (n=3) from the Institute's key stakeholder hospital were sought. Data were collected from December

2016 to September 2017 and subjected to thematic analysis (Braun and Clarke, 2006). Findings were informed by the conceptual lens of Self-determination theory (Ryan and Deci, 2000).

**Results:** Three themes were prominent: 1) mechanisms for learning and development; 2) sources of support, and 3) moving up the career ladder. The theme 'mechanisms for learning and development' consisted of two sub-themes: 'wanting a higher degree' and 'participating in work-related learning'; whilst the theme 'sources of support' had the sub-themes of 'family and marriage' and 'organisational support'.

**Discussion and conclusions:** Social-contextual determinants of professional development and career motivation were identified. The study's key findings provide a baseline for suggestions on how Technical Diploma-level nurses in Egypt could be supported to achieve optimal professional growth in challenging contexts.

## Biography

Linda graduated from the University of Glasgow, UK in 2000 and later completed an MSc in 2006. As a Registered Nurse, she worked to Senior Charge Nurse level in cardiac critical care. In 2006 she also completed a Specialist Practitioner Qualification in critical care and became involved with the Masters programme at the Nursing and Healthcare School, University of Glasgow, leading in the delivery of critical care and advanced practice courses. In 2010, Linda completed a Postgraduate Certificate in Academic Practice before taking up a full-time teaching position in 2011 at Gouna Technical Nursing Institute in Egypt. There she leads on the delivery of an imported curriculum from the USA in which students are awarded a Technical Diploma in Nursing upon graduation. She recently completed a Doctoral degree in Health-Professionals Education from the University of Glasgow in 2020. Her research interests include supporting newly graduated nurses in clinical practice.

Session no: 4.6.2 Abstract no: 0301

**Research Topic:** Nursing, Midwifery or Support Worker Education, Older People, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

### Learning from nursing students' experiences and perceptions of their clinical placements in nursing homes: an integrative literature review.

*Presenter: Julie Young, RN, BSc (hons), PGDipHE, FHEA, RNT, PhD candidate., Oxford Brookes University, UK*

*Co-author(s): Kathleen Greenway, UK; Susan Schutz, UK*

#### Abstract

**Objective:** To investigate pre-registration nursing students' experiences of their clinical practice in nursing homes. The findings will be used to make recommendations for the provision of pre-registration nursing education.

**Design:** An integrative literature review design allowed for the analysis and synthesis of data from studies with diverse research designs, in order to gain a broader understanding of the experiences of nursing student's practice in nursing homes.

**Methods:** An electronic database search of CINAHL (Ebsco), Pubmed, British Nursing Database (BND), ERIC and social service abstracts published from 2008 to April 2020 in English was completed. Papers were included using pre-allocated criteria and 649 qualified for closer examination. After exclusion, 21 papers were included for final analysis and synthesis using NIVIO 12.

**Results:** Five main themes were derived from the literature; i) the importance of effective supervision; ii) students' experiences and perceptions of the learning environment; iii) understanding the roles of care staff, iv) comprehensive orientation to the learning environment, and v) the importance of curricula preparation. From these five categories, two synthesised findings were developed: nursing home placement encounters and enhancing learning opportunities

**Conclusions:** Students reported extensive working alongside healthcare assistants during clinical placements in nursing homes. This resulted in uncertainty of the registered nurse role, lost opportunities to develop professional identities, and

supported misconceptions that nursing in a nursing home environment requires fewer skills than an acute care environment. Equally important were students' comments that their classes were often focused on acute care, resulting in a lack of understanding of the long-term care environment. The results suggest that an increased focus on nursing older people in the pre-registration adult nursing curriculum, which is delivered by experienced and knowledgeable role models both from education and clinical practice may help to support nursing homes as learning environments and alter negative perceptions.

#### Biography

Julie Young is a registered nurse by background and has worked in cardiology and more recently, palliative care. Julie is a lecturer in adult nursing at Oxford Brookes University and is studying part-time for her PhD. Julie's research interests include preparing the future workforce to care for the aging population. She is currently working on an interpretative phenomenological analysis (IPA) exploring nurse educators' experiences of preparing and supporting adult nursing students for nursing home placements in the UK.

Session no: 4.6.3 Abstract no: 0316

**Research Topic:** Nursing, Midwifery or Support Worker Education, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Focus Groups

**Research Approach:** Case Study

### Identity crisis within the role of the emergency nurse practitioner? A study exploring the concept of professional identity

*Presenter: Sally Moyle, Professional Doctorate, University West of England, UK*

#### Abstract

**Background:** Against a background of increasing service demand and global pandemics; role expansion is inevitable across all professional groups. The Emergency Nurse Practitioner (ENP) role is well established within urgent care settings in the UK, however, it has evolved in an ad hoc manner.

#### Aims:

- Explore the concept of professional identity within the ENP role.
- Identify what factors contribute to a sense of professional identity.

• Consider the implications for managers, organisations and educationalists of changing identities within emerging healthcare roles.

**Methods:** A qualitative approach explored attitudes and perceptions of professional identity amongst a group of ENPs from two different settings; a nurse-led unit and a multi professional Emergency Department. Case study methodology was chosen. Data was collected using focus groups (n= 13 band 7 ENPs) and two semi-structured interviews (n=2 Senior Managers). The data was analysed using thematic analysis.

**Findings:** Three factors influenced the ENPs' sense of professional identity: career structure; education and the role. Participants reported high levels of pride and self-confidence related to the delivery of high-quality care and their expertise. Participants also reported feelings of uncertainty, and were less confident in other areas: relationships with others (nurses, doctors and managers); the public perception of the role; education and career structure.

**Discussion:** Whilst it is not an easy transition to make; moving into a new professional space and developing a new identity is possible, recognising that, with hybridity of this new identity comes some uncertainty and conflict as new practice, philosophies and re-defined professional boundaries emerge.

**Conclusion:** Professional identity is an important facet of the role as it relates to autonomy and job satisfaction. This impacts on organisational loyalty and retention. Crucially we must anticipate a change in culture, and support both the developing practitioners and those who work alongside them to enable the successful transition into role.

#### Biography

Doctor Sally Moyle is an academic at the University of West of England. Her current role is that of Deputy Dean for the Faculty of Health and Applied Sciences. Sally has a special interest in role expansion across the disciplines and Advanced Practice education. Her clinical background is that of an Emergency Nurse Practitioner within the Emergency Department. She has worked in academia for over fifteen years developing advanced practice education. She has a Professional Doctorate in Education and is an active member of the Council of Deans for Health.

## Concurrent session 5

Wednesday 8 September 2021

### 5.1 Theme: Nursing, midwifery or support worker education / methodology

Session no: 5.1.1 Abstract no: 0231

**Research Topic:** Nursing, Midwifery or Support Worker Education, Acute and critical care, Methodology

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### Experiences of student nurses during the first wave of the pandemic: A qualitative study.

*Presenter: Yogini Naidu, RN, MSc, University of Hertfordshire, UK*

*Co-presenter(s): Lisa Whiting, UK; Natalie Pattison, UK*

*Co-author(s): Rosemary Godbold, UK; Claire Adams, UK*

#### Abstract

**Background** In March 2020 in response to the first wave of the Covid-19 pandemic, student nurses in England in the final year of their degree could choose to work on the frontline for their final extended clinical placement, paid as band 4 health care assistants (Swift et al, 2020). 16 students across all fields of nursing from an East of England University who chose to go on extended placement were interviewed between July and September 2020.

**Aims** The aim of this study was to understand and learn from their experiences, and to inform and enhance approaches to student education and experience.

**Methods** We used a qualitative approach and rapid analysis techniques, underpinned by thematic analysis. Rapid research is used to facilitate cost-effective and timely results in rapidly changing situations (Beebe, 2001) providing immediate insights in areas in which little is known (Johnson and Vindrola-Padros, 2017).

**Results** Five themes were identified from the interview data: rationale for undertaking the extended placement, role tensions, caring for patients and their families, the impact on teaching and learning and personal health and wellbeing.

**Discussion** In an unprecedented global emergency, students put themselves and their families at risk, motivated by wanting to be useful in the pandemic, to finish their nursing degree, and the financial incentive. They had largely positive experiences, in particular, a heightened preparedness for qualification. However, they faced challenges including balancing clinical commitments with learning needs in environments in which usual levels of support and supervision were often lacking, and expectations around their role required clarity.

**Conclusion** Our participants experienced huge emotional, educational and personal challenges, which they overcame with their own personal strength and resilience, and support from the University and their friends and families. Their experiences provide important insights into education and support of students for the future.

#### Biography

Yogini Chokeepermal- Naidu, currently a Senior Lecturer at University of Hertfordshire, has a background in adult nursing and biomedical sciences. Since 1998, she has worked in a variety of clinical settings, namely Plastic surgery, general medicine, neurology, paediatrics, oncology and clinical research both early and late phases. Research has been her interest for over 15 years. She has been involved in the pioneering research on Non-Motor symptoms of Parkinson's disease in developing the NMS Questionnaire and NMS Scale, now recommended by the NICE guidelines and recognised internationally. Her last clinical job was as the Lead Research Nurse at the Wellcome Trust, UCLH. She has been in academia since 2013 and has taught on a variety of programmes at different levels. Her special research interest is now within learning and teaching innovations. Lisa Whiting is Professional Lead for Children's Nursing at the University of Hertfordshire. Her background is as a nurse who worked within a paediatric critical care setting. Since moving to a University environment, Lisa has been involved in the teaching and assessment of undergraduate and postgraduate students across a range of academic levels, including doctoral studies. Lisa completed a doctorate in 2012, her work used a photo-elicitation approach

to gain insight into children's wellbeing; since then, she has led several research projects that have spanned a range of child health issues and that have had a strong focus on the involvement of, and the voice of, children, young people and their families. Other research has had an educational remit and has centred on the enhancement of learning for nurses working within areas of child health and children's nursing. Lisa has published and presented her work in a variety of arenas. Professor Natalie Pattison is a clinical academic who has worked clinically in cancer, critical care and critical care outreach. She is the Florence Nightingale Foundation Clinical Professor of Nursing with a joint appointment across the University of Hertfordshire and East and North Herts NHS Trust. She is the clinical lead for critical care follow-up services, combining this with a research role. Her research interests focus on her clinical area of critical care and critically ill ward patients, and cancer critical care. She is widely published in critical care supportive care. She also leads on developing clinical academic capability in the Trust and University for Nursing.

Session no: 5.1.2 Abstract no: 0391

**Research Topic:** Nursing, Midwifery or Support Worker Education, Methodology

**Methodology:** Other collection or analysis method

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### Authentic Identity: A Visual Grounded Theory (VGT) of construction and sustainability of professional identity in adult nursing

*Presenter: Jacquie Ridge, RN, PhD., The University of Northampton, UK*

#### Abstract

**Background:** A lack of authenticity in recognising the professional identity of an adult nurse continues in nursing literature and more widely in society, reaffirming the focus of this work. This research seeks to



address this knowledge gap, the purpose being to elicit whether thoughts, ideas, and constructs of professional identity on commencement of nurse education remain true to the aspired self on registration to their chosen profession.

**Aim:** To share understanding, interpretation and give voice using VGT to the construct and sustainability of professional identity in adult nursing.

**Method:** VGT is the method through which this longitudinal study is undertaken. Research participation was informed by collaboration with 11 pre-registration undergraduate adult nursing students, sourced through purposive sampling (10 female and 1 male) at the University of Northampton, UK. Each participant engaged in photo elicitation interviews on three occasions during their nurse education (May 2012 – December 2013); with a fourth interview (July – September 2018), a minimum of 5 years post-registration as a nurse. Data was transcribed and analysed using a constructivist grounded theory framework modified to incorporate analysis of visual imagery provided by participants (Konecki, 2011).

**Findings:** Emergent core concepts were authentic aspiration (what is a nurse?) critical resilience (being a nurse) and legitimate identity (still nursing); using an insider/outsider binary (Mannay, 2016).

**Discussion:** VGT offers interpretations of data that are readily accessible; in this study, imagery has been rendered reflectively to provide meaningful insights and purposive application to nurses and nursing.

**Conclusion:** This research proposes revisiting aspiration and critical resilience to construct and sustain a legitimate identity reflecting an authentic image of nursing that inspires nursing recruitment and aids retention, recognising when students and registrants alike say, 'nursing is no longer for them'.

### Biography

Jacque is a non-traditional applicant to Higher Education, in that she undertook her first degree following a successful career in adult nursing, predominantly in Emergency and Critical Care environments, graduating with 2:1 in BA (Hons) Health at Liverpool John Moores University. This was followed by a part-time MA Women's Studies undertaken at the University of Northampton. This continued exposure to university life with all its possibilities stimulated a career change for Jacque, from clinical to academic nursing, with the view to enable others to develop in their learning. More recently has seen the completion of a part-time doctorate also at the University of Northampton, investigating Authentic

Identity: A Visual Grounded Theory (VGT) of Construction and Sustainability of Professional Identity in Adult Nursing, with publications and further research to follow.

Session no: 5.1.3 Abstract no: 0193

**Research Topic:** Nursing, Midwifery or Support Worker Education, Methodology, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

### The benefits of 'Advanced Clinical Practice' (ACP) training and education for key stakeholders. A systematic, mixed-method, literature review.

*Presenter: Vikki-Jo Scott, RN, MA Learning and Teaching, SFHEA, University of Essex, UK*

### Abstract

**Background:** The 'Multi-Professional framework for Advanced Clinical Practice (ACP) in England', (Health Education England 2017) sets out the definition of ACP, the scope of practice and practitioners this applies to, and the standards and capabilities expected in order to practice under this title. This provides a benchmark by which training providers can badge their products as leading to advanced clinical practice, employers can use to select individuals to work in ACP roles or undertake ACP related tasks, and individuals can provide evidence against to support their credentials as an ACP. Alongside this, additional funding was released specifically for the support of ACP, the NHS People Plan was published, and an ACP Apprenticeship route was approved. Covid-19 sharply bought into focus the demands upon health services and those that work within them, including ACPs who have often had to 'step up', be re-deployed or work in different ways than they have done before.

**Aim:** The review's purpose was to identify research that had been conducted with regard to 'Advanced Clinical Practice' benefits and impact, so that the evidence base of ACP for key stakeholders in this field could be evaluated.

**Method:** Mixed method systematic literature review to inform a narrative interpretive synthesis.

**Findings:** 44 papers of mixed quality were identified that had used a range of

methodology. Convenience sampling was a common feature with use of self-report from a sub set of the diverse ACP community. There was an absence of longitudinal research, particularly that might evidence outcome measures such as cost effectiveness.

**Conclusion:** Consensus could be found regarding the definition, barriers, and facilitators of ACP; that it can be split into 'substitution' and 'supplementation' roles, and that the clinical practice element of the role dominates. Variation is evident in the training and education, scope of practice, and regulation of ACP.

### Biography

Vikki-Jo is a Senior Lecturer at the University of Essex. She was a Dean of School for Health and Social Care (formerly Health and Human Sciences) and Head of Department since 2013 until January 2020 when she then commenced her doctoral studies. She is a Registered Nurse with a background in Critical Care Nursing. Since working in academia she has focused on Continuing Professional Development for Health and Social Care professionals. This includes leading the MSc in Health Care Practice and the Advanced Clinical Practice Apprenticeship which provides a flexible, modular route for health professionals undertaking post-registration education in their field of clinical practice. She is a Senior Fellow of the Higher Education Academy with a Masters in Learning and Teaching. She is currently undertaking a PhD focussed on Advanced Clinical Practice as well as returning to clinical practice to work in Critical Care during the Covid-19 crisis.



5.2 Theme: Acute and critical care

Session no: 5.2.1 Abstract no: 0404

**Research Topic:** Acute and critical care, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Statistical Analysis (descriptive and correlational)

**Research Approach:** Quantitative (not included in another category)

**Missed care in emergency departments following an intentional change to nurse staffing and skill-mix**

*Presenter: Jonathan Drennan, RN, PhD, University College Cork, Ireland*

*Co-presenter(s): Gearoid Kelly, Ireland*

*Co-author(s): Noeleen Brady, Ireland; Ashling Murphy, Ireland; Peter Griffiths, UK; Jane Ball, UK; Robert Crouch, UK; Croia Loughnane, Ireland; Aileen Murphy, Ireland;*

**Abstract**

**Background:** Missed care or care left undone has been as playing a pivotal role in the process through which nurse staffing influences patient outcomes, in that it is both a potential outcome of low nurse staffing and a potential predictor of patient outcomes. However, to date, no studies have examined missed care in emergency departments.

**Aim:** Examine the prevalence of missed care in the emergency departments prior to and following staffing adjustments based on the Nursing Hours per Patient Presentation (NHpPP) model and a recommended Registered Nurse to :Health Care Assistant skill-mix of 85%:15%.

**Methods:** Cross-sectional multi-site study in the emergency departments of three acute hospitals in Ireland. Registered nurses in the emergency departments were surveyed at two time points: baseline in January-April 2018 and in February-April 2020 following intentional adjustments to nurse staffing and skill-mix based on patient triage categories. Sixteen activities related to missed care in the emergency department were measured based in those used in the RN4CAST survey. Staff self-reported which item(s) had been missed due to insufficient time on their last shift. Two measures of ‘missed care’ were derived: reported prevalence of any care being left undone and average number of items left undone per shift.

**Results:** 122 responses were recorded at both time points. The overall proportion of shifts with at least one missed care activity fell from 78.8% (N=93) at Time 1 to 72.5%

(N=87) at Time 2. The mean number of care activities missed per shift across the three emergency departments fell from 3.32 (SD=3.05) at Time 1 to 2.76 (SD=2.87) at Time 2.

**Discussion:** The results offer initial support that when an emergency department is appropriately staffed based on the NHpPP model and with the recommended skill-mix, incidence of missed care activities decreases over time.

**Biography**

Jonathan Drennan is the Chair of Nursing and Health Services Research at the School of Nursing and Midwifery, University College Cork. He has presented to and advised the National Institute for Health and Care Excellence (NICE) Safe Staffing Advisory Committees on safe nurse staffing in medical and surgical wards and accident and emergency departments in the UK. He is also a member of the Irish Department of Health advisory team involved in the development of guidelines for safe nurse staffing and skill mix in the healthcare sector. He is currently leading on HRB funded studies researching safe nurse staffing in medical, surgical, emergency and older persons settings. He is also the Irish lead on a EU Horizon 2020 funded research study, Magnet4Europe, that is introducing organisational re-designs in hospitals across Europe to enhance the health and wellbeing of healthcare staff. Prof Jane Ball started undertaking research into nursing workforce and related policy in 1990. She has worked at Institute for Employment Studies, as Policy Adviser at the RCN, as Deputy Director of the National Nursing Research Unit (King’s College London) and since 2014 has been at the University of Southampton. Her research focusses on exploring how features of nursing employment and deployment are related to quality of care, patient outcomes and organisational effectiveness.

Session no: 5.2.2 Abstract no: 0395

**Research Topic:** Acute and critical care, Service Innovation and Improvement, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Evaluation (process, impact)

**Evaluating a researcher-in-residence role in the emergency department**

*Presenter: Mary Halter, PhD, St George’s University Hospitals NHS Foundation Trust, UK*

*Co-presenter(s): Heather Jarman, UK*

**Abstract**

**Background:** Researcher-in-residence roles aim to embed experienced researchers in service teams with the explicit goal of creating and mobilising actionable knowledge in context. In 2020 the clinical research unit of an emergency department introduced a part-time researcher-in-residence. The role’s remit is to assist with building research capacity in the ED staff.

**Aim:** The aim of this study is to assess the impact of a researcher-in-residence on clinician-led research activity.

**Methods:** A mixed method evaluation approach using the following methods:

- Documentary analysis of researcher-in-residence tasks and roles, from diary notes, email and project documents.
- Senior staff interviews on role expectations and performance
- External academic guided reflection.

Data were collected between November 2020 and February 2021, and will continue to October 2021.

**Results:** The researcher-in-residence has: provided feedback on the evaluation ideas and research papers of clinical staff; supported discussion on research strategy, the writing of research proposals and clinical academic fellowship applications; drafted articles introducing emergency nurses to research; designed a system for the department’s assessment of the research-service evaluation delineation; and worked with research nurses in delivery of a systematic review. Expectations included having someone to talk through research with, and increased in-house capacity to take forward a programme of ED research. Reflection indicates that the researcher-in-residence requires a range of skills including supervision and mentoring, strategic understanding, flexible working in an ‘in the moment’ culture, respecting

clinical experience whilst engaging with clinicians as novice researchers, and self-awareness.

**Discussion:** The early results for the researcher-in-residence role are encouraging from the role being supported managerially, the number of requests for support and the researcher becoming embedded.

**Conclusion:** The researcher-in-residence model pursued in the research capacity-building model in an emergency department shows promise as a vehicle for increasing clinician-led research.

### Biography

Mary is the researcher-in-residence in the Emergency Department at St George's Hospital, London. She has been a researcher based in the Faculty of Health, Social Care and Education at Kingston University and St George's, University of London since 2005, working on a range of healthcare workforce and pre-hospital emergency care studies, and is currently part-time Associate Professor in the Emergency Cardiovascular and Critical Care Research Group. She also worked for a number of years in audit and research with London Ambulance Service NHS Trust. Mary achieved a Master's in Medical Sociology in 2000 and holds a PhD from University of London evaluating advanced paramedic roles. She has authored a number of publications. She enjoys supervising student research at post-graduate level. <https://www.kingston.ac.uk/staff/profile/dr-mary-halter-926/>

in 2020. [1] We have little understanding of the impact of critical illness relating to COVID on peoples' lives and wellbeing after hospital discharge.

**Aim:** The aim of this study was to understand the experiences of people diagnosed with severe COVID-19 requiring advanced ventilation and their perspectives on the health and social care support required to optimise community-based rehabilitation and recovery.

**Methods:** This exploratory study uses a qualitative methodology, enabling the generation of knowledge grounded in human experience. [2] Data collection started in September 2020 and is due to complete in April 2021. The aim is to interview 20 adults from two community organisations: Central London Community Healthcare NHS Trust (CLCH) and the NHS Seacole centre in Surrey, England via a secure virtual platform (such as Microsoft teams, Zoom) or by telephone. Anonymised and verbatim-transcribed interview data are uploaded into NVIVO and are currently undergoing a standard process of inductive thematic analysis.

**Findings:** Data collection is ongoing, however, initial findings based on interim analysis of 13 completed interviews include the following: Findings support those from other critical illness survivors highlighting the importance of social networks during and after hospital discharge. People's experiences vary, including the level of support received following discharge and hence one form of support does not fit all. Technology (e.g. mobile phones) has been a life line for some, but a hinderance to others.

**Conclusions:** This is one of the first studies set up to collect qualitative data from critical illness survivors post COVID-19. Findings will aid the development of robust and holistic ways of facilitating COVID-19 patient recovery. The intention is that findings will inform future larger studies developing and testing health and social care interventions.

### Biography

Nicola is a masters qualified registered midwife and accomplished social researcher with specialist expertise in qualitative fieldwork practice, including working with vulnerable groups on sensitive subjects. Nicola is currently working as a research assistant on the Rehabilitation after critical illness funded project.

## 5.3 Theme: Children and young people

Session no: 5.3.1 Abstract no: 0146

**Research Topic:** End of Life Care, Children and Young People, Under Represented Groups (including black and minority ethnic)

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

### Development of a culturally sensitive framework to improve the care of forced migrant families

*Presenter: Marie Clancy, RNC, B/Nurs, MPH, PGCE, University of Birmingham, UK include asylum seekers who have applied for protection from persecution and refugees whose asylum claim has been successful. The needs of such families are diverse and complex. Poor access and barriers to care are common (Simonnot et al., 2016). Many families will have experienced the trauma of migration and additional grief, fear, disempowerment and loss associated with illness.*

### Abstract

**Aims:** To provide an explanation of the experiences of forced migrant families and highlight current barriers and successes. This will be presented within a culturally sensitive/insensitive framework aimed to improve the knowledge and empathetic understanding of nursing staff

**Methods:** As part of doctoral research, a systematic review was conducted with database searches from 2008 to 2018 (Clancy et al, 2020). 20 articles were critically appraised using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018).

**Results:** Thematic analysis revealed five pertinent themes: 1) divergence of beliefs and expectations, 2) communication, 3) navigating healthcare systems, 4) burdens and coping strategies, and 5) training and knowledge. A cultural sensitivity/insensitivity framework was subsequently developed with practical considerations for healthcare interactions.

**Discussion:** Whilst arising from research in the context of specialised palliative care, this framework offers a culturally appropriate way forward more broadly within nursing. The framework presents antecedents to culturally sensitive and insensitive care, which are categorised as individual, relational and structural aspects. The framework also details participants' experiences of care and the consequences for families and health care professionals. This is particularly relevant to nursing staff who

Session no: 5.2.3 Abstract no: 0364

**Research Topic:** Acute and critical care, Patient Experience, Rehabilitation

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Rehabilitation after COVID-19 critical illness; a qualitative study exploring people's experiences and recovery needs

*Presenter: Nicola McGuinness, MSc, RM, London South Bank University, UK*

*Co-presenter(s): Alison James, UK*

*Co-author(s): Suzanne Bench, UK; Nicola Thomas, UK; Gaby Parker, UK; Helen Cherry, UK; Matthew Hodson, UK; Hilary Floyd, UK*

### Abstract

**Background:** Worldwide, 26-32% of people hospitalised with COVID-19 in 2020 required an admission to intensive care

aim to provide appropriate multicultural care alongside the challenges that differences in language, religion, beliefs, and inequalities in resource and access create.

**Conclusions:** The presentation of this framework gives a new perspective, and hopes to generate debate, reflection, and offer additional insights into improving the care of culturally diverse patients.

#### Biography

Marie is a children's nurse by background and studied in Birmingham with much of her initial nurse roles at Birmingham Children's Hospital. Subsequently Marie has worked internationally in Australia, Trinidad, Malawi, Afghanistan and New Zealand. Marie's work to date both clinically and academically has focused on children with high dependency needs, pain assessment and treatment with a focus on cultural aspects to care. Marie started her lecturing career at the University of Wolverhampton in 2010, moving to the University of Birmingham in 2015 teaching on undergraduate nursing programmes. Subsequently she commenced her post at Birmingham City University in November 2019 teaching on assistant practitioner and nursing associate programmes. Alongside her teaching role Marie is studying for her PhD part time which focuses on revealing the voices of marginalised asylum seeker and refugee families as they navigate children's palliative care services. Marie is also co-chair of the WMPPCN.

Session no: 5.3.2 Abstract no: 0318

**Research Topic:** Children and Young People

**Methodology:** Observation

**Research Approach:** Quantitative (not included in another category)

#### Effect of covid-19 lockdown on child protection medical assessments: a retrospective observational study in Birmingham, UK

*Presenter: Julie Taylor, RN, PhD, University of Birmingham, UK*

*Co-presenter(s): Julie Taylor, UK; Nutmeg Hallett, UK; Joanna Garstang, UK*

#### Abstract

**Objectives:** To determine any change in referral patterns and outcomes in children (0-18) referred for child protection medical examination (CPME) during the covid-19 pandemic compared to previous years.

**Design:** Retrospective observational study, analysing routinely collected clinical data from CPME reports in a rapid response to the pandemic lockdown.

**Setting:** Birmingham Community Healthcare NHS Trust, which provides all routine CPME for Birmingham, England, population 1.1 million including 288,000 children.

**Participants:** Children aged under 18 years attending CPME during an 18 week period from late February to late June during the years 2018, 2019, and 2020.

**Main Outcome Measures:** Numbers of referrals, source of disclosure and outcomes from CPME

**Results:** There were 78 CPME referrals in 2018, 75 in 2019 and 47 in 2020, this was a 39.7% (95%CI 12.4-59.0) reduction in referrals from 2018 to 2020, and a 37.3% (95%CI 8.6-57.4) reduction from 2019 to 2020. There were fewer CPME referrals initiated by school staff in 2020, 12(26%) compared to 36 (47%) and 38 (52%) in 2018 and 2019 respectively. In all years 75.9% of children were known to social care prior to CPME, and 94% of CPME concluded that there were significant safeguarding concerns.

**Conclusions:** School closure due to covid-19 may have harmed children as child abuse has remained hidden. There needs to be either mandatory attendance at schools in future or viable alternatives found. There may be a significant increase in safeguarding referrals when schools fully re-open as children disclose the abuse they have experienced at home. Health Visitors, Midwives, nurses in accident and emergency and many other health care staff play a pivotal role in keeping children safe and need to be aware of the impact when children are not seen.

#### Biography

Julie is a nurse scientist specialising in child maltreatment and has extensive research experience with vulnerable populations using a wide range of qualitative and participative methods. She is Professor of Child Protection at the University of Birmingham, with previous chairs at the Universities of Edinburgh and Dundee. Her research programme is concentrated at the interface between health and social care and is largely underpinned by the discourse of cumulative harm and the exponential effects of living with multiple adversities (domestic abuse, parental mental ill health, substance misuse, disabilities etc.). She is a Fellow of the Royal College of Nursing.

Session no: 5.3.3 Abstract no: 0276

**Research Topic:** Midwifery

**Methodology:** Other collection or analysis method

**Research Approach:** Evaluation (process, impact)

#### Midwifery research in areas of deprivation and need: The MeRIDIAN project

*Presenter: Claire L. Whitehouse, MSc, BSc RN, PGCert Research Methods, The James Paget University Hospitals NHS Foundation Trust, UK*

*Co-presenter(s): Jamie-Louise Raven, UK; Joanna Keable, UK; Hazel Smith, UK*

#### Abstract

**Background:** Areas with high levels of deprivation often have the lowest number of research participation. A maternity research service was established at a UK NHS Trust incorporating a project monitoring equity of access to women from areas of deprivation and need.

**Aims:** To increase availability of, and access to research opportunities for women and families in an area of deprivation and need in the East of England.

**Method:** Research intelligence for midwifery-led studies was gathered from the midwife champions network, NIHR Clinical Research Network, and social media. Research midwives were appointed. Using postcode data an index of multiple deprivation measures (IMD) was developed. Results Four percent of all mothers attending the Trust antenatal services were offered research opportunities. 86% of women who met eligibility criteria were approached to participate in research (86% IMD 1-4). 55% of women who met eligibility criteria and had been offered study information went on to participate in the studies (88% IMD level 1-4).

**Conclusion:** Commencing research activity in a midwifery-led service is a viable strategy for focusing research in an area of deprivation and need. The project continues for a further 12 months.

Further research is required to generate further understanding of women's choice and health care service access.

#### Biography

@ClaireW\_UK Claire established the JPUH Research Hub in 2020 which seeks to build capacity, capability and confidence of NMAHP staff in research activity. She has received Florence Nightingale Foundation Scholarships to support her work and has a Masters in Nursing Studies (Clinical Leadership). She is an NIHR 70at70



Senior Nurse Leader (2019-2022) and was awarded a pre-doctoral bridging fellowship with NIHR/HEE (2020/2021). Particular research interests: workforce; recruitment, retention and capacity building of frontline staff, research for patient benefit. Co-Chair of the International Association of Clinical Research Nurses UK and Ireland Branch, NIHR GCP Facilitator, Advanced Research In Practice Course Steering Group member and originator of #WhyWeDoResearch campaign. Prior to Claire's current role she led the clinical research delivery team of nurses, midwives and AHPs at JPUH

### 5.4 Theme: Other collection or analysis method / Systematic review and other secondary research

#### 5.4.1 Withdrawn

Session no: 5.4.2 Abstract no: 0323

**Research Topic:** Dementia  
**Methodology:** Other collection or analysis method  
**Research Approach:** Systematic Review and other Secondary Research

#### Nurse led framework to enable evidence-based development, implementation, and evaluation of dementia initiatives in prison

*Presenter: Joanne Brooke, RN, DProf, PGCert in HE, MSc, BSc, Birmingham City University, UK*

*Co-presenter(s): Monika Rybacka, UK*  
*Co-author(s): Anita Hughes, UK*

#### Abstract

**Background:** Prison populations are aging, and within this aging population the incidence and prevalence of dementia is increasing, which is primarily due to the poor health of prisoners (Brooke et al. 2018). Prison institutions around the world are beginning to implement initiatives to support prisoners with dementia. However, the majority of initiatives have not considered the complexities of dementia or current evidence from initiatives in other settings.

**Aim:** A nurse led study to develop a research and evidence-based framework to support the development, implementation, and evaluation of dementia initiatives in prison.

**Method:** Contemporary research and evidence-based practice was identified (Lee

et al. 2016; du Toit and McGrath, 2019; du Toit et al. 2019), from this literature a framework was developed, and evaluated against three known and successful dementia initiatives in prison, including True Grit (Harrison, 2006); Special Needs Program for Inmate-Patients with Dementia (Hodel, 2009); and Gold Coats (Berry et al. 2006). The framework was then refined, and four main components were identified: environment, education, meaningful engagement, and collaboration and support.

**Results:** The four components of the framework were explored in depth to identify necessary and sufficient sub-components, which encompassed all aspects of developing, implementing, and evaluating prison initiatives to support prisoners with dementia. The framework has been developed into an easy to use form, with evidence-based guidance and advice to support the consideration of each component as a whole and the individual sub-components, guided by person-centred care.

**Conclusion:** The framework provides a practical approach to support the development, implementation and evaluation of initiatives for prisoners with dementia, this process will ensure all basic requirements are met, a person-centred approach is adopted and prevent any oversight due to a focus on the needs of the prison system and a demonstration of positive outcomes.

#### Biography

Professor Joanne Brooke is a Professor of Nursing, and Director of the Centre for Social Care Health and Related Research at Birmingham City University led for the Person-Centred Aging Cluster, as well as the Director of the Institute of Dementia and Culture Collaborative,

Session no: 5.4.3 Abstract no: 0336

**Research Topic:** Research Process Issues  
**Methodology:** Other collection or analysis method  
**Research Approach:** Systematic Review and other Secondary Research

#### Factors influencing research activity among nurses in clinical practice: a mixed methods systematic review

*Presenter: Lindy Morrison, MSc(Med Sci), PgCert, BN (Hons), RN, RNT, fHEA, University of Glasgow, Nursing and Health Care School, UK*

#### Abstract

**Background:** Being at the patient's side, nurses in clinical practice are in the ideal position to pose clinically relevant research questions for exploration through the research process. However, clinical nurses are faced with a multitude of competing priorities and as such the conduct of research is often a lesser concern. A better understanding of influencing factors is needed to enhance the conduct of research by this population and concurrently enhance patient care internationally.

**Aim:** To identify, evaluate and summarise current evidence in relation to factors influencing the conduct of research by nurses in clinical practice.

**Methods:** The Joanna Briggs Institute approach to mixed methods systematic reviews was followed (Aromataris and Munn 2020). A systematic search of CINAHL, EMBASE, MEDLINE, Scopus and ASSIA was conducted from 2015 - 2020. A standardised data extraction tool was utilised, with quality appraisal guided by the Mixed Methods Appraisal Tool (Hong et al 2018). Convergent qualitative synthesis was subsequently guided by Braun and Clarke's (2006) approach to thematic analysis.

**Results:** 16 papers were identified for inclusion, nine quantitative, six qualitative and one mixed methods study. Four themes were identified: research competence and culture, proactive research mentorship, research resources and making a difference.

**Discussion:** Globally, nurses in clinical practice are clearly motivated to engage in the research process. However, a variety of barriers including a lack of research competence and access to resources have an impact on productivity. Nevertheless, there are methodological enablers to building research capacity apparent in the literature to empower this group.

**Conclusions:** Nurses in clinical practice experience a range of barriers to their

conduct of research however a variety of enablers are also apparent, that if harnessed could help develop research capacity. These findings will be of interest to nurse managers, educators and policy-makers to aid in future research capacity building.

### Biography

Lindy is a Lecturer/PhD Student, University of Glasgow, Nursing and Health Care School

## 5.5 Theme: Interviewing

### 5.5.1 Withdrawn

Session no: 5.5.2 Abstract no: 0180

**Research Topic:** Cancer  
**Methodology:** Interviewing  
**Research Approach:** Action Research / Participatory Inquiry / Practice Development

### Working beyond consultation to authentic participation: building a community of lay co-researchers within a Health Education England/National Institute of Health Research (NIHR) funded research project

*Presenter: Alison Finch, RN, MSc, BSc (Hons), PGCert, UCL | University College London Hospitals NHS Foundation Trust, UK*  
*Co-author(s): Michela Quecchia UK; Silvie Cooper, UK; Faith Gibson, UK; Rosalind Raine, UK; Rachel M Taylor, UK*

### Abstract

**Introduction:** Within the UK, health and social care bodies now require Patient Public Involvement (PPI) for a study to be considered fundable. Demonstrating PPI for some may feel perfunctory; achieved through inviting feedback on the readability of participant information, or the convening of one-off advisory group. The value of working beyond consultation to a more engaged model of active involvement in research is increasingly recognised. However, experiences of working towards achieving this are rarely published (Dovey-Pearce et.al. 2018). This presentation describes the involvement of a community of co-researchers within a doctoral research project which sets out to understand experiences of Teenage and Young Adult ambulatory cancer care from the perspective of different stakeholders: young people, their

companions and staff. This is a nurse-led clinical service and research project.

**Methodological approach:** This qualitative study works with Community-Based Participatory Research. This is a partnership approach to research inquiry, with patients, professionals, academics and interested others working together, contributing their expertise to build knowledge and inform action (Wallerstein et al. 2017). One of the defining characteristics of this study is the practical involvement of a community with cancer experience throughout each stage of the research process. This is undertaken with the belief it will benefit the relevance and quality of the research and its outcomes. In response to the pandemic this involvement has transitioned from face-to-face to remote methods.

**Discussion:** The pandemic has created unforeseen technical and ethical considerations associated with this research, but it has also opened new opportunities. The presentation shares our experiences of establishing a community of voluntary co-researchers, integrating practical and honest discussion around the work undertaken, its impact and the extent power can truly be shared within a grant funded PhD research project. Joined by a member of the co-researcher community, it integrates their perspective of being involved.

### Biography

Alison is a registered nurse who has worked predominantly within the specialties of haematology and oncology; with adults, children and young people. She is currently an assistant chief nurse at University College London Hospitals NHS Foundation Trust (UCLH), where she has worked in a variety of clinical and leadership positions. Whilst working as matron for the children and young people's cancer service at UCLH, Alison helped establish their ambulatory cancer care programme. Her doctoral training and research has been funded by Health Education England, supported by the National Institute for Health Research (NIHR). Alison is committed to developing the next chapter in her career as a clinical academic. Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) and NIHR 70@70 Senior Nurse Research Leader. Rachel's clinical background is an adult/children's trained nurse working in children's intensive care. She began her research career in 1995, starting as a research nurse and gradually becoming an independent researcher where she leads a large national programme of research focusing on teenage and young adult cancer care. Rachel took the Director role in

2017 to provide research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership.

Session no: 5.5.3 Abstract no: 0272

**Research Topic:** Public and Patient Involvement, Cardiovascular Disease and Stroke

**Methodology:** Interviewing  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Enhancing self-care of patients with heart failure: optimising intervention implementation

*Presenter: Oliver Rudolf Herber, RN, BScN, MCommH, AFHEA, FEANS, Medical Faculty of the Heinrich Heine University, Germany*

*Co-author(s): Paula Steinhoff, Germany; Isabell Ehringfeld, Germany; Amanda Whittal, Germany;*

### Abstract

**Background:** Adherence to heart failure (HF) self-care has been found to be effective for maintaining the condition, however, many patients fail to implement on-going self-care into their daily lives. Previous interventions to enhance HF self-care have shown mixed results. Hence, it is crucial to develop effective theory-based interventions to increase self-care and determine relevant factors in local contexts to optimise implementation.

**Aims:** To develop a theory-based HF behaviour change manual and determine implementation feasibility in a local context via stakeholder engagement.

**Methods:** The Capability-Opportunity-Motivation-Behaviour (COM-B) model was used to determine appropriate theory-based behaviour change techniques (BCTs) for HF self-care. Qualitative interviews and the Delphi technique were conducted between February 2020 and February 2021 with high calibre key stakeholder (patients, clinicians, policy makers) to determine acceptance and implementation feasibility in the German context. Stakeholders further informed eight descriptors to ensure reproducibility and effective implementation: (1) content, (2) characteristics of interventionists, (3) target population, (4) delivery location, (5) delivery mode, (6) format, (7) intensity, (8) duration.

**Results:** Various factors to consider for implementation feasibility were identified, e.g., understandability, time resources

and involvement of carers. Stakeholders determined that HF nurses are the most appropriate interventionists, target groups should include patients and carers, the intervention should occur in an outpatient HF clinic, be a mixture of group and individual training sessions, and last for 30 minutes. Sessions should take place more frequently in the beginning, and less over time.

**Discussion:** The BCTs are theoretically based and took into account the local context with patient and public involvement. This should increase the possibility of successful implementation, and intervention effectiveness.

**Conclusions:** The developed BCTs can be used to enhance self-care adherence for improving illness outcomes and quality of life of HF patients. Sensitising researchers to contextual details at an early stage can facilitate intervention success.

### Biography

Oliver Rudolf Herber is currently employed as a Reader/Associate Professor at the Institute of General Practice (ifam) at the Heinrich Heine University Dusseldorf, Germany. Oliver is a qualified adult nurse trained in Germany. Since 2014, he is also registered with the Nursing and Midwifery Council in the UK. Dr. Herber is a nurse health services researcher and lead of the enhancing self-care in people with long-term conditions research programme. His methodological expertise include qualitative meta-summary/meta-synthesis techniques, longitudinal qualitative research, complex intervention design involving behaviour change, ecological momentary assessment, as well as the advancement of research methodologies. Over the years, Oliver has established a robust and reliable international network, conducting research and engaging in scholarly activities with scientists from New Zealand, the US, Norway, Sweden, the Netherlands and the UK. In 2016, Oliver was appointed Fellow of the European Academy of Nursing Science (FEANS).

### 5.6 Theme: Leadership and management

Session no: 5.6.1 Abstract no: 0397

**Research Topic:** Leadership and Management

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Robots in nursing: false rhetoric or future reality

*Presenter: Elaine Strachan-hall, RN, MSc, MBA, Oxford Brookes University, UK*

*Co-author(s): Jane Appleton, UK; Kathleen Greenway, UK; Peter Ball, UK*

### Abstract

Nursing is facing a global workforce challenge and technology is often cited as part of the answer (Ford 2017). Some suggest that in the future, technology in the form of robots, could substitute or replace nurses and in 2018 Archibald and Burnard issued a call to action to nursing to consider its response. As background, the presentation will include insights from a Winston Churchill travel fellowship to China, Japan, Australia and New Zealand, which explored the possible future role of robots in the delivery of nursing care. These include differentiation between complicated (which robots can do well) and complex (which robots can't) activity and the observation that robot-human interaction can increase human-human interaction.

After presenting insights, themes from the first phase of qualitative doctoral research will be presented. This phase completed in January 2021, comprised interviews with five robot developers (roboticists), exploring the future capability of robots and their relevance to nursing. The semi-structured interviews were conducted using an online conferencing platform (zoom) and included a specific question about robotic roles within the COVID response. Data was analysed using the framework method (Gale et al 2013). Findings regarding the definition of a robot, will be presented including the consensus that robots cannot replace nurses in the next 15 years due to physical constraints and challenges of operating in an unstructured environment such as a hospital or patient home. Refinement of a trajectory of robotic autonomy was discussed in each of these interviews. This trajectory may be helpful in assisting nursing to embrace and harness a digital future and thus the study contributes to future proofing health services, whilst going to the heart of what

nursing is and what nurses do. Findings can contribute to the debate of how robots might assist nurses to deliver therapeutic care in the future.

### Biography

Elaine Strachan-Hall has more than twenty years experience as a director of nursing/ chief nurse in different organisations ranging from a District General Hospital, (Great Western in Swindon), to a large Multisite Trust (East Kent Hospitals), a large group of teaching hospitals: Oxford University Hospitals and a hospital board in North Wales. She has Masters degrees in both Nursing and Business Administration and was awarded an Honorary Doctorate by Oxford Brookes University in 2013. Since October 2013 Elaine has been working independently with two consultancy firms and also a variety of interim executive support to NHS trusts and private healthcare companies. Elaine is currently studying for her professional doctorate, looking at the role that robots may take in the delivery of therapeutic nursing care. She believes it vital that nurses take an active voice in articulating their future and considering how technology may assist in meeting future patient healthcare needs.

Session no: 5.6.2 Abstract no: 0221

**Research Topic:** Leadership and Management

**Methodology:** Mixed

**Research Approach:** Action Research / Participatory Inquiry / Practice Development

### How person-centred research supports leadership practice during the COVID-19 pandemic

*Presenter: Bibi Hølge-Hazelton, RN, PhD, Zealand University Hospital/ University of Southern Denmark, Denmark*

*Co-author(s): Mette Kjerholt, Denmark; Line Zacho Borre, Denmark; Elizabeth Rosted, Denmark; Brendan McCormack, UK*

### Abstract

**Background:** There is a lack of empirical investigation of managers' work during the COVID-19 pandemic exits.

**Aim and methods:** From a theoretical perspective of person-centred leadership (McCormack 2017), the aim was to initiate, complete and publish two studies during the first COVID-19 wave from April to June 2020. One cross-sectorial survey focusing on frontline healthcare leaders experiences among one hundred and sixty Danish hospital leaders (72% completed)



and a follow-up interview study among 13 nursing ward-managers (2 references by the authors-blinded for peer review).

**Results:** Both studies demonstrated how nurse ward managers often experienced lack of acknowledgement and information from the head of departments, leading to a challenge of their leadership values and beliefs and sometimes to feelings of uncertainty of their own competencies.

**Discussion:** The two studies were presented to the executive management and the ward managers' network at a university hospital in Denmark. This led to the initiation of a workshop, held in November 2020, aiming to

1. Share the experiences among the ward managers and with the executive management
2. Establish a sustainable way forward
3. Strengthen the ward managers' network.

**Conclusion:** By having a person-centred approach to leadership research during the COVID-19 pandemic, it became possible to facilitate practice development among ward managers.

In the ViPER presentation, the main emphasis will be put on how person-centred research may contribute to front-line nursing leadership practice during very difficult circumstances.

### Biography

RN. MsCN. Ph.D Bibi Hølge-Hazelton is director of nursing research at University Hospital Zealand and professor in clinical nursing, University of Southern Denmark. Currently she is leading three research programs focusing on research capacity building in clinical practice, recruitment and retention of nurses and frontline leadership during the COVID-19 pandemic. Professor Hølge-Hazelton has a special interest in person-centred research and practice development, participatory approaches and action learning. <https://portal.find-researcher.sdu.dk/da/persons/bhazelton>  
<https://orcid.org/0000-0002-3456-6569>

## Concurrent session 6

Thursday 9 September 2021

### 6.1 Theme: Ethical and philosophical issues

Session no: 6.1.1 Abstract no: 0141

**Research Topic:** Ethical and Philosophical Issues

**Methodology:** Documentary Research

**Research Approach:** Other approaches

#### 'Witches' stories: early nurses accused and prosecuted for helping others: secondary analysis of the online Survey of Scottish Witchcraft (1536-1746)

*Presenter: Nicola Ring, PhD, MSc, BSc, Dip HV, SFHEA, Edinburgh Napier University, UK*  
*Co-presenter(s): Rachel Davidson-Welch, UK*

#### Abstract

**Background:** UK nursing history is perceived as starting with Nightingale's Victorian reforms but, it starts much earlier with folk-healing. Many women and men working as folk healers or midwives pre-1800s were accused of witchcraft and burnt at the stake. This group are under-acknowledged in nursing history and under-researched. An RCN Award funded this study (1/1/21-31/8/21).

**Aim:** To provide new insight into early nursing history by telling the stories of those accused of witchcraft for helping others and reviewing their practices from today's perspective.

**Methods:** Secondary analysis of the online Survey of Scottish Witchcraft (1536-1746) derived from contemporaneous Court/Church records which details 4000 witchcraft cases:

1. Creation of biographies for each 'witch' accused of folk-healing/midwifery (n=144) including demographic details, description of their healing practices and what happened to them, identifying those with stories providing novel insight into specific aspects of their lives.
2. Narrative analysis of biographies to identify recurring themes within/across the witches' stories.
3. Descriptive analysis of these 144 accused witches' healing practices to identify what they did including objects/rituals used and what practices, if any, resonate with today.

**Findings:** Accusations relating to these 144 women and men were complex. Healing/midwifery practice was not the sole reason for being accused a witch—there was a wider social context of perceived unorthodox practice/behaviour. Female 'witches' were often implicated for being quarrelsome or adulterous. Under torture many folk healers/midwives confessed to demonic or malefic practices, often implicating others. Evidence suggests some healing practices of these witches remain in use today.

**Conclusions:** This original study fills a gap in UK early nursing history by telling the stories of those persecuted for helping others. Conspiracy theories relating to fear from unknown infection/disease which caused death/loss of livelihoods was a contributory factor in historical witch burning. This resonates with contemporary Covid-19 conspiracy theories.

#### Biography

Dr. Nicola Ring is an Associate Professor of Nursing in the School of Health and Social Care at Edinburgh Napier University. Reflecting her background in adult and child nursing as well as in health visiting her research focuses on the management of long-term physical and mental health conditions especially amongst children and young people. Nicola specialises in qualitative research especially evidence synthesis and was a member of the team which developed the eMERGE meta-ethnography reporting guidance. Her absolute passion is the history of nursing—using evidence from our profession's past to better understand nursing today.

### 6.1.2 Withdrawn

### 6.2 Theme: Patient safety and patient experience

Session no: 6.2.1 Abstract no: 0216

**Research Topic:** Patient Safety (including human factors, infection prevention and control etc)

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

#### Exploring resilience in nursing medication administration practice: findings from a systematic review and narrative synthesis of empirical research

*Presenter: Pollyanna Kellett, RN, PGCert, MSc, University of Plymouth, UK*

*Co-author(s): Jonathan Benn, UK; Bryony Dean Franklin, UK; Susie Pearce, UK*

#### Abstract

At times of complexity and organisation stress, resilience is more important than ever. Resilience is a source of patient safety through adapting to challenges and changes to maintain quality care (Wiig et al., 2020). The aims of this review were to describe how resilience principles have been applied to nursing medication administration in the inpatient setting; to provide a synthesis of the evaluative evidence; and to identify a contextual definition of resilience.

**Methods:** A systematic search of four bibliographic databases for all literature published at any time, worldwide, relating to nursing medication administration in the inpatient setting was undertaken. Following the PRISMA protocol, empirical studies of any design were reviewed and appraised using the Mixed Methods Appraisal Tool. Data were synthesised thematically.

**Results:** Forty-two studies were included. Most resilience practices are short term, find and fix solutions within the complex socio-technical context. There is some evaluative evidence for the effectiveness of resilience strategies in improving safety in nursing practice. However, methodological

variation due to lack of a common framework and heterogeneity of the data set, makes it difficult to review effectiveness or synthesise data for meta-analysis. Resilience was defined.

**Discussion:** Deviations from practice are often necessary actions in response to environmental and contextual factors in the clinical setting, resulting from competing and conflicting demands. Resilience practices are utilised to maintain safety, and they can offer an opportunity to evolve processes to enhance safety. This has implications for practice and identifies a need for further research. An ethnographic study is now being undertaken to explore how resilience in medication administration is created and maintained in the nursing context.

**Other:** No external funding has been provided. Registered with PROSPERO (CRD42018087928)

#### Biography

Pollyanna is a lecturer in nursing and an RN with personal and professional experience of medication administration errors. As part of her MSc she published an article on the safest way to double check high risk medication, a process to enhance safety and reliability. Pending the publication of her systematic review she wants to extend beyond reliability, to where patient safety, medication safety and resilience collide with medication administration. Pollyanna is planning to examine this with an ethnographic study exploring how resilience is created and maintained in nursing medication administration practice. This takes her full circle to her undergraduate degree in Social Anthropology. Hoping to have some results to present at the 2022 RCN conference, she will spend the next year collecting data alongside lecturing at the University of Plymouth, in (you've guessed it), medicines management and pharmacology for both nursing associate and BSc nursing students.

Session no: 6.2.2 Abstract no: 0167

**Research Topic:** Research Ethics and Governance, Patient Experience, Research Process Issues

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

#### Informed consent: exploring the views of clinical research participants on information for decision making

*Presenter: Nwanyieze Nwali, RN, PhD, Northumbria University, UK*

#### Abstract

**Background:** Informed consent is a central tenant of ethical research. Despite this, there is evidence that the process of informed consent for clinical research is not fulfilling its purpose. Little is known about why this is the case.

**Aim:** The aim of this research was to gain further insight from the perspectives of clinical research participants on the factors influencing decision making to take part in a clinical research study

**Method:** A purposive sample of nineteen clinical research participants was interviewed from across three NHS Foundation Trusts in the North East of England. The interviews were conducted face-to-face in natural settings and were audio-recorded with informed consent. Transcripts were thematically coded to develop categories, themes, and theoretical concepts.

**Findings:** Four themes emerged from the research namely: trusting interpersonal relationships; researcher attributes; study information, and personhood. From the overall study, this presentation intends to present the concept of material information from the perspective of research participants. The information that the participants considered to be significant to decision-making included the purpose of study and role of the investigator; study procedure; pharmacological details; accessibility of facilities and infrastructure; travelling requirements; study visits and time constraints; assurance of anonymity and confidentiality of data; and the duration of the study.

**Discussion:** The participants' willingness to engage with written study information depended largely on the perceived significance of the information being shared. In most cases, participants had already made up their minds prior to the consent process, with logistical issues appearing pivotal in decision making.

**Conclusions:** The findings of this research will be of interest to REC reviewers, research staff, and all those involved in clinical research worldwide. To improve patient outcomes, this research supports a patient-centred approach to information disclosure given that irrelevant study information leads to poor engagement and undesirable participant outcomes.

#### Biography

I am a Lecturer in adult nursing at Northumbria University, Newcastle upon Tyne. I recently completed my Ph.D. research programme at Northumbria University. My doctoral research explored the process factors influencing informed consent for clinical research. Prior to my current position, I worked as a cardiology nurse and a Clinical Research Nurse at Newcastle upon Tyne NHS Foundation Trust.

### 6.3 Theme: Leadership and management

Session no: 6.3.1 Abstract no: 0321

**Research Topic:** Leadership and Management

**Methodology:** Interviewing

**Research Approach:** Other approaches

#### The impact on the nursing workforce of leadership during the COVID-19 pandemic

*Presenter: Natasha Phillips, PhD, MSc, BSc, RN, NHS Digital, UK*

*Co-author(s): Luke Hughes, UK; Cecilia Vindrola-Padros, UK; Anika Petrella, UK; Lorna Fern, UK; Flo Panel-Coates, UK; Rachel M Taylor, UK*

#### Abstract

**Background:** The COVID-19 pandemic led to systemic change within healthcare settings, which was recognised as potentially having negative consequences on the nurses working on the frontline. Elements predicting the impact high stress events could have on healthcare staff include clear communication and strong visible leadership. A lack of clear leadership and regulatory protocols in times of crisis can also lead to an increase in psychological distress for nurses. The aim was to determine how the learning about protective factors from previous pandemics was implemented and the impact of this on nurses' experience.

**Methods:** This was secondary analysis of data collected for a hospital-wide evaluation of the barriers and facilitators of changes implemented to support the



surge in admissions in the first wave of the pandemic. Participants represented three-levels of leadership: whole trust (n=17), division (n=7), and ward/department level (n=8), and how this impacted individual nurses (n=16). Data were collected through semi-structure video interviews between May and July 2020. Interviews were recorded and analysed using Framework analysis.

**Results:** Key changes that were implemented in the first wave reported at whole trust level included: a new acute staffing level, redeploying nurses, increasing the visibility of nursing leadership, new staff wellbeing initiatives, new roles created to support families and various training initiatives. Two main themes emerged from the interviews at division, ward/department and individual nurse level: impact of leadership, and impact on the delivery of nursing care.

**Conclusions:** Leadership through a crisis is essential for the protective effect of nurse's emotional wellbeing. While nursing leadership was made more visible during the first wave of the pandemic and processes were in place to increase communication, there were system-level challenges that led to negative experiences. Through identifying these challenges it has been possible to overcome them for the second wave using different leadership styles.

### Biography

Natasha Phillips is the first Chief Nursing Information Officer for England, having previously held this role at University College London Hospitals NHS Foundation Trust. She has recently been named as one of the top 100 most influential people in IT in the UK (<https://www.computerweekly.com/news/252494962/UKtech50-The-2021-longlist>). Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) and NIHR 70@70 Senior Nurse Research Leader. Rachel's clinical background is an adult/children's trained nurse working in children's intensive care. She began her research career in 1995, starting as a research nurse and gradually becoming an independent researcher where she leads a large national programme of research focusing on teenage and young adult cancer care. Rachel took the Director role in 2017 to provide research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership.

Session no: 6.3.2 Abstract no: 0379

**Research Topic:** Leadership and Management

**Methodology:** Other collection or analysis method

**Research Approach:** Evaluation (process, impact)

### Nightingale Frontline: A Leadership support service for nurses and midwives during COVID-19

*Presenter: Greta Westwood, PhD, RN, Florence Nightingale Foundation, UK*

*Co-author(s): Gemma Stacey, UK; Julie Sanders, UK; Rachel M Taylor, UK*

### Abstract

**Background:** During the pandemic, the Florence Nightingale Foundation (FNF) provided an online leadership support service for nurses and midwives (NandM). The aim was to support the additional and extraordinary leadership responsibilities of staff to enable them to continue to guide their patients, staff and the NHS during and after the crisis. FNF Associate Facilitators provided group sessions, of up to six participants of the same grade, from May 2020. This was a psychologically safe space for NandM to explore leadership challenges, ethical issues and explore concerns. Using a method of peer group coaching known as "co-consulting", participants were supported to identify strategies for self-development and self-care in response to the immediate and future challenges, and to articulate a narrative which demonstrated their leadership development and contribution to the Covid-19 response. This paper will report the evaluation of this support from the perspective of the facilitators.

**Methods:** Facilitators engaged in a regular group debrief. A recorded summary of this was made by organiser of the debrief, which was transcribed verbatim and analysed using Framework analysis (Richie and Spence, 1994).

**Results:** A total of 522 groups, involving 1659 NandM were held between 05/20-02/21. Two overarching themes were identified: a) process issues relating to maximising the virtual and transient learning environment; b) Leadership challenges underpinned by the impact of adopting a command and control leadership style rather than the preferred compassionate leadership. NandM struggled with a top down leadership approach. Senior leaders expressed concern about the longer term impact of this on teams and consequently patient care.

**Conclusion:** Support during the pandemic primarily focused on NandM who were providing frontline care. However, the FNF leadership support service showed that equivalent support was required at all levels as courageous leadership is enabled when NandM are wholly supported to reflect, connect and learn.

### Biography

Greta is the CEO of the Florence Nightingale Foundation. She qualified as a nurse in 1983 and a midwife in 1987. She completed an MSc in Health Psychology in 1996 and a PhD in Nursing in 2010. For 20 years of her nursing career, she was a nurse counsellor in a regional NHS Clinical Genetics Service. Greta held the first joint clinical academic post with the University of Southampton from 2000-2005. From 2008-2012, she established, and then led, the now National Institute of Health Research (NIHR) Wessex Clinical Research Network (CRN). From 2012-2017 Greta held a joint clinical academic role with Portsmouth University Hospital NHS Trust (PUHT) and the University of Southampton as Director of Clinical Academic Practice for the university and the now NIHR Wessex Applied Research Collaboration. She led the university's clinical academic training programme for nurses, midwives and allied health professionals and was promoted to Professor for this work. Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) and NIHR 70@70 Senior Nurse Research Leader. Rachel's clinical background is an adult/children's trained nurse working in children's intensive care. She began her research career in 1995, starting as a research nurse and gradually becoming an independent researcher where she leads a large national programme of research focusing on teenage and young adult cancer care. Rachel took the Director role in 2017 to provide research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership.

6.4 Theme: Methodology / Qualitative approaches

Session no: 6.4.1 Abstract no: 0108

**Research Topic:** Methodology, Chronic Illness, Ethical and Philosophical Issues

**Methodology:** Observation

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

**Using ethnographic research to explore home healthcare: methodological and ethical considerations**

Presenter: Jessica Baillie, BN (Hons.) PhD RN (Adult), Cardiff University, UK

**Abstract**

**Background:** Ethnography involves the researcher taking part in the everyday lives of the people they are studying; observing, listening and asking questions (Hammersley and Atkinson 2007). Within nursing and healthcare research, ethnography has been used widely to explore the culture of different clinical settings. Despite the ongoing drive for patients to assume self-care responsibility and receive healthcare in their homes, ethnographic research is less commonly used to explore the impact of living with home healthcare. Furthermore, home healthcare studies that have used ethnography do not critique the important methodological considerations of this approach

**Aim:** This presentation will discuss methodological and ethical considerations of undertaking ethnographic research within patients' homes, drawing on an ethnographic study that explored the culture of patients and their families living with peritoneal dialysis (a self-managed treatment for end-stage renal disease) in their homes.

**Discussion:** Four considerations will be discussed in this presentation, utilising data extracts to explore:

1. The in-depth insights generated through observing participants in the home that interviewing alone would not have identified;
2. The use of text and diagrams to record fieldnotes in the home environment, including the use of diagrams to demonstrate the impact of healthcare on the home;
3. The importance of minimising intrusion and promoting participants' privacy through adapted periods of observation, recognising that observation over the 24-hour period may not be appropriate in participants' homes;

4. The researcher's role in caring for ill participants in the home, including the importance of ensuring appropriate referral pathways if concerns are identified.

**Conclusion:** It is crucial that healthcare professionals and policy-makers understand the impact for patients and their families of living with healthcare in their homes. The presentation will conclude that holistic, rich data can be generated using ethnographic methodology in the home environment, but the methods used require adaptation.

**Biography**

Jessica is a Lecturer in Adult Nursing and a qualitative researcher. Her clinical background is in kidney care and she now teaches, assesses and supervises students across pre-registration, postgraduate taught and doctoral programmes. She has recently completed a Postdoctoral Fellowship, funded by RCBC Wales.

Session no: 6.4.2 Abstract no: 0294

**Research Topic:** Methodology, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

**Capturing complexity – how to surface tensions in the advanced nurse practitioner role**

Presenter: Marianne Jenkins, RGN, RSCN, Dip Child Health, Msc, PG Cert, IP, Doctoral candidate, Cardiff and Vale University Health Board, UK

**Abstract**

Advanced nurse practitioner (ANP) roles have increased exponentially across the United Kingdom in the past twenty years, however, the level of practice and professional role that advanced practice reflects is poorly understood. To explore the role within a secondary care hospital a methodology (and method) that could capture the complexity of working as an ANP was needed. Traditional qualitative research approaches were explored, and although grounded theory is the most widely used approach, it was the postmodern influences on grounded theory applied by Clarke (2005) to create situational analysis that provided the paradigm fit for this study. Clarke et

al (2018) sought to capture the complexity of 'situations' by evolving Strauss' work on social worlds (Strauss,1993) and through combining the influences of Foucault, Mead, Guattari and Deleuze she created a cartographic approach to research through three maps:

1. Situational maps – expose the major human, non-human, discursive, geopolitical and other elements in the situation of inquiry, allowing the relationship between them to be analysed.
2. Social world/arenas maps – sets out the collective major actors (social worlds, organisations, institutions etc) and the arena(s) of commitment and conversation where there is ongoing negotiation in the situation.
3. Positional maps – these set out the major positions taken or not taken in discussions or discourse materials in the situation of inquiry, setting out the axes of differences, concerns and controversy regarding points of importance.

The use of maps is an innovative way of explaining and understanding complex situations such as the role of advanced nurse practitioners in a secondary care hospital. However it is the acknowledgement of the situation as context that allows for an all encompassing approach. By discussing the application of situational analysis in exploring advanced nurse practitioner roles this paper provides an insight into the use of this novel methodology and method.

**Biography**

Marianne Jenkins is an Advanced Nurse Practitioner currently working in acute child health in Wales. Since qualifying as a RGN in 1990 she has undertaken further training to register as a RSCN (1996) and more latterly as an advanced clinical practitioner and Independent Prescriber (2014). Having dual registration has allowed for a varied career in both adult and paediatric nursing at various levels and teaching has been a passion throughout her career so alongside clinical practice Marianne is an Honorary Lecturer at Cardiff University contributing to both undergraduate and postgraduate education. Initial research experience was during the MSc in Nursing Studies (2006) exploring staff experience of parental presence during paediatric resuscitation and currently she is in the final stages of the Professional Doctorate in Advanced Healthcare Practices at Cardiff University investigating the advanced nurse practitioner role in a secondary care hospital using situational analysis as a methodology and method.

6.6 Theme: Miscellaneous

Session no: 6.6.1 Abstract no: 0390

**Research Topic:** Quality Standards  
**Methodology:** Observation  
**Research Approach:** Quantitative (not included in another category)

**Evaluation of nurses' self-perception of clinical competencies in a variety of clinical settings using the nurse competence scale: a cross-sectional study**

*Presenter: Ippolito Notarnicola, RN, MSN, PhD, FFMRCSE, Centre of Excellence for Nursing Scholarship OPI Rome, Italy*

*Co-presenter(s): Alessandro Stievano, Italy*

*Co-author(s): Gennaro Rocco, Italy; Ina Dedi, Italy; Laura Iacorossi, Italy; Francesca Gambalunga, Italy*

**Abstract**

**Background:** Today, nursing care has become increasingly complex. The importance of the question of nursing competence is a mandatory issue for national and international stakeholders. The organisational models and processes through which professionals meet patient needs, therefore require updating, while health companies should make the necessary adjustments to the clinical context to develop nurses' competencies.

**Purpose:** This research explores nurses' perceived level of competence and the factors that influence it in different Italian contexts.

**Methods:** We conducted a cross-sectional survey employing a structured questionnaire to assess the nursing participants' perception of their competencies in different clinical settings. The Strengthening Reporting of Observational Studies in Epidemiology (STROBE) guidelines was used. The Nurse Competence Scale was administered to 17 Italian hospitals across the nation.

**Results:** A descriptive and a multivariate analysis were performed on a convenience sample of 431 nurses. Most respondents assessed their level of competence to be more than what their roles required. The analyses showed a correlation between the perceived possession of specific competence and its application in clinical practice. The Kruskal-Wallis test confirmed that nursing experience was a relevant factor influencing the level of nursing competencies.

**Conclusions:** Competence is an essential concept for measuring nurses' performance, both in terms of effectiveness and

quality. To this end, our analysis highlighted the process of acquiring competencies and their integration into clinical practice and how proficiency levels change throughout the nursing career. We suggest improving the competence of practising nurses, using experience as a measurable effect of their development. Besides, the feedback received that stresses higher competencies among nurses with different work experience levels may contribute to the debate on possible ways to develop nursing competencies in clinical practice based on individuals' competencies.

**Biography**

Ippolito Notarnicola, is a Nurse Research Fellow at the Center of Excellence for Culture and Nursing Research of the Order of Nursing Professions in Rome (OPI Rome). He is a professor of nursing disciplines in degree and master's degree courses at the Universities of Rome Tor Vergata, at the University of Rome "La Sapienza" and of the Catholic University "Our Lady of Good Counsel" in Tirana. He received his PhD in nursing from the University of L'Aquila. He obtained the title of fellowship by examination at RCSI in Dublin. He carries out research in the field of nursing sciences at national and international level, and is the author of publications at national and international level. Alessandro Stievano is currently the research coordinator of the Centre of Excellence for Nursing Scholarship of OPI Rome -Italy. The Centre of Excellence for Nursing Scholarship OPI Rome - Italy- is a novel project that represents a unique venture for Italy, and one of the first to be set up in Europe, in line with the positive experiences matured in this direction in the United States, which will contribute to the development of competencies and performances of both individual professionals and healthcare teams. He is also an expert of learning processes and, in this logic, has received a master's degree in Education (Rome Three University -Rome-Italy) and another in Sociology from Alma Mater University of Bologna -Italy. He is the author of publications on a national and international level. His main interests are linked to health policy, ethics and transcultural issues in nursing and health professions.

Session no: 6.6.2 Abstract no: 0312

**Research Topic:** Patient Education  
**Methodology:** Interviewing  
**Research Approach:** Evaluation (process, impact)

**Evaluation of the Family Liaison Officer (FLO) role during the COVID-19 Pandemic**

*Presenter: Rachel M Taylor, PhD, MSc, PGDip, RSCN, RGN, University College London Hospitals NHS Foundation Trust, UK*

*Co-author(s): Luke Hughes, UK; Lisa Anderton, UK*

**Abstract**

**Background:** Communication within healthcare settings is often the subject of contention, particularly for patient's families (Boyle, 2015). During periods of crisis communication can become strained for patients and their families. Strict restrictions on visitation can be detrimental for patient wellbeing but also necessary in crises such as a viral outbreak.

**Aims and objectives:** During the first wave of COVID-19 heavy restrictions were placed on hospital visitations in the United Kingdom (UK). In order to continue to support communication between families and patients, a central London hospital introduced the role of the Family Liaison Officer.

**Methods:** This was an evaluation of the experiences of the staff deployed into this role and their impact on their ward teams and patients. Semi-structure interviews using virtual software, were conducted with Family Liaison Officers (n=5) and colleagues who experienced working alongside them (n=7). Interviews were transcribed verbatim and analysed using framework analysis.

**Results:** Key themes emerged pertaining to the role, the team, the impact and the future. Two versions of the role emerged though the process based on the Family Liaison Officer's previous background; Clinical Family Liaison Officers (primarily nurses) and Pastoral Family Liaison Officers (primarily play specialists). Both the Family Liaison Officers and their colleagues agreed that the role had a positive impact on the wards during this time. Negative aspects of the role, such as a lack of induction, boundaries or clear structure were reported.

**Conclusion:** The Family Liaison Officer was a key role during the pandemic, which should be considered in future similar situations. However, there could be merit in investing in the role outside of a pandemic. The role has potential to help enhance



hospital communication, complement the work of healthcare staff and improve the wellbeing of patients.

### **Biography**

Dr Rachel Taylor is Director of the Centre for Nursing, Midwifery, Allied Health Profession Led Research (CNMAR) and NIHR 70@70 Senior Nurse Research Leader. Rachel's clinical background is an adult/children's trained nurse working in children's intensive care. She began her research career in 1995, starting as a research nurse and gradually becoming an independent researcher where she leads a large national programme of research focusing on teenage and young adult cancer care. Rachel took the Director role in 2017 to provide research leadership across UCLH to build NMAHP research capability and capacity, develop clinical academic roles and to provide NMAHP research leadership.

## Concurrent session 7

Thursday 9 September 2021

### 7.1 Theme: End of Life Care

Session no: 7.1.1 Abstract no: 0319

**Research Topic:** End of Life Care

**Methodology:** Interviewing

**Research Approach:** Case Study

#### An investigation of the role of the registered nurse during a patient's admission to a hospice.

*Presenter: Flora Watson, RGN, BA, MSc, University of Stirling, UK*

*Co-author(s): Carol Bugge, UK; Hazel Hill, UK; Anna Lloyd, UK*

#### Abstract

**Background:** Patient admission is an integral part of nursing work where nurses and patients have an opportunity to engage in the mutual exchange of information (Jones 2007). Previous studies have found that a gap exists between nursing theory and clinical practice concerning the nursing admission process that requires further exploration (Jones 2007, Højskov and Glasdam 2014).

**Aims:** To explore the role and contribution of the registered nurse in patient admission to a hospice.

**Methods:** A qualitative, multiple case study research design provided an opportunity for an in-depth exploration to gather detailed information from participants in a real-life context (Thomas 2016). Data collection occurred between June 2019 and January 2020 within a hospice in Scotland. Each case included observation of the admission, semi-structured interviews with those who participated in the admission, and a review of the patient record. Cases (n=5) were analysed using cross-case analysis.

**Results:** The nurses displayed a wide range of skills and behaviours during a patient's admission to a hospice setting but three featured prominently:

1. The phrase 'Getting to Know' was used by nurses to describe how they developed their understanding of the patient and their situation.
2. 'Assessing' involved gathering information from multiple sources to help identify patient needs and meet organisational care objectives.

3. The nurse was responsible for 'Interpreting' information obtained during patient admission which was summarised into written and verbal reports that accurately reflected the patient's history.

**Discussion and Conclusion:** Early findings revealed admission in a hospice setting is a continuous, ongoing process that extended well beyond the boundary of the initial discussion between the patient and the registered nurse.

#### Biography

Flora currently works as a Nurse Consultant for Palliative and End of Life Care in NHS Grampian having held a variety of clinical posts in the specialty over the last twenty years. She previously obtained a BA in Specialist Nursing (Palliative Care) followed by a Master's degree by Research at Robert Gordon University, Aberdeen. Flora is currently studying towards a clinical doctorate degree in nursing at the University of Stirling. The focus of her research has been the role and contribution of the nurse during patient admission to a hospice using case study.

#### 7.1.2 Withdrawn

#### 7.1.3 Withdrawn

### 7.2 Theme: Nursing, midwifery or support worker education

Session no: 7.2.1 Abstract no: 0135

**Research Topic:** Patient Experience, e-Health (including informatics and telehealth)

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

#### The impact of electronic patient records (EPR) on nurse-patient interactions

*Presenter: Carol Forde-Johnston, RN, MSc, PGDipEd, Oxford Brookes University, Oxford School of Nursing and Midwifery, UK*

#### Abstract

**Aim:** To explore nurses' use of EPR and how this impacts on nurse-patient interactions

**Background:** EPR systems provide digital scripts, checklists and protocols designed to promote patient safety. The nurse delivers and documents nursing care guided by a script. There is concern that over-reliance on the use of EPR scripts has the potential to prompt nursing interventions that promote a task-based approach to care and standardised nurse-patient interactions (Rhodes et al, 2006; Burrige et al, 2018), which will have an adverse effect on the quality of nurse-patient interactions.

**Methods:** An integrative review was conducted following Whitemore and Knaf's (2005) five stage framework. A range of key terms were identified from the international literature. BNI, CINAHL, EMBASE, MEDLINE, PubMed and PsylNFO databases were searched for papers published between Jan 2010-Jan 2021. Studies that observed nurses using EPR whilst communicating with a patient were included. The data analysis framework draws on the work of Miles and Huberman (1994).

**Results:** 1859 articles were retrieved; 8 met the inclusion criteria but no studies took place in a UK hospital setting. Analysis identified four themes: EPR detracts from communication; EPR leads to a task-orientated approach; EPR affects nurses' workflow and EPR impacts on individual interactions.

**Conclusion:** The need for systems that promote patient safety is not disputed. However, nurses need to consider the unintended impact of EPR on the quality of nursing care. There is evidence that EPR affects nurse-patient interactions, although UK hospital settings are yet to be examined. There are conflicts between providing task-driven nursing care that reflects a checklist approach, and a holistic approach reflecting dynamic communication. There is a need for more studies to examine the impact that EPR has on nursing care, which may inform the development of EPR systems that are conducive to promoting quality nurse-patient interactions.

### Biography

Carol qualified as a Registered Nurse in 1988 and worked within the field of neurosciences to become a neurosurgical ward Sister. She worked as a Lecturer Practitioner for 22 years, a joint appointment between Oxford Brookes University and the local Trust, where she led third year adult nursing degree modules and a Post-Graduate neuroscience course. Carol is currently a Recruitment and Retention Lead in the Oxford University Hospitals NHS Foundation Trust. This role involves leading retention initiatives and providing structured career advice and clinical supervision to staff, with a particular focus on supporting newly registered and international nurses. Carol has worked as an RN for 33 years and she is passionate about supporting staff and students to improve their confidence and fulfil their future career aspirations. Carol is a second year PhD student at Oxford Brookes University and has written two books to support nurses and midwives developing their careers.

### 7.2.2 Withdrawn

## 7.3 Theme: Nursing, midwifery or support worker education

Session no: 7.3.1 Abstract no: 0233

**Research Topic:** Patient Experience, Methodology, Research Process Issues  
**Methodology:** Other collection or analysis method  
**Research Approach:** Other approaches

### Undertaking pre-pilot work: Evaluating the use of RealCare baby infant simulation dolls

*Presenter: Lisa Whiting, DHRes, MSc, BSc Hons, RGN, RSCN, RNT, LTCL, University of Hertfordshire, UK*

*Co-presenter(s): Lisa Whiting, UK; Julia Petty, UK*

*Co-author(s): Brian Littlechild, UK; Sam Rogers, UK*

### Abstract

**Background:** Pre-pilot work can play a vital role in the development and refinement of data collection instruments (Creswell, 2013), including the assessment of their content validity (Thabane et al 2010). In addition, when it involves the researcher as a participant, it can facilitate an empathetic insight into the participant perspective, thus enabling the strengthening of the main study. However, there is limited evidence in terms of its usage and what is available has not sought to ascertain a participant viewpoint (Arunasalam, 2017). Our pre-pilot work was undertaken with RealCare dolls (<https://www.realityworks.com/product/realcare-baby-3-infant-simulator/>), infant simulators designed to enable professionals to teach health related matters. Funding for the research was granted by a local CCG.

**Aim:** To gain an empathetic insight into the participants' perspective in order to refine the planning of the main study (the use of RealCare dolls for the informing and supporting of parenting).

**Methods:** The pre-pilot work was undertaken between July-September 2020 by the four members of the research team. Each person cared for the doll for two separate 8-hour periods, using different programmes. Qualitative data collection was via a reflective log and quantitative data was via the RealCare software.

**Analysis:** The 8 RealCare software reports, together with the 8 reflective logs, were descriptively analysed.

### Findings:

- Operational challenges with the doll were identified, some provoking substantive feelings of anxiety;

- The 'context' of parenting could not be assessed (for example, it would not be possible to consider the possible impact of domestic violence);
- The potential power relationship between participant and researcher was highlighted.

**Conclusions:** The findings are informing the main study, including the refinement of data collection approaches and the participant preparatory work (particularly in relation to possible parental anxiety levels). Overall, pre-pilot work can be time consuming; however, it can pay dividends in terms of the insight gained.

### Biography

Lisa Whiting is Professional Lead for Children's Nursing at the University of Hertfordshire. Her background is as a nurse who worked within a paediatric critical care setting. Since moving to a University environment, Lisa has been involved in the teaching and assessment of undergraduate and postgraduate students across a range of academic levels, including doctoral studies. Lisa completed a doctorate in 2012, her work used a photo-elicitation approach to gain insight into children's wellbeing; since then, she has led several research projects that have spanned a range of child health issues and that have had a strong focus on the involvement of, and the voice of, children, young people and their families. Other research has had an educational remit and has centred on the enhancement of learning for nurses working within areas of child health and children's nursing. Lisa has published and presented her work in a variety of arenas.

Session no: 7.3.2 Abstract no: 0409

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Statistical Analysis (descriptive and correlational)

**Research Approach:** Quantitative (not included in another category)

## The predictive power of selection criteria for nursing programmes - A retrospective cohort study

*Presenter: Caroline Crawford, RN, PhD Candidate, Ulster University, UK*

### Abstract

**Background:** In the modern health service nurses must be caring, compassionate, resilient and intelligent. The move to an all-graduate profession has seen the responsibility of selecting individuals to enter this profession fall to universities, who use a variety of methods to select students for their pre-registration nursing programmes including previous academic records, interviews and personal statements. Offering places to individuals likely to meet the clinical/academic standards required by their university and professional regulatory body furnishes the healthcare system with professionals who can deliver the high levels of care required.

There remains a dearth of literature into the most effective selection methods and their ability to select students who are likely to achieve their clinical/academic outcomes and complete the nursing programme.

**Aims:** The aim of this study was to investigate the predictive power of the selection criteria for an undergraduate nursing programme at one university in the UK.

**Methods:** Data was obtained for this retrospective cohort study from five cohorts of adult and mental health student nurses (n=1152, intake years 2012-2016, data collected 2019). Path analysis was used to identify the predictive relationships between the student's selection criteria (UCAS points, interview scores and personal statement scores) and programme outcomes (academic grades and programme completion rates).

**Results:** Significant relationships were found between UCAS points and interview scores with academic grades, with students with higher UCAS points and interview scores more likely to have better academic outcomes, but the effect sizes were small. In reality the difference in grades was only a small percent. Personal statements were unable to predict any student outcomes and no selection criteria predicted programme completion.

**Discussion/conclusion:** Previous academic achievement and interviews are weakly predictive of student success. Further consideration should be given by universities to the continued use of some widely used selection criteria for pre-registration nursing programmes.

### Biography

Caroline Crawford is a PhD Researcher based in the School of Nursing at Ulster University. Her background is in clinical research and her research interests include; nursing education and equality in higher education.

Session no: 7.3.3 Abstract no: 0402

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Other collection or analysis method

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

## COV-ed Nurse : investigating the extent to which nurse education prior to and during COVID prepare student nurses for their role in the pandemic: an analysis of what works

*Presenter: Mary Malone, PhD, Oxford School of Nursing and Midwifery at Oxford Brookes, UK*

*Co-presenter(s): Lynn Sayer, UK; Laura Strumidlo, UK; Laura Serrant, UK; Caroline Bradbury-Jones, UK; Tessa Watts, UK; Mike Ramsay, UK; Bridie Reid, UK*

*Co-author(s): Catherine Henshall, UK; Co-author(s): Jane Appleton, UK; Co-author(s): Cate Woods, UK; Co-author(s): Jo Brett, UK; Co-author(s): Eila Watson, UK; Co-author(s): Zoe Davey, UK; Co-author(s): Kinga Papiez, UK*

### Abstract

**Background:** The UK COV-ed Nurse study investigates how nurse education prepares student nurses for their role in the pandemic.

**Aims of the study:** COV-ed Nurse identifies i) how nurse education prepares students for their role in COVID-19; ii) opportunities for transferable skills development; iii) if multidisciplinary team working shapes views of nursing identity and influences career decisions; iv) placement support.

**Methods:** The study began in November 2020 and data collection continues until the end of July 2021. One hundred and thirty students from all four nursing fields, and

recruited through social media, complete a diary entry for four consecutive weeks of placement ; each student has an interview with a researcher on placement completion. Qualitative data are analysed through qualitative, thematic data analysis using the Framework Approach.

**Findings:** Preliminary findings indicate placement variability. Students learn technical skills on both quiet and busy placements; students value autonomy in giving patient care and feel valued within the multi-disciplinary team. Some students feel calm but others demonstrate frustration at lack of learning. Some students have limited contact with patients due to virtual working; others report feeling isolated, fearful, and exhausted when caring for patients with unknown COVID status or who were sick and dying. Stresses and challenges are marked when staffing levels are low due to staff sickness and self-isolation measures.

**Discussion:** Building learner flexibility and resilience, offering trusted support and guidance and facilitating valued contributions to the multidisciplinary team support transferable skills development and foster positivity about a future nursing role.

**Conclusion:** This study identifies the value of nurse education as preparation for work in a pandemic. The study will propose a framework of recommendations, guidelines and protocols to inform nurse education and policy and professional development in the UK and beyond.

### Biography

Dr Mary Malone is the Director of the Oxford School of Nursing and Midwifery (OSNM) at Oxford Brookes University. The OSNM is an educational partnership between Oxford University Hospital Foundation Trust, Oxford Health Foundation Trust and Oxford Brookes University. Mary is a nurse, midwife and health visitor with a professional background in teaching, research and educational management. Mary has a research profile in parents' use of the internet for child health information and health visitor effectiveness; she is principal investigator on the COV-ed Nurse study. Dr Cathy Henshall MN, RGN, MA, PhD is a National Institute for Health Research 70@70 Senior Nurse Research Leader and is responsible for improving the capacity and capability of nurses to undertake research across the UK. She is also a Senior Nursing Research Fellow at Oxford Brookes University and the Head of Research Delivery at Oxford Health NHS Trust. Cathy holds an honorary contract with the Department of Psychiatry, University of Oxford. She is Principal Investigator on numerous studies and her



research interests include cancer survivorship, self-management, mental health and workforce development, with a particular interest in lung cancer and mesothelioma care. Cathy is on the editorial board of BMC Health Services Research and the Journal of Clinical Nursing and peer reviews for a number of academic journals. Her clinical background is in oncology nursing.

## 7.4 Theme: Workforce and employment

Session no: 7.4.1 Abstract no: 0291

**Research Topic:** Chronic Illness, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Being an IBD Clinical Nurse Specialist in the NHS: Challenges, stressors and coping mechanisms

*Presenter: Lesley Dibley, PhD, Institute for Lifecourse Development, University of Greenwich, UK*

*Co-presenter(s): Karen Kemp, UK*

*Co-author(s): Julie Duncan, UK; Isobel Mason, UK; Lisa Young, UK*

#### Abstract

**Background:** Inflammatory Bowel Disease Clinical Nurse Specialists (IBD-CNSs) provide essential services to patients with often complex disease. The ever-increasing role expectations, treatment modalities and patient population places significant demands on IBD-CNSs (Stansfield, 2019). Posts in the RCN IBD Nurse Facebook® page suggest stress is high amongst members. Sustaining IBD-CNSs wellbeing is essential for ensuring sustainability of services.

**Aim:** To explore experiences of being an IBD-CNS in the UK

**Methods:** This hermeneutic phenomenological study used purposive sampling with maximum variation to recruit Band 6-8 IBD-CNSs who currently, or until recently, worked in NHS Trusts across the UK. Data were collected (July -September 2020) via online or telephone interviews. Focussing on personal perceptions, participants were invited to 'Tell me what it means to be an IBD-CNS' with follow-up prompts and probes as needed. Diekelmann et al's (1989) team analysis method was used.

**Results:** Twenty-five IBD-CNSs participated [92% Female; Band 6 (n=3), Band 7 (n=10), Band 8 (n=13); 0.5–19 (mean 5.8) years in post; ex-NHS (n=4)]. Two constitutive patterns: Giving and receiving support, and Developing potential were revealed, informed by relational themes addressing patients' needs, service design/delivery challenges, workload, professional development opportunities, and peer support. Support from service managers varied widely. Some participants had techniques to mitigate against stressors, but there were few professional development opportunities especially in senior roles.

**Discussion:** IBD-CNSs are committed to patients, despite an often-burdensome workload. Structural, institutional and hierarchical issues undermine confidence, and limit personal and professional opportunities. Many IBD-CNSs are stressed by mixed messages of delivering an excellent service yet also being criticised/under-appreciated by the system. Robust senior support structures lead to better experiences for IBD-CNSs and stable support services for patients.

**Conclusion:** This work contributes to the UK and global data evidencing the need to pursue strategies which promote wellbeing of all specialist nurses.

#### Biography

Dr Lesley Dibley is Reader in Nursing Research and Education at the University of Greenwich, London. She was awarded her PhD in 2014, under the supervision of Professor Christine Norton at King's College London, for a phenomenological exploration of experiences of stigma in people with inflammatory bowel disease (IBD). Lesley has a career-long interest in patients' experiences of living with chronic illness and has developed expertise in hermeneutic phenomenological methodology and methods, to support this work. Lesley is also passionate about supporting clinical nurses' engagement with nursing research and has several past and current research collaborations with clinical colleagues, particularly IBD Clinical Nurse Specialists. Lesley published widely in high impact journals, has delivered numerous plenary and keynote speeches, and is lead author of the methodology textbook: 'Doing hermeneutic phenomenological research: a practical guide.' cvquo

Session no: 7.4.2 Abstract no: 0303

**Research Topic:** Research Policy, Workforce and Employment (including health and wellbeing roles, research careers), Health and Social Policy

**Methodology:** Documentary Research

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### NHS policy and nurses' post-registration development: considerations of data availability and generation

*Presenter: Nicola Fisher, RN BSc(Hons) LLM MSc, University of Nottingham, UK*

#### Abstract

**Background:** Whilst the COVID pandemic moved the development of the nursing workforce further up the policy agenda (Buchan, Ball and Shembavnekar et al, 2020), nurses' post-registration development remains fragmented and lacks national cohesion. National health policy is the overarching mechanism for employers, who remain responsible for nurses' post-registration development. Therefore, exploring policy is key to understanding why development is fragmented.

**Aim:** To explore policy influences upon nurses' post-registration development in the English NHS.

**Methods:** Examination of NHS policy documents (1989–2020) focusing on the nursing workforce generated 34 policy papers, which were analysed using an abductive thematic analysis approach (Braun and Clarke, 2006).

**Results:** The policy landscape is characterised by changing priorities, unclear responsibility and accountability. This is coupled with a lack of dedicated funding and recurring short-term quick fixes. More fundamental is a chronic lack of data to enable informed decisions about workforce planning and modelling. This makes developing strategy for post-registration development of nurses impossible because the fundamentals of the workforce are not understood.

**Discussion:** To generate the quality and quantity of data that is needed for appropriate and effective workforce development planning, there are challenges in understanding 'work done' within nursing, which are overlooked in policy. If nurses' work is not recognised in its entirety, then workforce planning, particularly demand modelling, which focuses on understanding future needs of a service (Gibson, 2021), is more difficult. This compounds the

problems with post-registration development data, policy and strategy.

**Conclusion:** The nursing workforce is being constituted by numbers, without the data to inform such decisions. This approach is inadequate, making post-registration development, including national career pathways and progressions challenging. Policy makers need to move away from the short termism that has characterised nursing workforce strategy and focus on developing long-term sustainable policies that invest in nurses' development beyond registration.

### Biography

Nicola is a registered nurse and PhD candidate at the University of Nottingham, funded by the Economic and Social Research Council. She also has an LLM in Health, Law and Society from the University of Bristol, and a MSc in Social Science Research (Business and Management) from the University of Nottingham, both with distinction. Nicola's PhD research focuses on the influence of political economy on nurses' post-registration development in England, and the research presented here is a component of her PhD study.

Session no: 7.4.3 Abstract no: 0343

**Research Topic:** Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Questionnaire

**Research Approach:** Survey

### Research activity: what are the barriers and facilitators for Advanced Clinical Practitioners?

*Presenter: Diana Greenfield, PhD, Sheffield Teaching Hospitals NHS FT, UK*

*Co-presenter(s): Suzanne Owens, UK*

*Co-author(s): Dan Lawrence, UK*

### Abstract

**Background** A growing population of Advanced Clinical Practitioners (ACPs) is transforming patient care delivery. ACPs are increasingly expected to demonstrate research activity and impact.

**Aim** To evaluate the extent of current research activity in our ACP workforce and to understand the barriers and enablers to research activity participation.

**Subjects and methods** We used an online 14 item survey enquiring about: current research activity; time allocation to non-clinical work; barriers and enablers to research activity participation; and support requirements. The survey link was

circulated in October 2020 to the institution's ACP group email address. Two further reminders were sent. Results were disaggregated for Nurse and AHP ACP respondents. Comparisons of proportions were used to analyse for statistical differences.

Results 68/248 ACPs completed the survey; (response rate 27.4%). 47/68 (69.1%) were Nurses and 21/68 (30.8%) AHPs. 11/21 (52.3%) of AHPs were research active compared with 12/47 (25.5%) of nurses ( $p=0.038$ , 95% CI 1.6% to 47.9%). 15/21 (71.4%) AHPs had non-clinical work time in their job plan compared with 18/47 (38.3%) of Nurses ( $p<0.001$ , 95% CI 27.8% to 70.1%). 34/68 (50%) were interested in further research training and 52/68 (76.5%) wished to develop the research pillar (36/47 (76.6%) Nurses vs 16/21 (76.1%) AHPs ( $p=ns$ )). 42/68 (61.7%) did not feel supported in pursuing research as part of their current role with 50% indicating time a significant barrier. Enablers included creating time in job plan (40%), organisational support and mentorship (14%).

**Discussion and Conclusions:** Time was the most important barrier and facilitator influencing research activity in ACPs. Discrepancies between the non-clinical work time allocations were found, with Nurses disadvantaged. We recommend harmonisation of non-clinical time for all ACPs. We conclude that, unless we enable ACPs with sufficient time allocation and support in their job plans, the scope for research impact will be limited.

### Biography

Diana Greenfield is a Consultant Nurse and MDT Lead in Late Effects (of cancer treatment) at Sheffield Teaching Hospitals NHS FT. She holds a faculty position of Honorary Professor in Cancer Survivorship in the Department of Clinical Oncology and Metabolism at the University of Sheffield and is also a senior nurse research leader on the NIHR 70@70 programme.

## 7.5 Theme: Acute and critical care

Session no: 7.5.1 Abstract no: 0143

**Research Topic:** Acute and critical care, Methodology, Ethical and Philosophical Issues

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Realizing courage in nursing practice

*Presenter: Fiona Barchard, RN, PGCTHE, BSc, MA, Professional Doctorate, The University of Northampton, United Kingdom*

### Abstract

**Background:** The nursing vision, outlined the 6 C's; one being courage (Cummings and Bennett 2012). 'Leading change, adding value' (NHS England 2016) reaffirmed the necessity for courage. Covid 19 pandemic has subsequently sharpened the focus on the requirement for courage in clinical practice.

**Aim:** To share the Doctoral thesis grounded theory of realizing courage in nursing practice and discuss how the use of courage can be enhanced.

**Methods:** A social constructionist Grounded theory approach, was used. This comprised: purposive sampling, theoretical sampling, constant comparative analysis, clarification of categories and finally an emergent theory. In 2015 -2016, 12 unstructured interviews were undertaken with nurses, focused on their understanding and use of courage. Four further semi-structured interviews, clarifying early themes were conducted. An iterative analytical process resulted in emergence of a co-constructed, theoretical model of courage.

**Findings and discussion:** Courage is a complex, multi layered phenomenon. Several categories were identified contributing to the emerged grounded theory on how courage may be realized in professional nursing practice. This presentation will focus specifically on the recommendations for realizing courage in clinical practice including; the implications for the educational curriculum, the impact of professional socialization and positive role modelling, working with the inter-professional team and organizational culture, enhancing self-esteem and wellbeing and recruitment and retention in nursing.

**Conclusions:** In a time of pandemic Nursing within health services has been challenging. Courage has been an essential virtue during this time but to continue to realize courage

in professional nursing practice requires commitment to enabling this virtue that starts from recruitment, is explicit in the educational curriculum and extends into role modelling in practice. This study also demonstrated realizing courage can impact on retention. The context is the UK but may resonate with International colleagues.

#### Biography

Fiona is a senior lecturer in adult nursing and programme leader for pre-registration nursing. She began working at the University of Northampton in 2006 and taught across pre-registration and post registration nursing courses level 4 – level 7. Her interests include pathophysiology, recognition of the deteriorating patient, leadership, reflection and complex care. She completed her PGCTHE and was also awarded a teaching fellowship in 2008. In June 2019 Fiona completed her Professional Doctorate and successfully defended it at viva. The Doctorate is titled “Adult nurses understanding and use of courage in their professional practice”. Fiona is a registered adult nurse with sixteen years’ experience in acute nursing practice, mainly in Intensive care across a range of roles from staff nurse to senior sister and practice development nurse. During this time, I gained my ENB 100, 931 and 998, Degree in Health Care studies and Masters in Clinical Leadership.

Session no: 7.5.2 Abstract no: 0283

**Research Topic:** Acute and critical care, Methodology, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Other approaches

#### From evidence to the clinical bottom line: acceleration of knowledge mobilization

*Presenter: Liz Lees-Deutsch, PhD, University Hospitals Birmingham NHS Trust, UK*

*Co-presenter(s): Annie Topping, UK*

#### Abstract

One of the biggest challenges in health-care is translating high quality evidence into clinical practice. Developing the capability and capacity of clinicians to regularly engage with available evidence remains challenging. Passive dissemination is largely ineffective, and various conditions are necessary for successful implementation of best evidence (NHS England and NHS Improvement, 2020).

Critical Appraised Topic groups (CATs) were first developed by Keele University as collaborations between clinical teams, academics and librarians to critically appraise evidence to determine “a clinical bottom line” (Jansen et al, 2017). CATs work at speed; collectively engage in critically appraisal to discern a best evidence response to a clinical question. CATs adopt the structure of a systematized review but remain focused on so what for practice? The approach has resulted in publications, research studies and changes to guidelines. We will present a critical examination of the impact of the CAT approach to accelerate critical appraisal of evidence to answer clinical questions in a very large NHS Trust. We sought to cascade CATs working with different clinical teams (intensive care, acute medicine, nutrition support), across sites in a large NHS trust (more than 22,000 employees). The approach enthused participants particularly those less familiar with search, retrieval and critical appraisal techniques. Yet outcomes remain co-dependent on adequacy of critical appraisal skills and involvement of a skilled facilitator with research expertise and sufficient time to invest in supporting CATs. Further facilitation is needed to balance participation and teaching. CAT members needed to commit to personal skill development and deliverables.

Success of CATs is dependent on team motivation, clinical leadership and experienced researcher/knowledge facilitation. Long term, a strategy to cultivate new facilitators may ensure spread and scale-up for new groups. The CAT group methodology appears to offer sustainable critical appraisal capability amongst clinicians and acceleration of knowledge mobilization.

#### Biography

Liz has a Consultant Nurse role in a very large NHS Foundation Trust. Since completing her PhD (2018) she enjoys a multifaceted role encompassing clinical academic activities. She leads research on Criteria Led Discharge in the UK and through the NIHR 70@70 Nurse and Midwife Researchers Programme, she is developing activities to improve the capacity and capability of Nurses to undertake critical appraisal, publication and research. She has over 100 publications related to acute medicine and two published books. In her spare time she likes to be creative, doing her dress making and gardening where she lives, near the beautiful Malvern Hills.

Session no: 7.5.3 Abstract no: 0189

**Research Topic:** Acute and critical care, Older People

**Methodology:** Other collection or analysis method

**Research Approach:** Systematic Review and other Secondary Research

#### A realist review of multifactorial falls risk assessment and prevention in acute hospitals

*Presenter: Lynn McVey, PhD, University of Bradford, UK*

*Co-author(s): Natasha Alvarado, UK; Chris Todd, UK; Peter Gardner, UK; Hadar Zaman, UK; Nick Hardiker, UK; Sue Ward, UK; Heather Smith, UK; Dawn Dowding, UK; David Woodcock, UK; Rebecca Randell, UK*

#### Abstract

**Background:** Falls are the most common type of safety incident reported in acute hospitals and can cause considerable physical and non-physical harm. NICE guidance (CG161) on falls in older people recommends that inpatients should receive multifactorial falls risk assessments and interventions tailored to their individual risk factors, but there is substantial unexplained variation between hospitals in adherence to these guidelines.

**Aims:** To conduct a realist review to determine how and in what contexts multifactorial falls risk assessment and tailored falls prevention interventions are used routinely for older inpatients in acute hospitals, and how, why and in what contexts such assessments and interventions impact on patients’ falls risks.

**Methods:** Realist literature reviews involve constructing, testing and refining theories about how, why and in what contexts interventions work or not, and can encompass a wider range of sources than conventional systematic reviews. In this review, theory construction drew directly on practitioners’ ideas about falls assessment and prevention from published materials, as well as systematic reviews of multifactorial falls studies. Academic researchers and clinical experts reviewed the theories, which were also scrutinised by lay researchers to address areas of concern for patients and carers. Empirical literature is now being used to test and refine theories.

**Results and Discussion:** Review findings will be presented, describing the refined theories, which relate to issues such as communication within multidisciplinary teams and between staff and patients, as well as the importance of training and staff empowerment. Testing is being undertaken to understand the complex interrelationships between these areas, which shape

delivery of multifactorial risk assessments and interventions.

**Conclusions:** Review findings are intended to support practitioners to reduce the frequency of inpatient falls and subsequent human suffering and healthcare costs. Attendees will also learn about conducting a realist review of a complex intervention.

### **Biography**

Dr Lynn McVey is a Research Fellow in Applied Health Research at the University of Bradford and the Wolfson Centre for Applied Health Research, Bradford. She works currently on a NIHR HSandDR-funded project that aims to determine how and in what contexts multifactorial falls risk assessment and tailored falls prevention interventions are used routinely for older inpatients in acute hospitals, and how, why and in what contexts such assessments and interventions impact on patients' falls risks. With a background in counselling, psychotherapy and qualitative research, her research interests focus on investigating people's cognitive and emotional responses to healthcare interventions.



# Posters

## Poster tour A

Theme: Theme Mental Health

Session no: P1 Abstract no: 0069

**Research Topic:** Mental health  
**Methodology:** Other collection or analysis method  
**Research Approach:** Systematic Review and other Secondary Research

### Suicide prevention: Safety Planning Intervention for children and young people: A scoping review of effectiveness.

*Presenter: Sue Abbott-Smith, RGN, RMN, Bsc, Msc, Pg Cert TLAP, CAMHS NHS Lothian, UK*

*Co-author(s): Nadine Dougall, UK; Nicola Ring, UK; Jill Davey, UK*

#### Abstract

**Introduction and Aims:** Safety Planning Interventions (SPI) is an important part of suicide prevention care in children and young people (CYP) within NHS Lothian CAMHS, however little evidence exists for SPI content or effectiveness.

The aim of this literature review was to identify evidence to optimise SPIs used CAMHS suicide prevention work and to highlight evidence gaps for future research.

**Method:** A systematic scoping review of the literature to map the extent, range and nature of the relevant literature, following the Joanna Briggs Institute methodology.

**Results:** The literature search yielded 8793 publications; 6372 title and 357 abstract screening, leaving 72 for full text review. After applying exclusion criteria, 14 publications were available for data extraction.

**Main findings:** There is limited evidence of effectiveness for CPY SPIs, with a complete evidence gap for some CYP sub-groups. Clinicians need to deliver a SPI that is collaborative, developmentally appropriate, and make enhanced considerations of parent/ carer roles.

Finally, bespoke training on SPI should be rolled out for relatively inexperienced clinicians.

**Discussion:** This review highlighted the need for dedicated training for inexperienced clinicians, and using the SPI as part of a care package, proportionate to CYP needs. This review informed the next research, which is to develop a training package and additional resources for parents/ carers to

support them in looking after CYP, particularly those from diverse, non-affluent or care-experienced backgrounds.

#### Biography

Sue Abbott-Smith career has spanned over 30 years with a variety of experience. This has included working in a street clinic in India and managing the medical needs of a refugee camp in Liberia and Rwanda. More recently for the last 15 years, has been working within the field of Child and Adolescent Mental Health Service (CAMHS). This has included working with hard to reach and difficult to engage young people and her interest has developed around preventing suicide for this group of young people. Dr. Nicola Ring is an Associate Professor of Nursing in the School of Health and Social Care at Edinburgh Napier University. Reflecting her background in adult and child nursing as well as in health visiting her research focuses on the management of long-term physical and mental health conditions especially amongst children and young people. Nicola specialises in qualitative research especially evidence synthesis and was a member of the team which developed the eMERGE meta-ethnography reporting guidance. Her absolute passion is the history of nursing – using evidence from our profession's past to better understand nursing today.

Session no: P2 Abstract no: 0284

**Research Topic:** Mental health  
**Methodology:** Mixed  
**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Understanding 'assault' in a mental health nursing context

*Presenter: Helen Ayres, RMN, BNurs, Oxford Brookes University, UK*

*Co-author(s): Olga Kozłowska, UK; Sue Schutz, UK*

#### Abstract

**Background:** It is recognised that being assaulted as a mental health nurse is not an uncommon experience. Reports both in the UK and internationally highlight the prevalence of assaults on all healthcare staff including and in some reports particularly,

mental health nurses, but it is not always clear what is meant when the term 'assault' is used. It is suggested that this lack of clarity is mirrored in the mental health nursing literature and in clinical practice. This topic was explored as part of a doctoral study examining mental health nurses' experiences of being assaulted in a secure setting, undertaken during the COVID-19 pandemic.

**Aim:** To explore current understandings of assault both in contemporary nursing literature and during semi-structured interviews with study participants.

**Method:** A focussed mapping review was used to examine the use of the term 'assault' in contemporary mental health nursing literature. Semi-structured interviews included a question asking participants to describe their understanding of the term 'assault' in the context of their role as a mental health nurse in a secure setting.

**Results:** Inconsistencies and a broad lack of clarity in the use and understanding of the term 'assault' were evident both across the sample of literature and within individual papers. Initial findings from the doctoral study suggest mental health nurses' definitions of assault vary and can be influenced by the clinical setting, the person's diagnosis, the nurse's perception of intent and their overall sense of personal safety.

**Discussion and conclusion:** The lack of clarity and consistency in relation to the meaning of assault in the context of mental health nursing has potential implications for the collection and reporting of prevalence data, the quality of research into violence and aggression against nurses, the reporting of assaults by nurses and the response both of the individual and the organisation.

#### Biography

Helen Ayres is a mental health nurse and Matron in a medium secure service in Oxford. Her clinical experience is in secure inpatient, PICU and prison settings, and she has lecturing experience at Oxford Brookes University, developing and leading the forensic mental health nursing undergraduate module. Together with the Council of Europe Helen has undertaken projects in Georgia and Kosovo to improve nurses' skills and knowledge in the assessment and treatment of people experiencing mental health difficulties in prisons and other secure settings. Helen is in her fourth year of a Professional Doctorate in Nursing

and is studying the experiences of mental health nurses who have been assaulted.

Session no: P3 Abstract no: 0300

**Research Topic:** Mental health  
**Methodology:** Other collection or analysis method  
**Research Approach:** Action Research / Participatory Inquiry / Practice Development

### Practice- informed guidance for undertaking mental health research appointments remotely

*Presenter: Louise McCarthy, MSc, Norfolk and Suffolk NHS Foundation Trust, UK*

*Co-author(s): Bonnie Teague, UK;*

*Co-author(s): Kayte Rowe, UK; Co-author(s):*

*Kathryn Janes, UK; Co-author(s): Tom*

*Rhodes, UK; Co-author(s): Corinna Hackman,*

*UK; Co-author(s): Lamiya Samad, UK;*

*Co-author(s): Jon Wilson, UK;*

#### Abstract

**Background:** The COVID-19 pandemic resulted in a need to rapidly implement the use of remotely delivered healthcare in routine mental health practice. Despite inequity of online access among patient groups, there are high levels of acceptability and feasibility for online care delivery (Donaghy 2019, Fu et al 2020). However, challenges exist with the development of therapeutic relationships, effective communication and identification of risks such as safeguarding concerns (Turner et al, 2018). These issues are equally relevant to global mental health research nurses when undertaking remote research appointments.

**Method:** We identified a lack of practice guidance to support nurses when conducting remote mental health research. Based on prior evidence and our shared experiences of conducting remotely delivered research appointments across multiple research sites, we have developed, and published, guidance and a checklist to support research nurses when assessing the appropriateness of offering remote research appointments and the specific ethical and practice issues that need to be considered.

**Discussion:** The guidance focuses on key areas that a research nurse needs to consider when undertaking a research visit remotely. It includes: the identification and initial approach of participants, ethical considerations and informed consent, participant safety, communication styles, researcher considerations (i.e. privacy) and

supporting people with specific communication needs.

The checklist is divided into two sections and asks the research nurse to deliberate on:

- Study considerations, such as; are the required approvals in place for the conduct of online or telephone appointments, is the study absent of any physical observations of procedures, is the appointment a routine visit within the protocol and not the result of urgent safety concerns.
- Participant considerations, such as; does the participant have access to the internet, does the participant have a safe, comfortable place from which to conduct the appointment, does the participant have a named supporter

#### Biography

Louise is a Lead Research Nurse and NIHR 70@70 Senior Nurse Research Leader

Session no: p34 Abstract no: 0344

**Research Topic:** Mental health  
**Methodology:** Mixed  
**Research Approach:** Mixed Methods Research

### Using the Milwaukee model to improve mental health

*Presenter: Sandra Ramey, RN, PhD, The University of Iowa, The United States of America*

#### Abstract

**Background:** In the current climate of COVID, the need exists for a model to address implementation of mental health maintenance interventions. Organizations are constantly implementing new protocols, policies and procedures to deal with unforeseen physical and mental threats. Nurses are experiencing increased work-related stress that impact personal and professional performance. However, nurses are also poised to lead strategic initiatives to promote improved mental health. Debate: Nursing is not dissimilar to other professions, for example law enforcement, in dealing with the public, shiftwork and exposure to physical and mental stress in the workplace.

**Aims:** The project facilitated development of a model to improve mental health in police officers.

**Methods and Discussion:** the Resilience Advantage Program, developed by HeartMath, was used to improve coping mechanisms in police through

self-regulation to manage stress. The method has been successfully employed in the law enforcement community. However, the Milwaukee Project, visual model is applicable to any profession. The model defines where the agency is at present by determining why the training is necessary and how it will help the employees. Agencies can use assessments, open discussion, interviews, or focus groups to further define agency specific needs at baseline. Continuous feedback to the target population begins with apprising them of the assessment results and culminates with evaluation (post-training).

**Conclusions:** Achieving long-term program success and sustainability is dependent on leadership buy-in. Institutions should be prepared to reconcile program training schedules with competing staffing allocation priorities. Consider using a train-the-trainer approach for implementation of the Resilience Advantage program to defray costs. Using the Milwaukee Model to introduce self-regulation methods will help mitigate the psychological effects of the pandemic on nurses by reinforcing mental health practices and thus promote retention of the nursing workforce during the pandemic crisis.

#### Biography

Dr. Ramey is faculty at the University of Iowa where she teaches public health. Accomplishments include research with approximately 20 Law Enforcement agencies, including Hawaii, over the past 22 years. Recently, she developed a model to incorporate self-regulation techniques to build resilience into police agencies. She has presented at Cambridge University, The Royal College of Nursing and The NIH Conference on Total Worker Health. In 2015, Dr. Ramey testified for the President's Taskforce on 21st Century Policing in Washington DC. She currently serves on an expert panel for a National Institute of Justice study to query agencies nationwide about safety, health and wellness issues

## Poster tour B

Theme: COVID-19

Session no: P4 Abstract no: 0322

**Research Topic:** Nursing, Midwifery or Support Worker Education

**Methodology:** Focus Groups

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Pre-registrant nurses' experiences of the extended placement during the COVID-19 pandemic.

*Presenter: Ijeoma Okolo, RN, MSc, Mid and South Essex NHS Foundation Trust, UK*

*Co-presenter(s): Camille Cronin, UK*

#### Abstract

**Background:** It is well recognized that the healthcare workforce globally has been met with a range of challenges during this pandemic. Notwithstanding all these challenges in practice, this also affected nurse education and the profession engaged and stepped up to help and support the pandemic. In its response to the coronavirus pandemic, the Nursing and Midwifery Council (NMC) in March 2020 said students in the final six months of their programme could opt in by doing a paid, extended clinical placement or opt out and continue their studies online.

**Aim:** The aim of this study is to explore pre-registrant nurses' experiences of the extended placement during the COVID-19 pandemic in the local healthcare settings.

**Method:** Qualitative data collection using focus groups was designed to elicit student nurses' experiences of the extended placement during the COVID-19 pandemic, with particular focus on the early experiences of preparing for placement, during the placement and reaching the end of the placement completing the hours required to register as a nurse with the NMC. Ten student nurses were recruited from a MSc Adult Nursing 2018 cohort. Data were analysed using Braun and Clarkes' (2006) thematic analysis guide.

**Discussion:** Students expressed the desire "to do my bit" but also wanted to learn. Some were worried about the psychological effects of COVID-19, both now and in the future. Students from BAME groups were worried about their mental and emotional well-being.

**Findings:** Working in the acute hospital setting during the pandemic has been daunting, however hospital teams worked

together and have supported each other and in spite of these challenges learning for everyone took place. Effective communication and teamwork are key, and skills have been finely tuned in and new competencies developed. "No one in our time has ever experienced a pandemic".

#### Biography

Dr Camille Cronin is a Senior Lecturer and Director of Research and Impact at the School of Health and Social Care, University of Essex. Camille is the Co-Lead Investigator leading on the Digital Health Intervention and Menopause Project. Her research interests include lifelong learning, workplace learning and workforce issues including retention and skill mix, dementia and culture in the healthcare workforce, mouthcare in acute hospitals, socialisation of student nurses in dementia care, pedagogy and curriculum, women's health and digital health and qualitative methodologies particular case study research, ethnography and narrative research. I am a registered nurse working in the Emergency Department. As as NQN I am making the transition during COVID.

Session no: P5 Abstract no: 0121

**Research Topic:** Primary and Community Care, Research Process Issues, Workforce and Employment (including health and wellbeing roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Action Research / Participatory Inquiry / Practice Development

### Impact of COVID-19 on Doctoral research: The review of the journey of a Professional Doctoral student.

*Presenter: Karen Evans, RNLD, MSc, University of Sunderland in London, UK*

#### Abstract

The COVID-19 pandemic has had a wider impact than just physical health. National lockdowns and a move to remote working focused attention on only the most essential activities. In healthcare, by the end of March, anything not related to COVID19 had been side-lined.

In February 2020 data collection had just begun, as part of a mixed methods research study on the challenging and enabling factors of nursing workforce development in primary care. As the research population was healthcare staff this was quickly interrupted. As the study took a socially

constructivist approach, with a focus on institutional realities (Searle, 1995), it was important to recognise the context of the potential participants. It felt ethically and morally wrong to continue to ask people to participate in research about longer term career development and would potentially have destroyed the credibility of an insider researcher (Costley et al., 2010).

Data collection was resumed in July 2020, although as many were still working remotely, a change of approach to incorporate an increased use of digital technology was therefore required. The main impact was the opportunity to recruit people in person, as all meetings were now virtual. Recruitment was therefore primarily via social networking platforms. This increased the geographical coverage of the research to the whole of the UK and also provided an opportunity to reach a wider group of people due to the onward sharing of the interview link (Baltar and Brunet, 2012)

An advantage of the move to digital was the increased familiarity with video calling, which many in healthcare were regularly for meetings and consultations. Due to budget constraints, the design included telephone interviews rather than in person interviews. Video calling provided a better alternative as information could be shared visually during the interview as well as making the process seems more natural.

#### Biography

Karen Evans is a professional doctorate student at the University of Sunderland in London and works full-time in an education role within an NHS Trust. Her research focuses on nursing workforce development in primary care. Karen has worked in practice education for 6 years. She started in a Community Education Provider Network (CEPN), now known as training hubs. This role had a strong focus on encouraging access training and development for nurses and health care assistants working in primary care and sparked her interest in the complex workforce development needs of this group of nursing staff. Having just gained ethical approval in Feb 2020, Karen's data collection processes needed adjustment following the restrictions of the first national lockdown and resulting changes in working practices in healthcare due the COVID-19 pandemic.



Session no: P6

Abstract no: 0398

**Research Topic:** Under Represented Groups (including black and minority ethnic)

**Methodology:** Questionnaire

**Research Approach:** Survey

### The experience of Black, Asian and Minority Ethnic (BAME) nurses and midwives of COVID-19 in Ireland: a qualitative study

*Presenter: Toyosi Atoyebi, BSc Nursing, MSc Health Informatics, PGDip Clinical and Translational Research, Irish Nurses and Midwives Organisation, Ireland*

*Co-presenter(s): Steve Pitman, Ireland*

*Co-author(s): Niamh Adams, Ireland*

#### Abstract

**Background:** The relationship between COVID-19 and ethnicity is still unclear. Over the past year (2020), figures have shown that the BAME community especially those working in front line/essential services are the most affected<sup>1</sup>.

**Aims:** The aim of this research was to gain an understanding of the experience of COVID-19 on nurses and midwives in Ireland from the Black, Asian, and Minority Ethnic (BAME) community.

**Methods:** An online survey was conducted among nurses and midwives from the BAME community between 12-28 Sept 2020.

**Results:** Of the 254 nurses from the BAME community who took part in the survey, 46% stated that the availability of PPE was a major concern for the group. 31% of respondents that tested positive for COVID-19 stated they had symptoms and recovery was slow. Post-viral symptoms of fatigue and shortness of breath were evident amongst those surveyed. 56% of respondents expressed concerns about working as frontline workers due to their ethnicity. 30% of respondents stated that no risks assessment were carried out while 30% were not aware of the existence of risk assessments within their organisations.

**Discussion:** Ethnicity is a complex socio-cultural construct that can change over time due to factors such as age and socio-economic factors. The results provide insight into the concerns BAME nurses and midwives have around the risk of COVID-19.

**Conclusions:** The research highlights the need to develop interventions to support BAME nurses and midwives including risk assessment, research, and monitoring. This will enable a better understanding and of the concerns and issues relating to COVID-19 and BAME nurses and midwives in Ireland.

#### Biography

Toyosi is a Clinical Research Nurse at St Michael's Hospital Dun Laoghaire, Dublin, and a member of the International Nurses Section of the Irish Nurses and Midwives Organisation. Steve Pitman is an RGN and Fellow of the RCSI Faculty of Nursing and Midwifery. He is the Head of Education and Professional Development at the Irish Nurses and Midwives Organisation (INMO). Steve has worked in clinical practice in the UK and Ireland, management and academia. He was previously Programme Director and Lecturer in the RCSI Leadership coordinating programmes in Ireland, Dubai and Bahrain. He has a primary degree in Social Psychology and Masters degrees in the Psychology of Health and Mental Performance and Work and Organisational Psychology. Steve lectures in leadership and strategy in the RCSI. His area of research interest is work engagement and burnout. He is a member of the Education and Training Committee of the Nursing and Midwifery Board of Ireland (NMBI) and other national committees. Steve Pitman is a Registered General Nurse and Fellow of the RCSI Faculty of Nursing and Midwifery.

Session no: P7

Abstract no: 0097

**Research Topic:** Patient Safety (including human factors, infection prevention and control etc)

**Methodology:** Measurement (eg: physiological)

**Research Approach:** Evaluation (process, impact)

### The effect of COVID-19 induced lockdown on patients taking warfarin

*Presenter: Matt Roberts, RN, BA, Nottingham Universities Hospitals, UK*

#### Abstract

Warfarin is one of the most widely used anticoagulants in the United Kingdom. Patients taking warfarin need regular International Normalised Ratio (INR) blood tests to ensure that their levels remain within a set therapeutic range. Should patients fall below this range they will be at higher risk of developing a venous thromboembolism (VTE). If patients INR were to go above range they are at greater risk of bleeding. In order to achieve best patient safety it is vital that patients are kept within their set therapeutic range. At a busy anticoagulation clinic in England patients reported changes to their lifestyle during this period, often when reflecting on their variable INR result. The purpose of

this service improvement was to determine if patient's time in therapeutic range (TTR) was effected by covid-19 and the subsequent lockdown of the United Kingdom in 2020. If this is the case, how and why, did it effect these patients? What can be done to improve these issues in the event of further lockdown events related to the ongoing covid-19 pandemic to ensure that patients remain within their therapeutic range and at lower risk of developing clots or bleeding issues. Key issues were noted from this study. Patients TTR dropped significantly during the period of lockdown, returning to normal levels post lockdown. Furthermore it was found that patients were more likely to report higher INR results than low results. The reasons for these changes were investigated in this study and nursing interventions were discussed to ensure that in the event of further events patients can be better protected.

#### Biography

A Clinical Nurse Specialist with a passion for research and improving patient care. Recently chosen to partake in the ICA Internship Award 2019-2020 – University of Lincoln and Published by both the Nursing Times and NICE Roberts M et al (2019) Safe anticoagulant management for patients taking warfarin. Nursing Times [online link]; 115: 12, 52-55. <https://www.nursingtimes.net/clinical-archive/haematology/safe-anticoagulant-management-for-patients-taking-warfarin-11-11-2019/> Roberts M et al (2019) Improving patient Time In Range on warfarin NICE.org (online) <https://www.nice.org.uk/sharedlearning/improving-patients-time-in-range-on-warfarin> I have presented at the Nottingham Universities Trust Cancer and Associated Specialties Conference 2019 – “The benefits of lower dose warfarin for patients with poor time in range.” Winning the award for Best 1st Time Presenter. I have also been Shortlisted for the 2019 Patient safety award at the Nottingham University Trust – NUH Awards.

#### P8 Withdrawn



## Poster tour C

Theme: Nursing, midwifery or support worker education / Leadership and management

P9 Withdrawn.

P10 Withdrawn.

P12 Withdrawn.

## Poster tour D

Theme CYP

Session no: P13 Abstract no: 0166

**Research Topic:** Children and Young People, Public Health (including health promotion), Service Innovation and Improvement

**Methodology:** Mixed

**Research Approach:** Action Research / Participatory Inquiry / Practice Development

### Outcomes from a partnership to re-imagine family engagement during a pandemic

*Presenter: Michelle Beauchesne, DNSc RN CPNP FAAN FNAP FAANP, West Haven Child Development Center, Inc, The United States of America*

*Co-presenter(s): Patrice Farquharson, The United States of America*

#### Abstract

**Background:** Research supports that family involvement impacts lifelong health, development and academic outcomes. The US Department of Health and Human Services (2020) advises providers and schools must engage families as essential partners when providing services. The American Academy of Pediatrics (2020) concludes that family engagement promoting children's learning and healthy development is key to positive outcomes for children.

**Aims:** This poster describes outcomes from an innovative quality improvement approach by an interprofessional early childhood care and education center (Center) to provide services and re-imagine family engagement during the Covid-19 crisis. The Center, located in northeastern US, serves 170 children six weeks to five years of diverse socioeconomic and cultural backgrounds. The implementation and evaluation processes used the Social Ecological Model (SEM) guided by the CDC Six-Step Program Evaluation Framework (1999).

**Innovation:** Although the pandemic restricted much activity during a 4-month closure March-June 2020, and subsequent July 2020 re-opening, the Center's team of educators, school nurse, pediatric nurse practitioner (PNP), social worker and administrators used creative strategies and cutting-edge technology to coordinate services across multiple sectors to connect with families during these challenging times.

**Outcomes:** Strategies to facilitate in-home growth and development assessments using free apps, such as Remind and the CDC'S milestone tracker in Spanish and English, were implemented. Ages and Stages Questionnaires (ASQ) were distributed electronically, according to previous assessment schedule, to parents and teachers with virtual follow-up discussions. The family coordinator developed a tracking system for virtual family engagement and shared innovative home educational activities.

**Implications for Practice:** Re-imagined family engagement strategies were successfully instituted as evidenced by multiple data points, March-December 2020, including parental and staff satisfaction surveys. The sustainable resources, activities and innovative communication tools are applicable in multiple practice settings to engage families, especially primary and chronic care.

#### Biography

Michelle A. Beauchesne, Professor Emeritus, was previously the Director of the DNP and Pediatric NP Programs at Northeastern University in Boston. She received her BSN from Georgetown University, her MSN from a joint program by Boston College and Harvard Medical School, her DNSc from Boston University and completed a post-doctoral LEND Fellowship in neurodevelopmental sciences. Her research foci are child development and advanced practice nursing. Michelle, an expert Pediatric Nurse Practitioner (PNP) in the care of children and families with neurodevelopmental disabilities, is a Distinguished Practitioner in the National Academy of Practice, a Fellow in the American Academy of Nursing and a Fellow in the American Association of Nurse Practitioners. Dr. Beauchesne serves as PNP consultant at the West Haven Child Development Center, Inc, Connecticut, USA. She is founder of MAB Consulting: Leadership and Education.

Session no: P14 Abstract no: 0241

**Research Topic:** Children and Young People, Patient Experience, Methodology

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The ecomap: a tool to navigate nursing research

*Presenter: Elizabeth Jestico, MA (Cantab); MSc (Oxford Brookes University); PGDipRN (Children's) (University of Southampton); Graduate Certificate (London South Bank University), Oxford Brookes University, Oxford School of Nursing and Midwifery, UK*  
*Co-presenter(s): Jane Appleton, UK; Teresa Finlay, UK; Susan Schutz, UK*

#### Abstract

An ecomap is a tool that is commonly used in Children's Nursing practice to assess a family's social support system, and this can help families to identify sources and strength of support around them (Wright and Leahey, 1994). This phenomenological study into parents' experiences of support from significant others when faced with decision-making about their child's cancer care, uses ecomaps in a novel way as a research tool. As part of the interviews, the researcher co-constructs an ecomap with the participant to facilitate understanding of the participants' evolving social networks. The ecomap is then referred to throughout the interview to trigger discussion about parents' experiences of being supported by this network when they are faced with making decisions.

Whilst other researchers have incorporated ecomaps in health research, this is an uncommon approach in nursing research (Rempel et al, 2007). Previously they have been used in case study and ethnographic research; methods to analyse ecomaps have adopted both qualitative and quantitative approaches (Manja et al, 2021). To our knowledge though, ecomaps have rarely been used as a facilitative tool within phenomenological nursing research or analysed within a phenomenological context. This poster shares reflections of using this method, with particular focus on how the ecomap method was adapted to work within the "online interview" context.

#### Biography

Elizabeth Jestico is an MPhil / PhD student and Senior Lecturer in Children's Nursing at Oxford Brookes University. As a registered Children's Nurse, Elizabeth has a clinical background in children's cancer nursing and worked in a number of Principal Treatment

Centres for Children and Young People with cancer, before moving into education roles. Inspired by her clinical background as a children's cancer nurse, and her teaching interests around legal and ethical issues in decision-making, Elizabeth's PhD study is exploring parents' experiences of being supported by 'significant others' when they are faced with making decisions about their child's cancer care.

Session no: P15 Abstract no: 0363

**Research Topic:** Children and Young People, Patient Experience, e-Health (including informatics and telehealth)  
**Methodology:** Other collection or analysis method  
**Research Approach:** Systematic Review and other Secondary Research

### The experiences and perceptions of users of an electronic patient record system in a paediatric hospital setting: a systematic review

*Presenter: Pippa Sipanoun, RN Adult, RN Child, BSc (Hons), MA, Great Ormond Street Hospital, UK*

*Co-author(s): Kate Oulton, UK; Faith Gibson, UK; Jo Wray, UK*

#### Abstract

**Background:** With the ever-increasing need for digital health innovation, the transition to electronic patient records (EPR) and patient portal use is integral to the digital health revolution.

**Aims:** This poster will present the findings of a systematic review conducted between January 2020 - January 2021 as part of the Going Digital Study, longitudinal research on stakeholder experiences during EPR implementation in a paediatric tertiary hospital. The systematic review aimed to understand the experiences and perceptions of all relevant stakeholders using an EPR system in the paediatric hospital setting, including use of an EPR-linked patient portal.

**Methods:** Studies were identified through electronic database and citation searching, following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. A systematic search was conducted in EMBASE, EMCARE, MEDLINE, Cochrane Library, Web of Science, Scopus, CINAHL, and PsycINFO electronic databases identifying literature published 2010-present. Furthermore, manual searching of conference abstracts and research reports via the Health Research Authority website was conducted. Inclusion

criteria: studies reporting on an EPR system in use in hospital settings where child patients (0-17.9 years) are cared for, with/without an EPR-linked patient portal.

**Results:** Thirty-six out of 27377 screened articles were eligible for inclusion. A wide range of benefits, challenges, and information and support needs were identified. Strategies for successful implementation, design improvements, and desirable portal functionality were suggested, together with parental intention to use, or reasons for not using, the portal. Several ethical and legal issues were raised.

**Conclusions:** Experiences of using EPRs and patient portals were wide-ranging with challenges more prevalent soon after implementation. Although tailoring information and support to users' individual needs can be complex, this is essential to enable prolonged utility, user satisfaction, and engagement, thus promoting effective care provision. Disease-specific portals may increase utility. Taking into consideration children's and young people's needs and preferences is essential.

#### Biography

I am a Research Associate and member of the Clinical Academic Faculty at the Centre for Outcomes and Experience Research in Children's Health, Illness and Disability at Great Ormond Street Hospital (GOSH), and have 26 years' experience as a children's and adult nurse. I am an expert member of both the GOSH Paediatric Bioethics Service and its rapid response team, and the HRA Bloomsbury Research Ethics Committee. My areas of special interest are medical ethics, bioethics and medical law, especially moral theory, children's rights, the ethics and law of digital health, AI, reproductive ethics, law of reproduction and emerging reproductive bio-technologies, and ethics and law at the end of life. I completed a Master's in Medical Ethics and Law at King's College, London. I am now in my final year of PhD studies at UCL GOS Institute of Child Health, and the Chief Investigator for the Going Digital Study.

Session no: P16 Abstract no: 0286

**Research Topic:** Criminal justice/prison nursing, Children and Young People, Patient Experience  
**Methodology:** Mixed  
**Research Approach:** Evaluation (process, impact)

### Least Restrictive Practice Developments in a Secure Children's Home (SCH)

*Presenter: Ella Watkins, RNMH, Cumbria Northumberland Tyne and Wear NHS Trust, UK*

*Co-presenter(s): Annette McKeown, UK*

#### Abstract

Several recent government drivers have indicated the need for reduction of restrictive practices. The use of restrictive practices including restraint can be psychologically and physically damaging to children and young people, and also increases staff turnover.

The Burdett Trust awards grants to support nurse-led projects to empower nurses to make significant improvements to patient care environments. The Burdett Trust provided grant support to enable a project to support the principles of Least Restrictive Practice within the largest Secure Children's Home (SCH) in the country. This project adopted the principles of Huckshorn's Six Core Strategies for the Reduction of Seclusion and Restraint Use.

The current paper will summarise developments in the Least Restrictive Practice project with particular focus on the use of data, and incident analysis, to inform practice. The COVID-19 pandemic resulted in unprecedented changes across service provision. To support analysis of data to inform practice, a six month baseline period (October 2019 - March 2020) prior to the initial national Government lockdown, was compared to a follow-up six month period (April - September 2020). The follow-up period included a number of newly introduced measures and approaches including increased psychological resources to support with the COVID-19.

It may have been anticipated that the period since lockdown may have resulted in increased incidents. The reverse findings were the case. Paired sample t-tests identified significant reductions in overall incidents [t(5) = -6.88, p <.001], assaults [t(5) = -4.73, p <.05], restraints [t(5) = -9.07, p <.001] and self-harm [t(5) = -5.60, p <.05]. There were significant increases in service provision to support young people and staff. For example, there was a significant increase in formulation meetings [t(5) = 2.94 p <.05] post lockdown. Reflections on the progress

of the current project will be offered and recommendations presented for further service development will be presented.

### Biography

Specialist Nurse working into a local authority secure children's home in the north-east of England. Interest in complex trauma, attachment and systemic working. Previous experience within child and adult inpatient settings and adult forensic personality disorder services.

## Poster tour E

Theme: Workforce and employment

Session no: P11 Abstract no: 0009

**Research Topic:** Health and Social Policy  
**Methodology:** Documentary Research  
**Research Approach:** Evaluation (process, impact)

### Nursing in Albania: A catalytic force in transforming health professionals and healthcare

*Presenter: Alessandro Stievano, RN, PhD, Centre of Excellence for Nursing Scholarship OPI Rome, Italy*

*Co-presenter(s): Franklin Shaffer, The United States of America*

*Co-author(s): Dyanne Affonso, Italy; Gennaro Rocco, Italy*

#### Abstract

**Purpose:** Transitions in nursing education and professionalism that align with global nursing standards are elucidated as critical success factors in transforming health professionals and healthcare in Albania. Progressive educational and regulatory pathways throughout the 2000's (1999-2020) are emphasized for their impact on the Albanian health system including the achievement of Universal Healthcare Coverage.

**Methods:** Data collected by the Ministry of Health and Sport and the Regulatory Authority for nursing and other healthcare professions in Albania (UISH) was analysed and outcomes explicated Albania's major health challenges.

**Discussion and Conclusions:** Three milestones affirmed nursing as a driving force in the Albanian healthcare system:

1. Nurses constitute the largest health professional workforce via a nurse-patient ratio of 1:400 in contrast to physicians of 1:2500.
2. Nurses are frontline care providers via clinical leadership in the management of Primary Healthcare Centres, which ensure Universal Healthcare Coverage.
3. Nurses are first responders via their presence and compassionate caring in the Primary Healthcare Centres, including making critical shifts in converting Primary Healthcare Centres to Urgent Care Centres as needed.

**Clinical Implications:** Nursing advancements have implicated quality care and professionalism in Albania across the health professions via three critical pathways.

1. Health professional education via mandatory university degree entry-level (since 1999), which was prompted and adapted by nursing's quest to be a self-regulated profession (achieved in 2007). Baccalaureate entry into practice engendered health professionals' clinical competencies and intellectual strengths to transform healthcare.

2. Regulation via policies and procedures, enacted by laws spearheaded by nursing in the Academy, elicited moral and ethical imperatives to provide quality, safe and global standards of healthcare to the public.

3. Inter-professional student projects provoked cohorts of future health professionals who aspire team practices as standards of care.

### Biography

Alessandro Stievano is currently the research coordinator of the Centre of Excellence for Nursing Scholarship of OPI Rome - Italy. The Centre of Excellence for Nursing Scholarship OPI Rome - Italy- is a novel project that represents a unique venture for Italy, and one of the first to be set up in Europe, in line with the positive experiences matured in this direction in the United States, which will contribute to the development of competencies and performances of both individual professionals and healthcare teams. He is also an expert of learning processes and, in this logic, has received a master's degree in Education (Rome Three University - Rome- Italy) and another in Sociology from Alma Mater University of Bologna -Italy. He is the author of publications on a national and international level. His main interests are linked to health policy, ethics and transcultural issues in nursing and health professions.

Session no: P17 Abstract no: 0131

**Research Topic:** Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Quantitative (not included in another category)

### Impact of the Consultant Nurse - A quantitative review.

*Presenter: Nicolas Aldridge, Ma, UHCW, UK*  
*Co-presenter(s): Claire Badger, UK; Heather Tysall, UK*

#### Abstract

**Background:** The Consultant Nurse role is becoming an increasingly pivotal part of the nursing workforce, however quantitative



evidence of the components of Consultant Nurse role is lacking. A literature review demonstrated that evidence on this subject is predominately qualitative (Kennedy et al, 2011).

**Objective:** This research seeks to add quantitative evidence to the existing body of literature by reviewing the main tasks, roles and themes of a Consultant Nurse role, utilising the Careclox™ app. This is a UHCW developed application that provides “A method to determine the percentage of time nurses spend delivering direct patient care”.

**Process:** To capture Consultant Nurse activity the team collated what are the daily aspects of this role, these were defined within the categories: Direct Care, Indirect Care Clinical, Indirect Care Nursing and Non-Patient Facing Activities, resulting in 67 codes to reflect activity.

These were then coded with the Careclox app.

Over the period of 1 month the Consultant Nurses captured all their daily working activity via the Careclox™ app = 390hrs data collected.

**Main finding:** Although all three Consultant Nurses cover different specialties they all shared the Task; Non Patient Facing Activity 60.16% (231hrs), as the predominant reported category, with Professional Communication being reported as main task across all three Consultant Nurses.

**Conclusion:** The findings demonstrated that the roles are multifaceted and require the Consultant Nurse to be adaptable and an excellent communicator. This implies that the impact of the Consultant Nurse is far reaching and exceeds the direct patient care that a patient can receive in the moment. Influencing and supporting professionals to give high quality care across a department and wider organisation.

**Future Research and implications:** A larger sample size across multiple centers would offer greater insights and identify if external validity, generalisability and applicability of these findings exists.

### Biography

Lead Research Nurse at UHCW NHS Trust. A keen interest in workforce roles and development. Consultant Nurse Consultant Nurse, Acute Medicine

Session no: P18 Abstract no: 0297

**Research Topic:** Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Other approaches

### Establishing a virtual Research Network for Nurses and Midwives

*Presenter: Sharon Grieve, DPhil, MRes, RGN, Royal United Hospitals Bath NHS Foundation Trust, UK*

*Co-author(s): Lisa Hirst, UK*

#### Abstract

Research active organisations have improved clinical outcomes, staff morale and staff retention<sup>1</sup>. However, within organisations, nurses and midwives (NandM) have a limited research profile compared to multidisciplinary colleagues and so are less likely to contribute to the research agenda<sup>2</sup>. This presents a barrier to their career development, and the identification and delivery of local and national research priorities<sup>1</sup>.

The ‘Research Network’ was established at Royal United Hospitals Bath in 2020, to provide a forum to unite NandM’s with an interest in research. A local National Institute for Health Research 70@70 Senior Research Nurse led this new initiative, with support from a clinical librarian. Informed by the 70@70 programme<sup>3</sup>, the overarching aim was to raise the profile of research amongst the organisation’s NandM’s. The network offers a forum which includes peer support, networking opportunities, promotion of educational activities and research knowledge transfer via invited speakers and themed meetings. A key priority was to build research awareness and confidence in the clinical NandM workforce and embed their contribution to research within the organisation.

NandM’s from all specialities are invited to the bi-monthly meeting including; early career NandM’s wanting to learn more about research opportunities, those wishing to discuss their research ideas, those seeking support for Clinical Academic Awards, and those wishing to take the first steps towards engaging in research. In response to the pandemic, meetings are held via videoconference. This new way of working in a rapidly changing environment has facilitated attendance within the Trust and from the wider health community.

Increasing interest in the Research Network has resulted in membership being opened to a wider professional base. This inclusive approach will encourage inter-professional

learning, sharing of best research practice and promote research collaborations. Future opportunities include utilisation of a virtual platform to connect NandM networks across a wider geographical area.

### Biography

Dr Sharon Grieve is the Pain Lead Research Nurse and National Institute for Health Research 70@70 Senior Research Nurse at the Royal United Hospitals Bath NHS Foundation Trust in Bath, UK. My research interests centre upon chronic pain, and specifically Complex Regional Pain Syndrome (CRPS). I have an interest in improving health outcomes for this population and my research has included investigation into the mechanisms of chronic pain, the development of targeted treatments and the development of an international register to facilitate collaborative pain research. I have a honorary position with the University of the West of England as a Visiting Research Fellow. Sharon Grieve is a National Institute for Health Research (NIHR) Senior Nurse Research Leader. The views expressed in this abstract are those of the author(s) and not necessarily those of the NIHR, or the Department of Health and Social Care

### P19 Withdrwn

Session no: P20 Abstract no: 0399

**Research Topic:** Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Questionnaire

**Research Approach:** Survey

### The experience of burnout amongst nurses and midwives during the COVID-19 pandemic in Ireland.

*Presenter: Steve Pitman, RGN, FFMRCIS, BSc (Hons), MSc (Psy Health), MSc (Work Org Psy), Pg Cert LHPE, Irish Nurses and Midwives Organisation, Ireland*

*Co-author(s): Niamh Adams, Ireland;*

*Co-author(s): Edward Mathews, Ireland;*

#### Abstract

**Background:** Nursing and midwifery work environments are associated with high levels of stress due to heavy workloads, shift work and staffing<sup>1</sup>. In Ireland, burnout has also been a feature of the nursing and midwifery professions<sup>2</sup>. The COVID-19 pandemic has added significant pressure to health systems and the work of nurses and midwives globally.



**Aims:** The aim of this research was to gain an understanding of the psychological experiences of nurses and midwives during the COVID-19 pandemic with a specific focus on the experience of burnout amongst the profession.

**Methods:** A cross-sectional online survey was designed and conducted throughout August and September 2020 of nurses and midwives across Ireland. The survey contained seven demographic questions and 23 Covid-19 related questions. Data relating to burnout in the survey was collected using the Burnout Assessment Scale (BAT).

**Results:** 2,642 nurses and midwives responded to the survey. The results identified that 61% reported feeling mentally exhausted and 57% reported feeling physically exhausted at work. 72% of respondents reported feeling mentally and physically exhausted at the end of work. A further 58% sometimes to always had trouble staying focused and 55% sometimes always struggled to think clearly.

**Discussion:** Burnout is a psychological-emotional state that has been identified as having a negative impact on nurses and midwives for almost 40 years. The extraordinary physical and psychological demands of COVID-19 have resulted in high levels of physical and mental exhaustion. It is vital that employers take action to reduce the worked related psychological impact of the virus and monitor the longer-term consequences.

**Conclusions:** Action must be taken now to limit this psychological impact to ensure that we can maintain a healthy workforce over the coming months and to ensure that we retain nurses and midwives once the crisis is over.

### Biography

Steve Pitman is an RGN and Fellow of the RCSI Faculty of Nursing and Midwifery. He is the Head of Education and Professional Development at the Irish Nurses and Midwives Organisation (INMO). Steve has worked in clinical practice in the UK and Ireland, management and academia. He was previously Programme Director and Lecturer in the RCSI Leadership coordinating programmes in Ireland, Dubai and Bahrain. He has a primary degree in Social Psychology and Masters degrees in the Psychology of Health and Mental Performance and Work and Organisational Psychology. Steve lectures in leadership and strategy in the RCSI. His area of research interest is work engagement and burnout. He is a member of the Education and Training Committee of the Nursing and Midwifery Board of Ireland (NMBI) and

other national committees. Steve Pitman is a Registered General Nurse and Fellow of the RCSI Faculty of Nursing and Midwifery.

## Poster tour F

Theme: Service innovation and improvement

Session no: P21

Abstract no: 0266

**Research Topic:** Service Innovation and Improvement

**Methodology:** Mixed

**Research Approach:** Evaluation (process, impact)

### Bridging the gap between research and clinical care: strategies to increase awareness and engagement in clinical research

*Presenter: Margaret Shepherd, RN, BSc (Hons), PhD, Royal Devon and Exeter NHS Foundation Trust / University of Exeter Medical School, UK*

*Co-presenter(s): Helen Quinn, UK*

*Co-author(s): Ruth Endacott, UK*

### Abstract

**Background:** Research active hospitals have better patient outcomes and improvements in healthcare are associated with greater staff engagement in research (Henderson 2008). However barriers to research activity include inadequate knowledge/training and perceptions that research is a specialist activity. Nursing is an academic discipline but the infrastructure supporting nursing research worldwide is variable and sustaining clinical academic careers remains challenging (Hafsteinsdóttir 2017, Carrick-Sen 2019). The UK NIHR70@70 Senior Nurse Research Leader programme provides dedicated time to increase clinical academic opportunities and foster a research culture; we describe initiatives developed by one NIHR70@70 leader to increase clinical staff engagement in research.

**Aims:** To develop initiatives to facilitate clinical research opportunities and bridge the gap between clinical care and research.

**Methods:** New strategies were developed in one health service to increase clinical staff engagement in research activity. This included: i) Chief Nurse Research Fellows: clinical staff undertaking bespoke research training to identify local clinical research priorities, ii) an exemplar nurse-led Embedding Research In Care (ERIC) unit to pioneer innovation, evaluation and research participation supported by a Research Facilitator and iii) a Clinical Academic Network for NMAHPs to aid collaborative working.

**Results:** The first cohort of Chief Nurse Research Fellows have successfully

completed a bespoke training programme and, with mentoring, developed projects to tackle clinical problems. The ERIC unit initiative was configured and the first ERIC unit has been awarded. A Clinical Academic Network group of 25+ nurses, midwives and allied health professionals was established and provides peer support and mentoring.

**Conclusions:** This multi-faceted approach has successfully supported research training/engagement, enabled career development and identified nurses/midwives with potential to undertake clinical academic careers. A range of strategies are required to successfully bridge the gap between clinical care and research and can provide additional opportunities for clinical staff to become engaged in a research active career.

### Biography

Maggie trained as a RGN at Kings College Hospital and worked as Diabetes Specialist Nurse for eight years in Greenwich before joining the monogenic diabetes team in Exeter in 1995. She has a PhD in Medical Science and qualifications in Specialist Nursing (diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She leads the award winning national Genetic Diabetes Nurse project and international initiatives to increase awareness of monogenic diabetes, ensuring correct diagnosis and treatment. She has >100 publications (30+ first author) and was the first nurse awarded the Arnold Bloom lecture at Diabetes UK 2019 in recognition of her work in improving lives of people with diabetes, in many cases enabling patients to transfer from insulin injections to tablets. She was one of just four UK nurses and midwives to be included among the Women in Global Health's 100+ Outstanding Women Nurses and Midwives in 2020 for her work.

al., 2015), therefore, it is imperative that a vibrant research culture is promoted across all health professions. We describe a series of activities undertaken to increase research engagement in a perioperative environment as part of participation in the Health Education England (HEE) Research Internship and the NIHR 70@70 Senior Nurse/Midwife Research Leadership programme.

**Method:** Utilising Rogers Diffusion Model (Rogers 2003), activities were designed to increase staff awareness, engagement, and participation as change agents in the three aspects of research activity (implementing, facilitating, and conducting research).

We provided visible research leadership in the clinical setting. Quality Improvement (QI) topics were initially used as a springboard for research discussions, however, the team decided that dedicated time was required. Monthly research discussion groups were structured to explore barriers/facilitators, and opportunities in research, with speakers on ongoing research and other relevant topics.

**Outcome:** Research leadership played a key role in generating shared interest in research. The group discussions highlighted staff perceptions and experiences of research and also became a forum for reflection and shared learning. Staff steadily engaged in research seminars, workshops and networking. Three are pursuing clinical academic careers, obtaining HEE Internships and/or registering for PhDs. MSc research topics on perioperative nursing practice also increased.

**Conclusion:** These activities and outcomes provided the elements for the roadmap in development to bridge clinical practice and research. We have identified that exposure to the wider research support network within the Trust and NIHR, strengthens clinical leadership roles and enable novice researchers in promoting a research active workplace culture. Furthermore, utilising existing clinical systems such as QI and a collaborative approach supports research engagement and tailoring of activities according to staff needs.

### Biography

Theresa is the Lead Educator at St Bartholomew's Hospital NHS Trust. For most of her nursing career she worked alongside multidisciplinary team in cardia-thoracic, cardiology and intensive care settings. She has a keen interest in surgical safety and error management, with a specific focus on the complexity of workplace culture and its impact on safety conscious behavior during surgical interventions. She was awarded

the NIHR Internship and is a member of the Florence Nightingale Foundation Alumni Community. Furthermore, her role as a NIHR 70@70 Senior Nurse leader, has significantly enhanced her professional leadership capacity in supporting the implementation of strategic change and service improvement, influencing the integration of research in clinical nursing practice.

Session no: P23 Abstract no: 0052

**Research Topic:** Criminal justice/prison nursing, Learning/ intellectual disability, Rehabilitation

**Methodology:** Observation

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### STAY-SAFE: A research project to evaluate the use of the Talking Mats™ visual communications tool with the inpatient learning disability forensic population

Presenter: Sarah Rhynas, PhD, University of Edinburgh, UK

Co-author(s): Sam Quinn, UK; Susan Gowland, UK; Nicola Braid, UK; Lois Cameron, UK

### Abstract

People with a learning disability who are in contact with the criminal justice system (CJS) face significantly higher health inequalities than the general CJS population. Difficulties in processing and understanding information can lead to details about health conditions not being communicated and the necessary treatment not being provided (Marshall-Tate et al, 2019). Additionally, there are several risk factors associated with residing in a forensic unit that may further exacerbate health inequalities. Risk assessment and management procedures play a key role in mitigating risks to individual patients. While there is strong support among learning disability nurses for including a patient perspective in such procedures, there is limited academic evidence around how this is best achieved (Fish et al, 2012).

Colleagues from the University of Edinburgh, NHS Fife and Talking Mats™ collaborated on a three-phase ethnographic study (STAY-SAFE) to evaluate the viability of using a symbol-based visual communication tool 'Talking Mats' with inpatient learning disability forensic services. Initial interviews were conducted with nurses (n=4) and patients with a learning disability

Session no: P22 Abstract no: 0349

**Research Topic:** Service Innovation and Improvement

**Methodology:** Focus Groups

**Research Approach:** Evaluation (process, impact)

### Embedding a research culture in perioperative environment

Presenter: Theresa Roomaney, MSc, BSc (HONs), RN, PG Cert Education, Barts Health NHS Trust, UK

Co-presenter(s): Trixia Arcegono, UK

### Abstract

**Introduction:** Research active hospitals have better patient outcomes (Ozdemir et

to discuss perceptions of risk and safety. Nurses and patients then used the Talking Mats 'Keeping safe' symbol set over four months (March-June 2021), with conversations video recorded for analysis. Finally, participants completed an exit interview to provide their reflections on using the tool. Data analysis was undertaken using a framework approached underpinned by Douglas's Cultural Theory (Douglas and Calvez, 1990).

It is envisioned that the findings of this study could enhance therapeutic conversations around risk and safety between learning disability nurses and their patients. This could improve the assessment and treatment of adults with learning disabilities in forensic services leading to better outcomes and a more pronounced role for patients in their own risk management.

### Biography

Dr Sam Quinn joined the University of Edinburgh in April 2020 as research fellow on the STAY-SAFE project : Exploring risk and SafeTy with leArning disability clients in forensic Services: an evAluation of Talking Mats a visual, Electronic, communications tool. Sam has previously worked as a research fellow/research assistant on projects encompassing learning disability, dementia and third sector research. His PhD was an ethnographic exploration of living and dying in a group home for people with learning disabilities and dementia.

Session no: P24 Abstract no: 0325

**Research Topic:** Older People, e-Health (including informatics and telehealth), Research Process Issues

**Methodology:** Mixed

**Research Approach:** Evaluation (process, impact)

### A service evaluation of the use of Telehealth consultation in a care home

*Presenter: Rose Uches, RN, Msc., University of Nottingham, UK*

#### Abstract

Hospital attendance of care home residents for potentially avoidable conditions remains common and frequent despite measures currently in place to reduce unnecessary transfers. This predisposes the frail and old to invasive procedures which can lead to complications such as delirium and infections. Factors increasing the admission of care home residents to the hospital include the absence advance care plan and an on-site clinician. This necessitated

the implementation of telehealth which is defined as the use of telecommunication technologies to provide long-distance clinical health services. This study aimed to understand the use of telehealth in a single care home facility. A mixed-methods approach was used to obtain both quantitative and qualitative data. Qualitative data obtained from nurses' record reports on the demographic characteristics of the residents' and the outcome of each consultation from June 2019 to June 2020. Also, nurses were interviewed via telephone to explore their experiences following the use of the telehealth service. Results showed that telehealth services were used for non-emergent clinical consultation with over 60 calls in twelve months. Frequent reasons for calls include deteriorating health (33%), falls (16%), and suspected infections (17%). Most of the consultation resulted in care within the confines of the care home whilst supporting nurses in decision making. However, hospital transfers were expedited in non-avoidable cases (18%). Overall, nurses described their experience with telehealth to be positive. Nevertheless, features such as e-auscultation were suggested to help improve the service. Telehealth has improved the quality of care given to residents in care homes by improving prompt access to clinical consultation whilst preventing unnecessary hospital transfers. Overall implementation of telehealth services in long term facilities will expedite access to clinical care and improve quality of care.

### Biography

Rosemary Uchekukwu currently works as a Band 5 ED nurse at Mid-Cheshire NHS Trust. Prior to this, she has a 2-year work experience in Nursing homes. An active member of the Royal College of Nursing and an aspiring intellectual. She recently completed her post-graduate degree in Nursing from the University of Nottingham, UK and is keen on publishing research work from her previous study.

## Poster Tour G

Theme: Chronic Illness

### Poster 25 Withdrawn

Session no: P26 Abstract no: 0385

**Research Topic:** Patient Education, Methodology, Chronic Illness

**Methodology:** Mixed

**Research Approach:** Mixed Methods Research

### Patient education needs from a user perspective; a mixed methods study

*Presenter: Sian Rodger, RN, BSc, MRes, The London Spinal Cord Injury Centre, UK*

#### Abstract

**Background:** Patient education is a crucial element of spinal cord injury (SCI) rehabilitation to minimise post injury complications. As patient engagement is variable continual evaluation of services and patients' learning priorities/styles is vital.

**Aim:** This presentation will share findings from a study exploring patients' perceptions and experiences of inpatient education as an aspect of self-management.

**Methods:** A parallel mixed method study was undertaken at a specialist Spinal Cord Injury Centre in London, England between March-June 2020. A purposive convenience sample of fifty spinal cord injured outpatients completed a purposive battery of questionnaires, including two validated surveys- The Effective Consumer Scale and Self-Efficacy for Managing Chronic Diseases 6 item scale. Seven of the sample also participated in a semi structured interview.

Survey data were analysed using SPSS. Pearsons product moment correlation coefficient was used to investigate the relationship between self-efficacy and effective consumer scale data. Interview data were thematically analysed.

**Results:** Survey results showed the most popular format of educational material was smart device application 68% (n=34) and websites 64% (n=32). There was a strong positive correlation (r=.66, p= <.001) between self-efficacy and consumer data and a shared variance of 43%. The semi-structured interviews resulted in 5 themes;

- The importance of inpatient education
- Current/future educational resources
- Information wanted by patients
- Emotional/physical effects of SCI

- Communication of SCI needs

Pain was the most common ongoing complication for participants of both phases of the study.

**Discussion:** This study suggests that current information provision does not meet all patients' needs and expectations. Patients require different formats to enable optimal learning, a one size fits all resource does not 'fit all'.

**Conclusion:** For patients to get maximum benefit from educational resources they need to be available in various formats with attention given to the physical size and volume of information.

### Biography

Sian Rodger is the patient education and health coaching clinical nurse specialist at the London Spinal Cord Injury Centre. A product of project 2000 Sian has gone on to achieve her BSc Hons in professional nursing practice (spinal cord injury) and last year her Masters in Clinical Research. Sian is passionate about bringing research to the ward enabling all nurses (especially ward based) to gain experience and knowledge in this vital area. Sian is currently in the process of organising a regular online nursing journal club at her trust. She also writes a regular blog for the Nursing Times online. This year Sian celebrates 25 years as a qualified nurse.

The movements included warm-up activities, Qigong exercises, and relaxation exercises, which were conducted in large groups 3 times a week, 60 minutes each session, for 12 weeks. Pre- and post-test data were collected using the WHOQOL-BREF, Taiwanese version, 1 week before and 13 weeks after interventions. A paired-t test was used for validation and analysis.

**Results:** A total of 116 individuals completed the pre-and post-tests, with 56 in the experimental group and 56 in the control group, each consisting of 20 males (34.5%) and 38 females (65.5%), with a mean age of  $63.88 \pm 8.30$  years. In terms of quality of life, physical health ( $B = 1.54, p < 0.001$ ), mental health ( $B = 1.68, p < 0.001$ ), social health ( $B = 1.02, p < 0.001$ ), environmental health ( $B = 1.02, p < 0.001$ ), and overall quality of life ( $B = 1.31, p < 0.001$ ).

**Discussion:** Results showed significant differences in the interaction between the 1st week and the 13th week of Yi Jin Jing Qigong interventions, and the experimental group outperformed the control group.

**Conclusion:** The results showed that Qigong interventions had a positive psychological effect on the quality of life of the middle-aged and elderly, and during the COVID-19 pandemic, all dimensions showed good, immediate effects. The Qigong increased opportunities for interpersonal interaction and established good social support.

### Biography

Entered the Bali Psychiatric Center, Ministry of Health and Welfare in 2006 as a clinical nurse, Certification of Psychiatric Mental health nurse License in 2011. Graduated from the National Taipei University of Nursing and Health Sciences with the degree of Master of Sciences in 2012.

## Poster tour H

Theme: Research Process Issues

Session no: P28 Abstract no: 0258

**Research Topic:** Research Process Issues, Women's health, Workforce and Employment (including health and well-being roles, research careers)

**Methodology:** Other collection or analysis method

**Research Approach:** Other approaches

### Impact on grant design and study delivery when funding a Clinical Research Nurse/Midwife as Co-applicant and TMG member.

*Presenter: Clare Pye, RN, Sheffield Teaching Hospitals NHSFT, UK*

### Abstract

Sheffield Reproductive Health Research Group (SCEPTRE) embedded the role of Clinical Research Nurse (CRN) in its NIHR Health Technology Assessment awards. As a funded co-applicant and member of Trial Management Group (TMG) the role provides CRN knowledge and expertise at all stages of the trial from grant design to protocol delivery and dissemination. Investment in research infrastructure has led to nurses/midwives undertaking extended roles to deliver clinical research [2] and evidence demonstrates the important contributions to the clinical research process, quality of research outcomes and most importantly the safe expert care of research participants [3] that this role provides. The Endometrial Scratch trial first funded this role [1] followed by two further trials-Shaping and Trialling Outpatient Protocols for Ovarian Hyper-Stimulation Syndrome and Hysteroscopic Excision of Leiomyoma and Polyp in Infertility due to commence late 2021.

This abstract attempts to build on this research and demonstrate the impact CRN's have at each stage of grant design/protocol delivery when funded directly from the award to provide this expertise. A reflective account was logged during each phase.

Grant design: Role provides input into proposed design, ensuring Patient and Public Involvement is meaningful and acted upon; performs pre-award early primary feasibility ensuring research pathways are acceptable to potential patients/research sites; focuses on eligibility criteria to facilitate maximum site participation locally/nationally by identifying/acting upon potential recruitment issues early.

Session no: P27 Abstract no: 0313

**Research Topic:** Public Health (including health promotion)

**Methodology:** Questionnaire

**Research Approach:** Experimental Research

### Effectiveness of Qigong Movements on the quality of life of middle-aged and elderly people

*Presenter: Li-En Lin, Master of Science, Bali Psychiatric Center, Ministry of Health and Welfare, Department of nursing, China*

*Co-presenter(s): Li-En Lin, China; Ssu-Ta Chen, China; Cho-Pu Lin, China; Cheng-Yea Ma, China; Chien-Hsin Chang, China*

### Abstract

**Aim:** This study aimed to investigate the effectiveness of Yi Jin Jing Qigong interventions on the quality of life of middle-aged and elderly people.

**Methods:** A quasi-experimental study was designed to recruit adults over 45 years of age in the New Taipei area as research subjects from February to August 2020.



Trial delivery: Funded TMG member ensures involvement is possible at all levels of discussion and decision making with Chief Investigator, Trials unit and site research teams providing specialist CRN delivery knowledge, expertise and leadership.

If, as part of the grant award, appropriate funding is included for experienced CRN's to provide research delivery expertise, knowledge and leadership as a co-applicant and member of the TMG it will have a significant impact on overall trial design, delivery and success.

### Biography

Clare is an experienced registered nurse with over 20 years of clinical research delivery experience in the Pharmaceutical Industry, Primary and Secondary care sectors in a variety of different research roles. She is currently, Lead Research Nurse for The Sheffield Reproductive Health Research Group (SCEPTRE) which is a collaboration of researchers at Sheffield Teaching Hospitals NHS Foundation Trust (STHNFT) and the University of Sheffield Clinical Trials Research Unit. This funded role as a co-applicant and member of Trial Management Group provides clinical research nursing delivery knowledge, expertise and leadership at all stages of the grant design and protocol delivery. She is also a Senior Nurse Research Leader on the NIHR 70@70 Research Nurse Leadership Programme strengthening and supporting innovation and research implementation at STHNFT in the pursuit of high quality, evidenced based nursing, midwifery and healthcare practice.

Session no: P29 Abstract no: 0278

**Research Topic:** Research Process Issues

**Methodology:** Observation

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### The nurse identity in qualitative healthcare research - friend or foe?

*Presenter: Sarah Brand, RN, MSc, MA, PhD, Nottingham University Hospitals NHS Trust, UK*

#### Abstract

**Background:** With the rise of clinical academic careers for nurses, we hope to see an increase in nurses conducting research alongside concurrent nursing practice<sup>1</sup>. This juxtaposition does however result in a need for nurses to manage both

their professional nursing identity and researcher identity within their work. This paper reflects on two qualitative studies undertaken by a nurse in which the impact of disclosure of her professional identity was apparent.

**The debate:** In one of the studies, ethical approval required the nurse researcher to disclose her nurse identity to all participants. In the other, this was not a requirement. It was noticeable that disclosure of the nurse researcher's professional identity influenced the research process and the data generated.

**The evidence:** When the nurse identity was not disclosed in interviews, participants appeared to find it hard to 'place' the researcher, why they were there and what they might be interested in talking about. This was not the case when participants were aware of the researcher's professional background.

When known to be a nurse, during observational data collection, the researcher was included in conversations in their professional capacity, asked to chaperone patients and patients requested they act as a patient advocate.

The power dynamics within relationships with patients and other healthcare professionals inherent in the nurse identity in clinical practice had a tendency to be replicated within relationships within the research process when the nurse identity was known.

**Conclusion:** Reflexivity in qualitative research is crucial<sup>2</sup>, but the reflections presented here suggest that there are particular issues associated with being a nurse researcher in healthcare contexts specifically. A more thorough exploration of this issue would determine how nurse researchers can best exploit the opportunities and manage the challenges, thereby resulting in high quality nurse-led research.

### Biography

Dr Sarah Brand is an Assistant Divisional Nurse in the Cancer and Associated Specialities Division at Nottingham University Hospitals NHS Trust. She also works as a Senior Research Nurse in the Renal Unit at the Trust. She is one of the NIHR's 70@70 Senior Nurse Research Leaders. Her research interests are long term conditions, particularly issues of patient self-management, patient and public involvement in research and healthcare, and knowledge mobilisation.

Session no: P30 Abstract no: 0372

**Research Topic:** Research Process Issues

**Methodology:** Questionnaire

**Research Approach:** Evaluation (process, impact)

### Dispelling the myth: positive patient perception of research in a busy endoscopy setting.

*Presenter: Heather Barnes, BSc, University of Oxford, UK*

*Co-author(s): Luminita Puta, UK; Simona Fourie, UK*

#### Abstract

**Background:** Endoscopy services in the United Kingdom are under increased pressure as demand surpasses service capacity in most centres, and this often leads to high staff turnover. Conducting research in a busy endoscopy setting can be challenging, staff often acting in a paternalistic manner and limiting access of research nurses to potential participants. In an attempt to respond to such attitudes among clinical staff, we have conducted a service evaluation in a busy tertiary NHS centre to evaluate the patient perception of research activities in the department.

**Methods:** Short questionnaires were administered to 40 participants that consented to take part in research, within the department for the purpose of evaluating the research activities within the department. Descriptive statistics were used for analysis.

**Results:** Research participation within the department was around 70% from those approached for suitable studies. Overall, patients were keen to take part in the research, with over 60% expecting to be approached during their clinical procedure, as stated in the procedure booklet. Around 95% found that research did not add extra pressure to their procedure, and 60% reported they would definitely encourage family and friends to participate in research. All participants found the research nurses have been professional and answered all their questions prior to consent to take part in studies. This was consistent with the perceptions of research staff involved, who felt that patients responded positively to research, in spite of the challenging setting. Furthermore, these findings helped research staff to dispel the beliefs that research added additional burden to patient experience.

**Conclusion:** Research in a busy endoscopy department is not perceived negatively by potential participants. Nursing staff within such settings should be cognisant of patients' preferences and facilitate

## Posters

research participation. Clinical staff should work closely with research staff for an enhanced patient experience

### Biography

Heather has joined a research team from University of Oxford immediately after graduating her degree, as a research practitioner and is involved in patient facing activities as well as supporting the operational activities related to research. She has an interest in improving patient experience as participants in clinical studies, and she is actively involved in introducing any new research study to clinical staff from endoscopy department, where is the main site for recruitment in the study coordinated by her.

Session no: P31 Abstract no: 0109

**Research Topic:** Chronic Illness

**Methodology:** Other collection or analysis method

**Research Approach:** Other approaches

### Collective nursing research leadership: A National Institute for Health Research 70@70 led James Lind Alliance Community Nursing Priority Setting Partnership

*Presenter: Lee Tomlinson, RN, BSc (Hons), MRes, Kent Community Health NHS Foundation Trust, UK*

*Co-presenter(s): Catherine Henshall, UK; Lee Tomlinson, UK; Louise Jones, UK*

*Co-author(s): Claire Armitage, UK*

### Abstract

The James Lind Alliance is an initiative which brings patients, carers and clinicians together in Priority Setting Partnerships (PSPs). These PSPs identify and prioritise the evidence uncertainties, or 'unanswered questions', that they agree are the most important for research in their topic area. The overall aim is to produce a 'Top 10' of research priorities to help ensure that researchers are aware of what really matters to patients, carers and clinicians.

Community nurses support people with multi-morbidities, chronic and long-term conditions; they support patients and carers to increase quality of life, promote independence, and provide a service that is patient centred at all stages from diagnosis to end of life.

In 2019, four National Institute for Health Research (NIHR) 70@70 nursing research leaders came together in a unique collaboration to develop a PSP for community nursing. The aim of the PSP was to identify

unanswered questions about community nursing and prioritise the issues considered to be most important. After obtaining funding from the NIHR Applied Research Collaboration, the 70@70 joint project leads worked together to facilitate this project.

The first steering group meeting took place in September 2020, and the PSP launched its surveys for service users, carers and nursing staff in December 2020. There have been collective benefits from the collaborative nature of this project; the project team has been able to share ideas, develop extended networks and reach geographic locations across England that would not otherwise have been possible. The pandemic has provided extra challenges as the project leads have all spent time supporting their trusts while developing the PSP and delivering the project in a different way. In addition, they have developed a publication strategy to ensure the findings can provide maximum benefit to those working, and being cared for, in the community.

### Biography

Dr Cathy Henshall MN, RGN, MA, PhD is a National Institute for Health Research 70@70 Senior Nurse Research Leader and is responsible for improving the capacity and capability of nurses to undertake research across the UK. She is also a Senior Nursing Research Fellow at Oxford Brookes University and the Head of Research Delivery at Oxford Health NHS Trust. Cathy holds an honorary contract with the Department of Psychiatry, University of Oxford. She is Principal Investigator on numerous studies and her research interests include cancer survivorship, self-management, mental health and workforce development, with a particular interest in lung cancer and mesothelioma care. Cathy is on the editorial board of BMC Health Services Research and the Journal of Clinical Nursing and peer reviews for a number of academic journals. Her clinical background is in oncology nursing.

## Poster tour I

Theme: Patient Safety

Session no: P32 Abstract no: 0126

**Research Topic:** Patient Safety (including human factors, infection prevention and control etc), Cancer

**Methodology:** Interviewing

**Research Approach:** Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

### Health care professionals' view of the impact of a diagnosis of cancer being made following an unplanned hospital attendance; a pilot study

*Presenter: Karen Wingfield, RN BN Hons, MSc, PGCE, NMP, Cwm Taf Morgannwg University Health Board, UK*

### Background

An Acute Oncology Service (AOS) in a District General Hospital (DGH) is mainly a nurse-led advisory speciality to advice medical teams about appropriate management of oncology patients in a DGH. This includes patients being diagnosed with cancer following an unplanned hospital attendance/admission who generally have poorer outcomes (Ellis-Brookes et al., 2012; McPhail et al., 2013). Cancer diagnosis routes, including emergency presentations is one of the actions within Welsh Government's Cancer Delivery Plan 2016-2020 (2016). There is little or no evidence about non oncology specialist health care professionals' (HCPs) experiences who manage or are involved with these patients. A RCBC Wales First Into Research Fellowship was awarded to undertake this pilot piece of research within 1 DGH in a University Health Board in South Wales. Ethical approval was obtained.

### Aims

- Qualitative insight into HCPs perception of management of patients diagnosed with cancer in an emergency setting.

**Method:** Semi structured digitally recorded interviews with HCPs who met the inclusion criteria.

### Inclusion criteria:-

- Any registered HCP in Royal Glamorgan Hospital Cwm Taf Morgannwg University Health Board who has experience with diagnosing, breaking bad news, supporting patients diagnosed with cancer following unplanned hospital admission.
- Participant able to give informed consent

**Results:** Three female, 1 male, all medical consultants with varying lengths of time as a consultant from 3-10 years took part in the pilot study in February 2020.

The following themes were found in the interviews:-

- Negotiating with other departments
- Wishing to do a good job
- Appreciate AOS
- Emotional Aspect

**Discussion:** HCPs experience significant emotional effort relating to managing this cohort of patients in relation to breaking bad news. AOS is appreciated and beneficial to HCPs and patients, its team work is valued.

**Conclusion:** Further research with this group of HCPs and extended to patient interviews as originally planned would be beneficial.

#### Reasons approval not obtained

I am not presenting an empirical study however I did have to obtain ethical approval for my study.

#### References

Elliss-Brookes, L., McPhail, S., Ives, A., Greenslade, M., Shelton, J., Hiom, S. and Richards, M. (2012) Routes to diagnoses for cancer-determining the patient journey using multiple routine datasets. *British Journal of Cancer*. (107), 1220-1226.

McPhail, S., Elliss-Brookes, L., Shelton, J., Ives, A., Greenslade, M., Vernon, S., Morris, EJA. and Richards, M (2013) Emergency presentation of cancer and short-term mortality. *British Journal of Cancer*. (109), 2027-2034.

Welsh Government. (2016) Cancer Delivery Plan 2016-2020. Welsh Government. Cardiff

Session no: P33 Abstract no: 0267

**Research Topic:** Patient Safety (including human factors, infection prevention and control etc), Acute and critical care, Service Innovation and Improvement  
**Methodology:** Observation  
**Research Approach:** Evaluation (process, impact)

#### Testing a Standard Operating Procedure for Criteria Led Discharge: Selection of Patients for Efficient and Effective Discharge (SPEED 2) – An Observational Study

*Presenter: Liz Lees-Deutsch, PhD, University Hospitals Birmingham NHS Trust, University of Birmingham and NIHR 70@70 Research Programme, UK*

#### Abstract

**Background:** Criteria Led Discharge (CLD) is advocated globally to improve patient flow through hospital by expediting efficiency of patient discharge (Lees-Deutsch and Robinson, 2018). In acute medicine [part of emergency care] patient complexities and the heterogeneity of clinical conditions have inhibited development of CLD (Lees-Deutsch et al, 2019). A Standard Operating Procedure (SOP) to guide the implementation of CLD was evident however; this had not been implemented.

#### Aims:

To establish:

1. To develop and test tools to support implementation of the SOP
2. Any contradictions relating to the activities and stages within the SOP
3. If CLD expedited the discharge process in an acute medicine ward
4. Process modifications to support a large-scale evaluation study

**Methods:** Observational study in three stages: Preparatory - process mapping and development of supporting documentation; Staff Training - familiarization and agreement for changes; Practice – testing of CLD process and SOP. Data collection and analysis were guided by the Cultural Historical Activity Theory (Engestrom, 2001) to reveal contradictions to SOP, through retrospective documentation and artifact review.

**Results:** Common and special cause contradictions to the SOP were revealed namely; delay in writing discharge medications / GP letters and nurses were too busy to routinely participate in the patient clinical reviews and clinical criteria.

**Discussion:** If nurses could join the clinical reviews, discussion of the proposed clinical criteria would aid the parameters for patient

discharge. Moreover, such discussion forms a critical link between the usual medically led discharge activities and that of the explicit nurse's role in the CLD process.

**Conclusion:** The SOP enabled successful implementation of CLD in acute medicine. The prescription of take home medications must be addressed, exploring potential for nurses to undertake non-medical prescribing training. It has contributed to a greater understanding of discharge process variations, establishing opportunities to improve CLD.

#### Biography

Liz has a Consultant Nurse role in a very large NHS Foundation Trust. Since completing her PhD (2018) she enjoys a multifaceted role encompassing clinical academic activities. She leads research on Criteria Led Discharge in the UK and through the NIHR 70@70 Nurse and Midwife Researchers Programme, she is developing activities to improve the capacity and capability of Nurses to undertake critical appraisal, publication and research. She has over 100 publications related to acute medicine and two published books. In her spare time she likes to be creative, doing her dress making and gardening where she lives, near the beautiful Malvern Hills.

# Symposia

Tuesday

Symposium 1 Abstract no: 0134

## The use of guidelines for the publication of literature reviews

Lead: Dr Helen Aveyard

### Symposium Statement

Doing a literature review is a popular and useful academic endeavour within nursing; summarising the available literature on a topic enables the reader to see the whole picture of research that has been undertaken and can negate the need to read individual research papers. They prevent one paper being interpreted out of context. Literature reviews can be undertaken as a pre-requisite to an empirical project to identify a gap in knowledge or as a stand-alone project to synthesise understanding of an area. Reviews can be undertaken by students as a component of an academic award or by established researchers.

The popularity of literature reviews has led to a great many publications; there are many different types of literature reviews and these are reflected in a wide range of publications. In this symposium, we discuss the current guidelines for writing and publishing a literature review that are used by researchers and editors and possible ways to proceed. In the first paper, we explore current methods of doing a literature review including reference to an audit of current practices that illustrates the diversity of methods currently in use. In the second paper, we present the findings of a qualitative study which explored the perceptions of journal editors regarding the ways in which literature reviews are written and indexed within their journals. In the third paper, we discuss whether publication guidelines are the way forward and if so, whether existing guidelines can be more widely used.

At the end of the symposium, participants will have a deeper understanding of the role of the literature review within research and the ways in which the writing and publishing of literature reviews can be enhanced by the considered use of guidelines.

### Paper 1

## Introducing methods for doing a literature review

Authors and affiliation  
Dr Helen Aveyard, Oxford Brookes University, United Kingdom; Prof Carrie Bradbury-Jones, Birmingham University, UK

### Abstract

**Background:** There are many methods for doing a literature review as discussed in the introduction.

**Aim:** To introduce the concept of a literature review and the various methods for doing so.

**Method:** To explore the different methods for doing a literature review; including but not limited to systematic review, qualitative evidence synthesis, integrative reviews, realist reviews and scoping reviews. We will clarify our own position regarding the difference between a literature review and a systematic review. We will refer to publications (for example Aveyard & Bradbury-Jones 2019, Grant & Booth 2009) which map out the current trends and approaches to doing a literature review and which indicate a proliferation of differently named methods which are currently available. We will also refer to publications that express concern about the quality of analysis in some reviews (Thorne 2017).

**Methodological discussion:** We will argue that the current proliferation of named methods for doing a literature review is likely to cause confusion for both academics and practitioners alike. We will also argue that methods for doing a literature review fall into a few distinct categories rather than the multiple terms used in the published papers and that the terms used to describe a literature review could and should be simplified. In addition, we will argue that researchers need to provide more than just a name for the review they are doing; they need to ensure that they can justify the approach they have taken and that they adhere to a recognised method when doing the review and that this is clearly explained and justified in the published paper.

**Conclusion:** It is argued that a consolidation of names for doing a literature review and an adherence to a recognised method would help to achieve a consistent standard in published literature reviews.

### References

References: Aveyard H, Bradbury-Jones C (2019) An analysis of current practice in undertaking literature reviews: a focussed mapping review and synthesis. *BMC Medical Research Methodology* 19:105  
Grant MJ and Booth A (2009) A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal* 26(2): 91–108  
Thorne S (2017) Meta-synthetic madness: what kind of monster have we created. *Qualitative Health Research* Vol. 27(1) 3–12

### Paper 2

## How should literature reviews be written up and indexed within nursing journals? A study with journal editors.

Authors and affiliation  
Prof Carrie Bradbury-Jones, Birmingham University, United Kingdom; Dr Helen Aveyard, Oxford Brookes University, UK

### Abstract

**Background:** The name and format of literature reviews is diverse within the nursing journals.

**Aim:** To explore the perception of journal editors about the writing and indexing of literature reviews.

**Methods:** In-depth interviews were undertaken between January–June 2020 with editors from nursing journals. Journals which had the term ‘nurse’ or ‘nursing’ in the title were identified from SCIMago journal ranking. Journal editors were invited for interview to discuss the publication of literature reviews within their journal. Interviews were undertaken online.

**Results:** Seven in-depth interviews were undertaken with editors from around the world. Editors agreed that literature reviews had gained importance in recent years and that this popularity had led to a proliferation in methods in addition to a lack of adherence to pre-defined methods, which have been largely unchecked by both researchers and reviewers. Editors acknowledged the potential for confusion in the use of the different terms and lack of adherence to a recognised method; this was of particular concern regarding the



term 'systematic'. The use of guidelines by both researchers and reviewers was anticipated to help bring some consistency to the publication of literature reviews though there was concern that this would lead to a prescriptive approach to reviews. In addition, guidelines do not currently exist for all types of reviews.

**Discussion:** The concern about need to review the writing and publication of reviews (Thorne 2017 and Page & Moher 2016) is largely reflected by journal editors. Reporting guidelines that provide guidance rather than instruction could help to ensure a higher standard in the reporting of literature reviews. This could help to ensure that the name given to the review reflects a recognised method which is adhered to by researchers and hence facilitate the publication process.

**Conclusion:** This will be discussed in the next session.

#### References

Page MJ, Moher D (2016) Mass production of systematic reviews and meta-analysis- an exercise in meta-silliness. *Millbank Quarterly* 94. 515-519  
 Thorne S (2017) Meta-synthetic madness: what kind of monster have we created. *Qualitative Health Research* Vol. 27(1) 3-12

#### Paper 3

### The role of reporting guidelines in the publication of literature reviews

Authors and affiliation

*Prof Kate Flemming, University of York, United Kingdom*  
*Prof Nicola Ring, Edinburgh Napier University, UK*

**Background:** Publication guidelines exist for some but not all literature reviews.

**Aim:** To explore the role of reporting guidelines for those writing and publishing reviews.

**Method:** To identify the reporting guidelines that are available to researchers, peer reviewers and editors. Many journals refer authors to reporting guidelines, for example Tong et al (2012), France et al (2019) though other guidelines do exist. The author guidelines for the nursing journals identified in session 2 were scrutinised in order to identify currently available reporting guidelines for those writing a literature review. Most journals referred researchers to the EQUATOR guidelines. These guidelines have reporting guidance for many types of reviews such as systematic reviews with meta-analysis and qualitative reviews but do not have guidance for those doing some

other types of reviews. This partly reflects the proliferation of names for doing a review and the impossibility of guidelines for each named approach. It also however illustrates a gap, as reporting guidelines are not available for all review types.

**Methodological discussion:** Reporting guidelines are well established but are currently specific to certain review types. We will consider whether the reporting guidelines currently used for qualitative reviews could be used to guide a greater number of review types. These would need minor adaptation but in doing so would enhance the utility of existing guidelines and prevent the need for additional reporting guidelines.

**Conclusion:** The future role of reporting guidelines by both scholars and editors in the writing and publication of different types of literature reviews will be debated in this session.

#### References

France, E.F., Cunningham, M., Ring, N. et al. Improving reporting of meta-ethnography: the eMERGe reporting guidance. *BMC Med Res Methodol* 19, 25 (2019). <https://doi.org/10.1186/s12874-018-0600-0>  
 Tong A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology*. 2012;12(1):181.

#### Symposium 2 Abstract no: 0309

### Growing from the challenges presented by Covid-19 on integrating research in practice – the 70@70 approach

*Lead: Dr Helen Jones*

#### Symposium Statement

**Background:** Despite forming the largest part of the NHS workforce, nurses and midwives are currently underrepresented in the national research agenda. The underlying reasons for this are complex, but it is clear that nurses and midwives have an unparalleled contribution to make, with a unique and important perspective on clinical issues that truly matter to patients.

In recognition of this, The National Institute for Health (NIHR) 70@70 programme has funded 70 senior nurses and midwives across the UK for three years, to provide role modelling, mentorship and leadership for nurses and midwives involved in research. The broad aims of 70@70 are to champion and promote an embedded research active culture, to encourage and support

innovation, and to inform research priorities within organisations. In this symposium, 70@70 awardees in the London and South East regional hub will describe a range of examples and experiences demonstrating how research can be embedded in all types and sizes of organisations. This will focus on some of the specific challenges experienced during the Covid-19 pandemic when the importance and relevance of clinical research rose within a backdrop of an over stretched healthcare system and high acuity of patients.

#### Paper 1

### Ensuring the integration of covid 19 research into patient care

Authors and affiliation

*Dr Helen Jones, Royal Free London NHS Foundation Trust, UK*

#### Abstract

The impact of the covid 19 pandemic required research delivery teams to completely change focus and support a research portfolio which had rapidly responded to the demands of learning about a new emerging virus and identifying effective treatments and vaccines. Professor Chris Whitty eloquently summarised the challenge ahead when he said "The world faces an unprecedented challenge in our efforts to tackle the spread of COVID-19 and it is vital we harness our research capabilities to the fullest extent to limit the outbreak and protect life". As a 70@70 Senior Nurse with oversight of a research workforce, the priority became ensuring the delivery and integration of the covid research portfolio whilst responding to the need for nursing support to high acuity areas such as intensive care. Research nurses returned to practice and clinical nurses gained increased exposure to research which having previously predominantly been focused on outpatients, now initially became an inpatient portfolio. This joining of 2 worlds saw an increased awareness of research as both clinical and research nurses supported studies which were swiftly delivered and analysed to identify treatments which soon became integrated into treatment pathways.

This presentation will illustrate how working as a 70@70 Senior Research Leader ensured that research remained a focus in the pandemic response and enabled the integration and delivery of NIHR Urgent Public Health studies as well as a raised awareness of research to clinical teams. The patient voice will be heard through

extracts from the NIHR Patient Research Experience Survey (PRES) which captures the views of those participating in studies.

### Paper 2

#### **Building a successful and sustainable research culture in an NHS acute clinical setting during COVID-19.**

Authors and affiliation  
*Mrs Maudrian Burton, Barts Health NHS Trust, UK*

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#### **Abstract**

At our hospital we are committed to building a nursing research culture. Organisationally, research is represented at Board-level with clear patient/public engagement. Additional to core support (masterclasses, journal clubs, mentoring etc), we also deliver bespoke programmes to meet local need. One example, the Research ambassador programme, was established to provide an important link between the clinical areas (research ambassador) and the research teams (allocated 1-1 research buddy) enabling the promotion of research studies and help to develop research awareness skills, and support evidence-based activities. This programme has demonstrated how research in practice can create and sustain a positive research environment in the clinical environment.

Using the principles of the Research ambassador programme, this presentation will highlight the challenges and opportunities that a NIHR 70@70 Senior Nurse Research Leader had in engaging nurses from the clinical environment, who were seconded into a research role in response to the Covid-19 pandemic. Regardless of their practice setting, it is imperative that nurses be able to either participate in generating research knowledge or use evidence-based practice to deliver excellent patient care.

One of the challenges highlighted were concerns that some nurses were sent to a new area without considering their research skillset. The secondment of nurses was used as a strategy to deal with capacity concerns, but lack of research awareness, research training, and their match to the skills needed in the new area were distinct challenges. The opportunity of implementing the principles of the research ambassador programme, particularly combining classroom/masterclass-style and practice-based research training, and allocating 1-1 research buddy support was key to building research awareness and a positive research experience in the

redeployed nursing workforce, at a rapid pace, during the pandemic.

### Paper 3

#### **The impact of COVID 19 on developing research in a district general hospital and within specialist and community settings**

Authors and affiliation

Prof Suzanne Bench<sup>1, 2</sup>, Dr Cate Bell<sup>3</sup>, Ms Lee Tomlinson<sup>4</sup>

1London South Bank University, UK  
2Royal National Orthopaedic Hospital, UK  
3Western Sussex Hospitals, UK  
4Kent Community Health NHS Foundation Trust, UK

Many smaller or speciality NHS hospital Trusts lack the support and infrastructure often associated with bigger organisations. Using a case study approach, this presentation reflects on the successes and challenges associated with embedding a research culture within the nursing and midwifery workforce pre and post COVID-19 at the Royal National Orthopaedic Hospital NHS Trust; a national speciality hospital, Western Sussex Hospitals NHS Foundation Trust, a district general hospital and Kent Community Health NHS Foundation Trust. The presentation will outline the specific challenges faced by 70@70 Senior Research Leaders at these smaller and speciality trusts and discuss the impact of COVID-19 on nursing and midwifery engagement strategies developed pre pandemic. The presentation will also explore how the positive changes related to COVID-19 (e.g. more research awareness and greater understanding of research and practice staff roles due to greater visibility; improved recruitment to existing and new NIHR portfolio studies; rapid translation of research evidence to practice) can be captured to inform future engagement strategies.

### Paper 4

#### **How the 70@70 programme can contribute nationally and internationally**

Authors and affiliation

*Dr Enrique Castro-Sánchez<sup>1, 2</sup>, Prof Anita Green<sup>3</sup>*

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1City, University of London, UK  
2Imperial College Healthcare NHS Trust, UK  
3University of Surrey, UK

Research benefits reach across a global scale and Senior Nurse Leaders within the 70@70 programme work tirelessly to impact national and international agendas. The swift development of effective treatments and vaccinations against COVID-19 has been enabled by close collaboration between clinicians, researchers, and citizens worldwide. However, Nurse-led research remains broadly absent, when paradoxically few covid19 therapies exist and clinical management relies on excellent nursing care.

This paper will reflect on key national and international areas of such limited covid-19 nurse research, including global nursing shortages; limited investment in clinical academic leadership and redeployment of existing clinical academics, depleting nurse research capacity; and funding centred on clinical proposals, and how senior nurses within the programme can progress work forward. Internationally, the impact of these crisis measures will be greater in low- and middle-income settings, where research nursing is even more scarce, due to fewer opportunities for travel, collaboration and exchange.

The paper will discuss 70@70 initiatives which mitigate such deficits, highlighting national and international collaborations, and reflecting upon how to best translate and scale the programme to other settings and nursing environments. This includes how the programme provided an opportunity for a senior nurse working in education as a 70@70 leader to quickly respond as a researcher to a national concern when student nurses were asked to join a temporary NMC register by 'opting-in' to this arrangement during this emergency period. Involvement in the programme and 'being in the right place at the right time' enabled a swift response and the capture, through research, of the student's lived experience of this significant change in their role. This example demonstrates the national impact of integrating senior research positions into roles outside traditional R&D Departments.

## Symposium 3 Abstract no: 0366

**Age-appropriate care for young stroke survivors**

Lead: Prof Daniel Kelly

**Symposium Statement**

This symposium will be relevant to practitioners and academics with an interest in stroke and also as a model of research and practice development. It is based on the patient voice expressed through social and other media, grounded in the literature, advised by users from the field and taken forward into a practice development initiative.

A key finding of the Young Adults' Rehabilitation Needs and experiences following Stroke (YARNS) project was a lack of age-appropriate care for young stroke survivors. This symposium will explore that topic in more detail from the literature in paper 1 illustrating the process and outcome of the scoping review and from the patient perspective in paper 2 reporting on survivor stories of their rehabilitation and care which have been shared through digital media. In paper 3, the role and essential contribution of the PPI group is explored and in paper 4 an educational response as part of the action to address this need through the development of Advanced Nurse Practitioners in Rehabilitation and care is presented.

**Paper 1****Current research suggests a lack of Age-appropriate resource for young strokes**

Authors and affiliation

Catherine Clarissa, Dr Arcellia Putri Ms Lissette Aviles, Ms HyeRi Choi, University of Edinburgh, UK

**Abstract**

Stroke is a leading cause of disability worldwide, whilst it is often seen as a condition affecting the elderly, an estimated 11% of stroke survivors in the UK were aged between 15 and 44, and 40% between 15 and 64 (GBD 2019).

Do stroke services and stroke research reflect the needs of these younger age groups?

A scoping review was undertaken as part of the YARNS project, to address this question (Chandler et al. Submitted for publication).

Of the potentially relevant stroke literature identified (7747 articles) only 1% (78) were relevant to young people between the ages

of 18 – 45, and their experiences of acute or community based rehabilitation. Stroke was reported to impact on young adults in physical, financial, social and psychological ways. The focus and the outcomes of stroke rehabilitation were predominantly physical and addressed many basic needs in the early stages of recovery around movement and communication, but less around memory, behaviour and cognitive issues, the hidden disabilities of stroke. The societal belief that stroke is an elderly persons problem impacted on the individuals themselves who often did not believe they were having a stroke; health professionals, not recognising the signs in a young person as a stroke and delaying diagnosis; and wider society who struggle to comprehend the nature and impact of stroke in a younger person. As almost 90% of cases affect those over 45, the main focus of stroke care and rehabilitation is directed towards the elderly. Young adults experienced a lack of age-adapted stroke rehabilitation in both acute and social care settings.

The challenges arising from this review are the need for a greater awareness that stroke can occur at any age; and the recognition in all service provision that the young person's needs require an age appropriate design and delivery.

**References**

References: GBD (2019) Global Burden of Disease Study 2019 Results. <http://ghdx.healthdata.org/gbd-results-tool>

**Paper 2****Young stroke survivors' experiences of rehabilitation and care**

Authors and affiliation

Ms Lissette Aviles, Ms Udita Mitra, University of Edinburgh, UK Mr Jo-Fan Pan, University of Manchester, UK

**Abstract**

In younger people who have experienced stroke, the majority, 55% will have experienced a haemorrhagic stroke as opposed to an ischaemic stroke 45% (GBD 2019). Mortality among young people is 20 times lower following stroke compared to over 70s and they have a longer life expectancy, therefore the effect of any resultant disability will be much greater in impact and years. However, existing guidelines and services tend to focus on the elderly population rather than younger stroke survivors. The aim of this presentation is to explore the narratives of young stroke survivors,

focusing on their needs and experiences of rehabilitation.

As part of the YARNS project a qualitative study using narrative and multimodal analysis was undertaken. Publicly available sources including social media from English speaking users were searched. Stories from 103 young stroke survivors (age 18 to 45 at the time of the stroke) were included, drawn from films, books, blogs, websites, videos, Twitter and Instagram posts with a focus on their rehabilitation needs.

Young adult stroke survivors used these media to make sense of their experience of how stroke at a young age had impacted on their lives. The accounts reflected emotional journeys between the past self, the evolving self and the present self as well as associated challenges. Transitions were problematic, these included the initial diagnosis or misdiagnosis for many, getting home, and long-term rehabilitation where goals needed to be redefined with new life opportunities. Expert stroke nurses were an essential feature of successful rehabilitation.

Recovery following stroke is a complex process. It includes the challenges of the rehabilitation process alongside the unique problems faced by younger people. Their accounts focus on this individual perspective and help inform the development of appropriate person-centred stroke care.

**References**

GBD (2019) Global Burden of Disease Study 2019 Results. <http://ghdx.healthdata.org/gbd-results-tool>

**Paper 3****Patient experience and roles within YARNS, the PPI group input.**

Authors and affiliation

Ms Alison Smart, Queens University Belfast, UK; Ms Catherine Clarissa, University of Edinburgh, UK

The YARNS project recruited an advisory PPI group of service users who provided essential advice on the development of the project and acted as critical friends by providing representation and feedback on all aspects of the study. Seven service users were recruited from across the UK. Consultation was through online meetings to comment on and validate the findings of the scoping review and interpretation of the identified stories. Initial results were sent by video for the group to watch and reflect on how the results resonated with their experiences. Some of the volunteers

experienced aphasia and other cognitive impairments, therefore, digital resources were used to facilitate their participation. They identified additional information that had not been captured or missed and so revising the interpretation of the project outcomes.

Key observations that they made from their experience and expertise of stroke were: The small number of young adults in the overall group with stroke admitted into acute care; the issue of young adults' invisible disability post stroke; the importance of stroke rehabilitation for returning to work; the need for support and understanding from employers; and that younger people tend to have higher and different goals to those set by stroke rehabilitation programmes.

The advisory group are contributing to the ongoing research, advising on the best ways to support young people to tell their story through the development of a story passport or template. They are supporting further research developments becoming co-applicants on a grant proposal and co-researchers in this funding.

This level of input and insight was essential to ground the project in the reality experienced by young people following stroke.

focussed, practice in the area of neurological care and rehabilitation. Addressing the needs of working age adults with particular emphasis on the younger age group of 18 to 40 year olds. The programme aims are to enhance the nurses and neurological therapists knowledge and skills in supporting the physical, cognitive and mental health needs of young adults who have experienced ABI or stroke throughout their life course.

The programme is delivered in a part-time online distance mode allowing participants from across the UK, Europe and the World access.

The educational activity is based on the adult learner approach (Knowles et al, 2005) which encourages participants to develop their knowledge of neurological rehabilitation in relation to their practice experience. Thus encouraging reflection on their practice, engaging them in relevant and contextual learning and sharing that experience with their peers.

Recruitment to the programme has been strong with worldwide interest.

This programme is an example of an accessible opportunity to advance nursing education and careers, supporting the development of advance nurse practitioner roles.

### References

#### Paper 4

### **Developing the workforce, Advanced Nurse Practitioners in Neurological rehabilitation**

Authors and affiliation

*Dr Colin Chandler, Prof Aisha Holloway,  
University of Edinburgh, UK*

This symposium explores the literature base, narratives of young stroke survivors, and focuses on their experiences of rehabilitation, to inform practice, education and policymaking. A clear message is the need for age-appropriate care and rehabilitation for these young people to support their lives following stroke. The pivotal role of the stroke nurse is apparent both in the early stages of intervention and in the rehabilitation phases both inpatient and community based. Supporting the development of advanced practice in this area is a key outcome of the YARNS project for the future.

An educational programme has been developed to equip practitioners, through education and reflection on their own practice, narratives from the project, current literature and examples of good practice. The focus will be on person centred, partnership



## Wednesday

Symposium 5 Abstract no: 0292

### Addressing current challenges in adult nursing in the UK: a consensus development project

Lead: Dr Steve Robertson

#### Symposium Statement

This symposium comprises a set of inter-linked presentations from a consensus development project (CDP) aimed at addressing current challenges in adult nursing in the UK. The purpose of this CDP is to publish a consensus statement, make recommendations and contribute to UK nursing strategy. Recommendations will be disseminated to the public, scientific community, nursing stakeholders and decision-makers in policy and practice. During the CDP process, five online consensus seminars were hosted, each considering a challenge in nursing, identified from existing evidence, patient and public involvement and wider stakeholder consultation.

This symposium will outline of the development and implementation of this CDP, provide a brief overview of three of the five consensus seminar topics and consider the experience and contributions of lay panel members.

The first presentation explains and details each stage of the consensus development process, identifying learning points and reflecting on the online methods used. Presentations 2-4 each focus on one of the five consensus seminar topics. The three authors will present their expert overviews of the following topics; essential elements of safe nursing staffing, inhibitors and facilitators to practicing person and relationship-centred nursing and, the influence of nursing continuing professional development on quality of care. A short plenary session will allow for discussion of each of these three topics and the contributions of these expert overviews to the CDP. Presentation five is led by two members of the general public, both of whom were members of a lay panel which played a central role throughout the CDP. They will reflect on their experience of participating in the CDP. The symposium concludes by presenting a short consensus statement and recommendations, followed by a chaired discussion.

#### Paper 1

### Implementing a consensus development project: Addressing current challenges in adult nursing

Authors and affiliation

*Prof Jane South, Leeds Beckett University, UK; Dr Bethany Taylor, Dr Steven Robertson, Dr Emily Wood, Dr Rachel King, Dr Michaela Senek, University of Sheffield, United Kingdom; Prof Angela M Tod, Prof Tony Ryan, The University of Sheffield, UK*

#### Abstract

**Background:** The purpose of a Consensus Development Project (CDP) is to bridge the gap between the general public, policy-makers and 'experts' (Grundahl, 1995). To the best of our knowledge, this method has not previously been conducted in a UK nursing context and is the first of its kind to be hosted remotely.

#### Debate

Consensus development methods enable dialogue between concerned citizens and invited experts (Grundahl, 1995), focus on topics where there is some level of disagreement, launch fruitful discussion (Kea & Chih-An Sun, 2015) and enable patient and public involvement (PPI) representatives to have a leading role. They ultimately lead to the production of a consensus statement. The potential contribution of consensus methods should be recognised in nursing research.

#### Topic

This CDP sought to address current challenges in adult nursing to help improve UK nursing strategy.

**Aims:** To outline the implementation and findings of this CDP and to share learning points to inform future CDPs in nursing.

**Methodological discussion:** This paper will describe the underpinning concepts and stages of the CDP, including the important PPI contribution. Key learning points will be considered, particularly barriers and facilitators to conducting this CDP remotely as a consequence of the Covid-19 pandemic. The consensus statement and recommendations will be presented capturing the following issues:

- How to inform and engage the public to improve perceptions of nursing
- Impacts of missed nursing care or care not done

- Essential elements required for safe and effective nursing provision
- Inhibitors and facilitators to practice person and relationship-centred nursing
- The influence of nursing CPD on quality of care.

**Conclusion:** This CDP contributes to understanding and participation in the debate surrounding current challenges in adult nursing. The resulting consensus statement and recommendations have the potential to inform nursing policy and wider decision making within the health and social care sector.

#### References

References: Grundhal, J., 1995. The Danish consensus conference model. Public participation in science: the role of consensus conferences in Europe. pp31-40. London: Science Museum. [online] Available at <https://people.ucalgary.ca/~pubconf/Education/grundahl.htm> Kea, B., Chih-An Sun, B., 2015. Consensus Development for healthcare professionals, Internal and Emergency Medicine, 10. pp373-383.

#### Paper 2 withdrawn

#### Paper 3

### What are the facilitators of person and relationship-centred care?

Authors and affiliation

*Prof Tony Ryan, University of Sheffield, United Kingdom*

**Background:** The World Health Organisation (WHO) has cited person-centred care as a major global healthcare objective. Person and relationship centred care provide the bedrock of professional practice, policy and education in a nursing context and a number of established approaches have emerged within the field.

**Aims:** To provide an expert overview on the current state of evidence as it relates to person and relationship-centred care, with a particular focus on organisational and individual factors that promote implementation. To share this overview with lay panel members as part of a consensus development project (CDP) to initiate discussion, reach consensus and develop recommendations.

**Methods:** The author was requested to respond to the question: what are the

inhibitors and facilitators in enabling nurses to practice person and relationship-centred care? The paper is based upon a review of existing literature, gathered as part of the CDP exercise. Additional theoretical material was used to supplement the narrative.

**Results:** There is compelling evidence in favour of nurses pursuing person and relationship-centred policies and practices. The review highlighted a number of organisational and individual factors that contribute to the successful implementation of person and relationship centred care. These focus on the set of conditions that enable nurses to provide high quality care as a prerequisite (resources, clinical supervision and security) and also include: training and development, services that favour a biographical approach to care, those care environments that are centred on innovation and person-centred care processes.

**Conclusions:** A range of evidence is presented here, drawn from diverse methodological positions. Those factors that can act as facilitators of person and relationship-centred care extend beyond the skills and competences of individual nurses. There is evidence to assist in guiding organisational and educational policies and practices that can promote the implementation of person and relationship-centred care.

incorporating their own points of view and insights established from their experience in this particular field. This overview was then shared and discussed with a lay panel. The four issues discussed were: how to strengthen the focus on patient experience as the starting point for CPD; the lack of evidence of CPD effectiveness and accountability in its transfer to practice; evaluation of CPD effectiveness; and involving citizens in targeting CPD where it is most needed.

**Results:** The main challenge for nursing is capitalizing on the workplace as a learning resource that can integrate learning with development, improvement, knowledge translation, inquiry and innovation. This requires skilled facilitators, particularly at meso-levels, and systems leaders with the full skillset to develop system wide learning cultures.

**Conclusion:** The development of CPD process measures would indicate how CPD investment contributes to person centred, safe and effective care and system transformation. Commissioners and education providers need to radically change their focus to optimize CPD's full potential.

## Paper 5

### The experience and reflections of patient and public involvement representatives in a consensus development process

Authors and affiliation  
*Mr Peter Hewkin<sup>1</sup>, Mr Geoff Smith, Patient and Public Representative, UK; Dr Bethany Taylor, University of Sheffield, UK; Prof Jane South, Leeds Beckett University, UK*

**Background:** A panel of 11 members, drawn from the general public, played a central role in a consensus development project (CDP) aiming to address current challenges in adult nursing in the UK.

**Aims:** To explore contextual aspects of engaging in the CDP from the perspectives of panel members. This joint presentation by two panel members explores their experiences and reflections on their involvement.

**Methods:** Embedding patient and public involvement (PPI) is rightly now considered best practice in research (Gray-Burrows et al, 2018), being identified as essential by funding bodies worldwide (Absolom et al, 2015). Consensus development projects, such as this one, enable PPI representatives to have leading roles in setting research priorities and recommendations for policy and practice.

**Results:** Panel members will describe their involvement reflecting on the aspects of their experiences that they found challenging, supportive or represented learning opportunities. The insights provided aim to help researchers in optimising the experience for patient and public involvement representatives in research, and specifically those involving consensus methods.

**Conclusions:** The high level of panel member involvement optimises the reach and relevance of the consensus statement and improves the practical relevance of recommendations to patients, service users and their families. Considering the experience of patient and public involvement representatives in the consensus process helps ensure the contributions made are fair, valued and enjoyable.

## References

Absolom, K., Holch, P., Woroncow, B., EP, Wright., and G, Velikova., 2015. Beyond lip service and box ticking: how effective patient engagement is integral to the development and delivery of patient-reported outcomes. *Quality of Life Research [ejournal]* 24(5), pp1077–85. [https://doi:10.1007/s11136-014-0909-z](https://doi.org/10.1007/s11136-014-0909-z) Gray-Burrows, KA., Willis, TA., Foy, R., et al. (2018) Roles of patient and public involvement in implementation research: a consensus study. *BMJ Quality & Safety* 27, pp858–864. <http://dx.doi.org/10.1136/bmjqs-2017-006954>

## Paper 4

### Nursing CPD: Time to change the model to focus on health and care system transformation to meet citizen needs

Authors and affiliation  
*Carolyn Jackson, Prof Kim Manley, University of East Anglia, UK*

**Background:** CPD has potential to influence the quality of care with citizens and communities if evidence from CPD research informs commissioning and workforce development across integrated health and social care systems. Transfer of CPD into practice requires attending to context at every system level and, formal partnerships with the public to drive CPD focus.

**Aim:** This paper presents the key challenges facing nursing continuing professional development (CPD).

**Methods:** The authors were asked to generate an overview of evidence in response to the proposed question, 'How can nursing Continuing Professional Development (CPD) best influence the quality of health and social care for/with people and communities?' This required scoping and exploring the available literature, drawing on seminal texts and

## Symposium 6 Abstract no: 0320

### The National Institute for Health Research 70@70 Senior Nurse and Midwife Research Leader Programme: achievements and impact in year 1

*Lead: Dr Catherine Henshall*

## Symposium Statement

In 2019, the National Institute for Health Research in England launched the 70@70 Senior Nurse and Midwife Research Leader Programme to increase research capacity and capability and unlock the potential of nurses and midwives as research leaders. This symposium presents five papers that demonstrate how, in its first year, the programme has strengthened the research voice, influence and impact of nurses and midwives across the health and social care landscape.

The first paper reports on the impact of a range of research activities undertaken by 70@70 cohort members, collectively and as individuals. End of year one reports were thematically analysed using the modified

Visible ImpaCT Of Research framework. Findings identified that multiple initiatives that positively influenced organisational research culture, service provision and research capability and capacity had been initiated. Case studies exemplars are presented in the remaining four papers.

The second and third papers demonstrate the use of targeted educational interventions for research interested nurses. One describes the implementation of academic writing retreats for nurses, midwives and allied health professionals, whilst the other focuses on a Clinical Appraisal Topic Groups initiative aimed at promoting critical appraisal skills and sustained engagement in research activities for nurses. The fourth paper, 'I don't do Research!' provides evidence of how clinical research culture and linked activities can be positively influenced by the presence of strong nursing leadership. The final paper describes how an empirical research study led by 70@70 cohort members offered additional research training and experiential learning opportunities to research-novice nurses and service-users.

This symposium provides a snapshot of the diverse and wide-ranging activities undertaken by the 70@70 cohort. Evaluation at one year indicates that the programme is having a positive impact on the profile and culture of nursing and midwifery research, by increasing research capability and capacity at a national level.

## Paper 1

### Increasing nursing and midwifery research leadership: impact evaluation of the National Institute for Health Research 70@70 Senior Nurse and Midwife Research Leader Programme at one year

Authors and affiliation

*Dr Julie Menzies, Birmingham Women's and Children's NHS Foundation Trust, UK*

#### Abstract

**Background:** Research active organisations achieve improved clinical and health outcomes. However, the perceived value of nursing and midwifery research has gained less recognition than other healthcare professions. In 2018, the National Institute for Health Research (NIHR) funded a three year 70@70 Research Leader Programme aimed at developing nursing and midwifery research capacity and capability. Programme evaluation at one year was conducted (Henshall et al 2020), however

further examination of the programme impact was required.

**Aims:** Assessment of the impact of first-of-three year's activity of the 70@70 cohort activity.

**Methods:** The content of anonymised end-of-year reports (n=66) submitted to the NIHR was coded independently and deductively analysed by a team of researchers using a modified Visible ImpaCT of Research framework (VICTOR) (Jones et al 2018). Case characteristics included participant role, organisation type, size and geographical location. Exemplar in-depth case studies were identified to illustrate key domains.

**Results:** The cohort are employed to work in Hospital (n=47), Community (n=5), Academic (n=3) settings, with 16 working across than one setting. Participant activity was predominantly focused on initiatives increasing the organisational research profile and capacity, supporting staff recruitment and retention, enhancing organisational reputation and clinical academic outputs. Initiatives had wide reach, locally and nationally, increasing inter-disciplinary working, collaboration with Higher Education Institutes and collaboration within the 70@70 cohort. Direct patient/public impact or consideration of economic impact was rarely reported among the activities.

**Conclusions:** The 70@70 cohort have initiated or driven multiple initiatives aimed at influencing organisational research culture, service provision, and research capability and capacity of the nursing and midwifery workforce. However further evidence of value for money, sustainability and the impact of outputs on patients and the public remains to be seen. We recommend longitudinal assessment of cohort activity, evaluation of planned versus delivered outputs and further case analysis identifying 'challenges' and 'successes'.

#### References

References: Henshall C, Greenfield D, Jarman H, Rostron H, Jones H, Barrett, S. 2020. A nationwide initiative to increase nursing and midwifery research leadership: overview of year one programme development, implementation and evaluation. *Journal of Clinical Nursing*. 00:1-13. <https://doi.org/10.1111/jocn.15558> Jones N, Holliday J, Cook J. 2018. Making the impact of research conducted in NHS organisations visible: an impact tool. Poster. <http://clahrc-yh.nihr.ac.uk/victorimpact>. Accessed 21st February 2021.

## Paper 2

### Academic writing retreats for nurses: developing engagement, dissemination and collaboration opportunities

Authors and affiliation

*Dr Catherine Henshall, Oxford Brookes University, UK*

#### Abstract

**Background:** Covid-19 has raised the profile of nursing globally, with widespread recognition of nurses' valuable roles during the pandemic. Concurrently, the United Kingdom has played a crucial role in leading Covid-19 healthcare research breakthroughs. There exists a unique opportunity to capitalise on this momentum to support nurses, midwives and allied health professionals to become more engaged in, and disseminate, their research more widely. One approach to enabling this is through the development of academic writing retreats for nurses.

**Aim:** To report on the development of academic writing retreats to engage nurses in research.

**Methods:** Three writing retreats were set-up and delivered in South England between September 2019 and October 2020. Funding was obtained through local university and National Institute for Health Research partners. Two were delivered face-to-face on hospital premises and the third was delivered online due to Covid-19. The retreats provided uninterrupted writing time to draft an academic publication, mentorship, peer support 'buddying' networks and question and answer sessions. Regular, built in breaks facilitated professional and social networking.

**Results:** The retreats were attended by 34 nurses and allied health professionals, with over 25 peer reviewed academic papers being submitted to journals including the *Journal of Clinical Nursing and Nurse Education Today*. Topics covered a range of specialties including critical care, infection control and endocrinology. The retreats have enabled learning communities to develop with retreat 'alumni' fostering long-term networking opportunities.

**Conclusions:** Academic writing retreats are a simple, yet versatile and effective, way to get nurses, midwives and allied health professionals to engage in research by writing about their own sphere of practice. The retreats provide support to clinicians at all levels, from novice to experienced researchers and have continued throughout the pandemic, enabling research to be published that demonstrates the valuable



work nurses are conducting across the international healthcare landscape.

## Paper 3

### Leading and Enabling Research Capability: reflections on a very practical experience

Authors and affiliation

Dr Liz Lees-Deutsch, University Hospitals Birmingham NHS Foundation Trust, UK

## Debate

Developing the capability and capacity of clinical nurses and midwives to undertake research can be a contentious topic. Ask a clinical nurse 'they are short of time', so research is not prioritized. Ask a nurse researcher, 'it is not always time rather lack of relevant skills'. But, what is a good place to start joining these different worlds.

**Background to the Method:** Critical Appraisal Topic groups were established by Keele University (Jansen, unpublished). Through a collaborative approach they establish the best evidence. The time-frame is relatively short, over four months, with one meeting per month, to allow time for critical appraisal to be undertaken. Librarians are integral and conduct live literatures searches with input from participants. Groups undertake the structured stages of a systematic review; the crucial difference is that clinicians are central to the process.

**Aim:** Critical Appraisal Topic Groups aim to bring together a participative group of clinicians to answer a clinical question, which has direct application to clinical practice. Results should address practice/service challenges or inform/update clinical guidelines.

**Methodological Discussion:** The appeal of this method is its pragmatic approach, apparent simplicity and overall swiftness of results and clinical application. These factors undoubtedly inspire participants less familiar with research terrain. Nevertheless, success is co-dependent upon adequate critical appraisal skills, interpretation and synthesis of the evidence (Long, 2020). Hence, a skilled facilitator with research expertise and sufficient time to support groups is crucial.

**Conclusions:** The Critical Appraisal Topic Group methodology requires facilitators to achieve a balance of doing and teaching. Equally, participants must identify and adopt an individual commitment to undertake further learning, to augment skilled facilitation. A strategy to cultivate new facilitators will ensure longevity for this

approach as new groups develop. The methodology promotes critical appraisal capability amongst clinicians and stimulates continuing interest in research activities.

## References

Jansen C, Heath A, Stevenson K. Facilitating the use of research to inform clinical practice: Our experience of collaborating with Keele Impact Accelerator Unit [unpublished]. Long H, French D, Brookes J. (2020) Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine and Health Sciences*. 1(1) 31-42.

## Paper 4

### "I don't do research": increasing research engagement in frontline emergency nurses through senior research leadership

Authors and affiliation

Prof Heather Jarman, St George's University Hospitals NHS Foundation Trust, UK

**Background:** It is widely acknowledged that nurses do not fully utilise evidence in practice due to a lack of perceived knowledge and time, and lack of access to resources (Yoder, et al, 2014). There is also evidence that nurses feel that there are limited opportunities to engage in research (Gullick, et al, 2016; Avery, et al, 2021).

In 2018 the emergency department (ED) at St George's Hospital, London introduced a senior research leadership role to increase research engagement amongst clinical staff.

**Aim:** This study aimed to investigate the impact of the senior research leadership role on research engagement in the emergency department.

**Methods:** A case study design approach was used involving:

- A registry of the research-related initiatives being undertaken by the postholder
- Analysing the metrics of engagement in research activities by clinical staff, including number of publications and academic training uptake
- Data were collected between January 2018 and December 2020.

**Results:** The project to increase research engagement has had a positive effect on both the type and overall numbers of research-related activities in the ED. A total of thirty-six initiatives were identified that were established by, or under guidance of, the postholder. Initiatives include research

awareness training, research nurse secondments, publication support, and funding for research-specific training. Data show an increase in research activity; examples include an increase from 3 publications in 2017 to 14 in 2020, and six nurses undertaking either PGCert or MRes training in the time period.

**Discussion:** The results of this study show a broad range of research initiatives can be instigated in the clinical setting to increase engagement and capability in clinical staff. Research activity has increased amongst clinical staff following introduction of the leadership role.

**Conclusions:** This model could be replicated in other settings as a way to increase research engagement in clinical staff.

## References

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## Paper 5

### Developing research opportunities for research-novice nurses and service-users: a core component of a nurse led qualitative study

Authors and affiliation

Ms Carrie-Ann Black, South London and Maudsley NHS Foundation Trust, United Kingdom

**Background:** Whilst evidence suggest that nurse involvement in research can improve healthcare outcomes (Clarke et al 2016), accessing opportunities to gain research experience continues to pose a challenge for nurses in mental health. The lack of exposure to research studies denies nurses the opportunity to develop necessary research skills and knowledge, which can deter individuals from considering a clinical academic role, as a viable career path (Bradbury et al, 2020).



**Aim:** To highlight the ways in which nurses leading a research project designed a study from the outset, to maximise opportunities for both research-novice nurses and services users to receive the appropriate support and training to take an active research role in the study.

**Methods:** This Burdett Trust funded study was undertaken across three mental health trusts in England in 2020-21. Eight novice-researchers were recruited to undertake 30 qualitative semi-structured interviews. They received four training sessions, including specialist training on conducting online qualitative research and supporting psychological safety. Each had a site principal investigator to provide support and guidance throughout the study and they meet for facilitated peer reflection during the training period.

**Discussion:** Often involvement in research is perceived as an additional task or interest that nurses must pursue outside of their clinical role. Which is further exacerbated by the lack of availability of formalised dual research and clinical roles (Rose and Tuffrey-Wijne, 2017). Innovate practices are required to address these challenges.

**Conclusions:** This paper is an exemplar of how the 70@70 research leaders have carved out opportunities to support research-novices to develop their research skills. It provides a potential framework for other nurse research leaders to adopt, thereby contributing to future practice development within mental health nurse research.

### Symposium 7 Abstract no: 0373

#### Grounded theory toolkit or toolbox? Methodological explorations in health research.

Lead: Professor Cathy Urquhart

#### Symposium Statement

Since grounded theory's (GT) inception (Glaser and Strauss, 1967), scholars have adapted the original method to suit epistemic and pragmatic requirements (Bryant 2019). GT has been used in nursing research in a myriad of ways to generate new knowledge in diverse substantive areas. This symposium explores and celebrates ways in which GT researchers have capitalised on earlier approaches to produce insightful health research.

Dr Alasdair Gordon-Finlayson will introduce the symposium demonstrating that grounded theory methods can work both as a toolkit – an array of procedures and techniques that can be adapted, blended

or borrowed by other methodologies – or a toolbox – a complete and self-contained methodology.

Applying insight to the 'toolkit', Dr Jacquie Ridge will explore the use of Visual Grounded Theory to investigate Authentic Identity: Construction and Sustainability of Professional Identity in Adult Nursing.

Dr Fiona Barchard's use of Social Constructionist GT, in which she develops a theory of adult nurses' understanding and use of courage in their professional nursing practice, demonstrates more of a 'toolbox', though one in which she is still able to adapt GT to a specific epistemological position.

Similarly, Dr Lee Yarwood-Ross will discuss the 'toolbox' approach, but where he adopts a more purely Classic (Glaserian) methodology in his work exploring how veterans with combat-related limb-loss resulting from the Iraq and Afghanistan conflicts engaged in a basic social process of 'facing losses'.

Finally, Professor Cathy Urquhart will discuss the continuum of the 'toolkit and toolbox' of GT, reflecting on her study of internet forums use in Chronic Care Management. She will use these experiences to pose the following questions: What does pluralism mean in grounded theory research? When does a grounded theory study become a non-grounded theory study? What key aspects must exist for a study to be called a grounded theory study?

#### Paper 1

#### Toolkit or Toolbox: Grounded theory and methodological flexibility

Authors and affiliation  
Dr Alasdair Gordon-Finlayson, The University of Northampton, UK

#### Abstract

The development of grounded theory has always contained tensions between positions of purism and adaptation, and grounded theory developments have been characterised as being along various generations (Morse et al. 2009) or varieties (Bryant 2019). The pragmatics of applied research though have led to both the borrowing of specific techniques from grounded theory and the blending of grounded theory with other research approaches. This is presented as the grounded theory 'toolkit', which exists alongside the more traditional 'toolbox' that represents. This paper will explore how grounded theory has been applied in health

contexts, and will particularly emphasise an ongoing project in which grounded theory is being blended with participatory action research in supporting the process of goal-setting by transdisciplinary teams of healthcare providers and educators in a school for children with motor disorders. It will be shown how salient features of grounded theory and participatory action research work to provide the benefits of both approaches. This new 'toolkit/toolbox' model provides definitional clarity in understanding how grounded theory methodology both stands on its own as a self-contained methodological approach and yet still makes its strengths available for adoption by researchers working with other methodologies. Through the use of specific examples we hope to provide inspiration for such borrowings for current nurse researchers.

#### References

References: Bryant, A. (2019). The varieties of grounded theory. Sage Publications. Morse, J.M., Stern, P.N., Corbin, J., Bowers, B, Charmaz, K. & Clarke, A.E. (2009). Developing grounded theory: The second generation. Left Coast Press.

#### Paper 2

#### Using Visual Grounded Theory to investigate Authentic Identity, its Construction and Sustainability of Professional Identity in Adult Nursing

Authors and affiliation  
Dr Jacquie Ridge, The University of Northampton, UK

#### Abstract

**Background:** Visual grounded theory, combining constructivist grounded theory and visual research are the tools in the kit used to create a substantive theory of how adult nurses construct and sustain an authentic professional identity informed by a personal belief system of 'what is means to be a (adult) nurse'. It provides an idiographic way of knowing grounded in a greater depth of immersion through an enhanced sensory dimension (Okely, 1994), of using visual imagery as objects for analytical scrutiny (Charmaz, 2014).

**Method:** A longitudinal study from 2011-2019, with research participation informed by collaboration with 11 pre-registration undergraduate adult nursing students sourced through purposive sampling (10 female and 1 male). All of whom were engaged on a three-year professional programme of study with the University

of Northampton, working towards either a Diploma or Bachelor of Science (Honours) Adult Nursing, alongside professional registration with the Nursing and Midwifery Council (NMC). Each participant engaged in photo elicitation interviews on three occasions during their nurse education (May 2012–December 2013); with a fourth interview (July–September 2018), a minimum of 5 years post-registration as a nurse. These lasted between 30 minutes to 2 and a half hours; data transcribed and analysed using a constructivist grounded theory framework modified to incorporate analysis of visual imagery provided by participants (Konecki, 2011).

**Discussion:** Iteration of core concepts created by employing the insider/outsider binary of collaboration emerging from data analysis, were authentic aspiration (what is a nurse?) critical resilience (being a nurse) and legitimate identity (still nursing).

**Conclusion:** Using the tools of this methodology provided the elicitation of subjective knowing; to extend and refine concepts and practices through creating this visual grounded theory in which combining authentic aspiration and critical resilience results in a legitimate identity.

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## Paper 3

### Using a Social constructionist grounded theory approach to develop a grounded theory of adult nurses' understanding and use of courage in their professional nursing practice.

Authors and affiliation  
Dr Fiona Barchard, The University of Northampton, UK

**Background:** Grounded theory (GT) has been articulated in diverse ways dependent on differing epistemological viewpoints. Grounded theory methodology alternates between a critical realist traditional perspective and a relativist ontological (evolved) perspective (McCredie and

Payne 2010). The stance in this paper is relativist, whereby the world has multiple individual realities influenced by context. The researcher is integral to the research endeavour and together with the participant co-constructs meaning that is epistemologically subjective (Charmaz, 2014).

Charmazian grounded theory underpinned by social constructionism was chosen for its social as opposed to individual focus. Charmaz's constructivism was rejected. The presenter contends nurses do not work in isolation, rather they work within a socially constructed culture where social processes, historical culture and interactions are evident. The presenter will offer the view that Social constructionism actively positions the researcher as a co-constructor of phenomena offering a way to interpret the nature of reality (Andrews 2012), influenced by historical and cultural contexts and enhanced by reflexivity (Charmaz 2014).

**Methods:** Comprised purposive sampling, data collection (March 15–April 17), coding, theoretical sampling, constant comparative analysis and clarification of categories.

**Discussion:** The core category emerged as Realising Courage. Contributing categories to the emergent theory are pre-requisites to courage, the meaning of courage and being courageous and the consequences of being courageous. Identified within these categories and linking them to one another were themes concerning gender, personality, socialisation and organisational culture.

**Conclusions:** Using the tool box provided by Charmaz (with a minor adaption) enabled an emergent theory of adult nurses' understanding and use of courage in their professional practice to evolve.

## References

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## Paper 4

### Facing losses in combat-related limb-loss: A classic grounded theory study.

Authors and affiliation  
Dr Lee Yarwood-Ross, University of Wolverhampton, UK

**Background:** Combat-related limb-loss has been brought to the attention of the public and the political agenda due to the increased survival rates of injured veterans afforded by advances in body armour, better emergency treatment on the battlefield and improved evacuation methods. In the United Kingdom and United States, approximately 1900 veterans sustained an amputation as a result of the Iraq and Afghanistan conflicts (Ministry of Defence, 2019, Fischer, 2015). A dearth of qualitative studies currently exists in relation to combat-related limb-loss from the post-2001 conflicts, specifically in relation to the physical and mental wellbeing of veterans after amputation.

**Method:** A classic grounded theory approach (Glaser, 1998) was adopted in this study (November 2012 – June 2018), which employed the use of coding, constant comparison, theoretical sampling and memoing. In line with classic grounded theory methodology, multiple data sources were utilised such as face to face and online interviews, autobiographies, documentaries, YouTube videos, online blogs, newspaper/online articles, symposia and armed forces' charity websites and theatrical plays.

**Findings:** The substantive grounded theory of 'facing losses' details how veterans deal with their physical, mental and professional losses when they lose their limbs. In order to work to resolve these losses and move forward in their rehabilitation, veterans go through a process of 'dealing with uncertainty', 'acceptance' and 'finding meaning'. The theory details the behaviours of veterans, from the frontline through to their rehabilitation and medical discharge. The theory of 'facing losses' contributes a unique conceptual understanding of the physical and psychosocial factors that impact on veterans' experience of limb-loss, which has not been noted in the wider literature.

**Conclusion:** The theory has generated insight into the complexities involved in sustaining combat-related limb-loss from the veterans' perspective. Specifically, a theoretical explanation as to how they face uncertainty, acceptance and finding meaning has been discovered.

## References

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## Paper 5

### Using Adapted Grounded Theory Method in Chronic Care Management

Authors and affiliation  
*Prof Cathy Urquhart, Manchester Metropolitan University, UK*

**Background:** Chronic diseases are characterised as non-curable conditions with complex causes, long duration, and generally slow progression that can develop into other health complications (Lindholm et al. 2001). The rapid growth in adoption of technologies such as social media have provided opportunities for participatory and community-based interventions, creating a more diverse and heterogeneous form of health-care organisation (Ventola 2014).

**Methods:** We conducted a study of social media forums for chronic disease with a focus on how they facilitate the process of Chronic Care Management (CCM), using a modified grounded theory approach. The data for this study was collected from August 2013 to April 2014 and the participants were recruited from Diabetes Australia, Australian Nursing & Midwifery Federation, Arthritis Victoria, Carers Victoria, Young Women with Arthritis, and Alfred Hospital, Melbourne. A focus group was used to elicit views from 10 arthritis patients and their carers as a first step to guide further theoretical sampling. Over 200 stories from social media forums supporting people with arthritis, diabetes, depression, asthma and breast cancer were then coded using open, selective and theoretical coding (Glaser 1978). Three key themes emerged from the analysis - Affordances of Social Media, Community Resilience and Social Media Constraints.

**Discussion:** The Affordances of Social Media theme found that Building Community was strongly related to Empowerment and Emotional Support, which in turn led to Knowledge Co-Creation. In the Community Resilience theme, there were relationships between Community Support, Social Inclusion, Communication, and Adaptation. When it came to Social Media Constraints, a reflexive relationship was found to exist between perceived and experienced constraints.

**Conclusion:** Affordances of Social Media are key when it comes to Community Resilience. The Social Media Constraints the participants experience are also significant.

## References

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## Thursday

Symposium 8 Abstract no: 0156

### Designing digital health interventions that are usable and useful for clinical practice

Lead: Professor Dawn Dowding

#### Symposium Statement

The aim of this symposium is to provide discussion and analysis of how to design and evaluate eHealth or digital interventions to support clinical practice that are both usable and useful. Clinical practice is being transformed by the introduction of digital interventions, a process that has accelerated during the COVID-19 pandemic. Whilst there have been benefits to clinical care processes, and patient outcomes associated with this digital transformation, experiences can often be less than positive. There is growing evidence of increasing documentation burden and burnout associated with the introduction of some digital technologies, particularly in health care systems with established electronic health records (EHRs). It is consistently highlighted that ensuring digital technologies are designed by and with the eventual users (a process known as co-design), that have been specifically evaluated for their usability and usefulness (i.e. they are easy to use and are helpful in clinical practice) can reduce these issues.

The four papers in this symposium outline studies that have been conducted to co-design digital technologies with varying groups of end users, including nurses and allied health professionals, patients, older adults and their carers. The technologies cover a wide range of innovations including mHealth Apps designed for use on smart phones, clinical documentation and assessment systems and a dashboard to aid with data visualisation. Each study has used a variety of methods for co-designing the technology, and evaluating it for usability and usefulness across practice settings.

The symposium will highlight the issues that need to be addressed when developing eHealth technologies for use in clinical practice settings, as well as specific methodological approaches for evaluating usability. We aim to inform nurses involved in research who may be developing or using digital technologies as part of their study, to ensure that such innovations will be effective in clinical practice settings.

#### Paper 1

### Usability and acceptability of a gamified strength and balance training and healthy ageing App (Keep-On-Keep-Up) for older adults

Authors and affiliation  
*Dr Emma Stanmore, The University of Manchester, UK*

#### Abstract

**Background:** Falls are a common and costly concern for older adults. Digital technologies can offer new, inexpensive approaches to increase access and engagement with falls prevention programmes. Keep-On-Keep-Up (KOKU) is a personalised, falls prevention App with strength and balance exercises plus health literacy games to educate users about home safety and bone health. This study reports on the user-centred, iterative design and usability of the KOKU App.

**Methods:** Older adults aged 55 years and older residing in assisted-living facilities in the UK were invited to take part in the study. Data collection included focus groups; baseline and 6 week questionnaires and assessments; semi-structured interviews to explore views about App usability/acceptability and training and support needs and one focus group with falls prevention therapists to explore App usability. Thirty older adults were invited to use KOKU unsupervised, 3 times a week for 6 weeks. Data were analysed using thematic content analysis.

**Results:** Focus groups (n=11) with 66 older users and 11 therapists informed development. Thirty older adults (mean age = 75) were recruited for the in-depth testing. Mean SUS score was 71 indicating high usability. Qualitative themes included: ease of use (app usability; iPad properties; exercise presentation), usefulness (physical/psychological benefits; falls education), attitude towards the App and intention to use (technological barriers; flexibility of use; exercise class versus App). Therapists (n=6) viewed the KOKU platform positively and suggested extensions for further progression. No adverse events were reported during the study.

**Conclusions:** This research demonstrates that KOKU is an acceptable and easy to use falls prevention intervention that facilitates older adults' ability to access strength and balance activities and health literacy

games at a time, and in a location, that suits them.

#### References

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- Dewick, P & Stanmore, E (2017), Applying Game Thinking to Slips, Trips and Falls Prevention. in P Cudd & L de Witte (eds), *Harnessing the Power of Technology to Improve Lives. Studies in Health Technology and Informatics*, vol. 242, IOS Press, Amsterdam, pp. 606-613. <https://doi.org/doi:10.3233/978-1-61499-798-6-606>, Stanmore, E., Mavroeidi, A., Jong, L.D., de, Skelton, D.A., Sutton, C.J., Benedetto, V., Skelton, D.A., Munford, L., Meeke, W., Bell, V., Todd, C. (2019) The effectiveness of Exergames to reduce falls risk for older people in UK assisted living facilities: A multi-centre, cluster randomised controlled trial. *BMC Medicine* 17:49 doi.org/10.1186/s12916-019-1278-9

#### Paper 2

### Co-production and pilot testing of an electronic clinical support tool for use by community nurses providing wound care

Authors and affiliation  
*Prof Jo Dumville, The University of Manchester, UK*

#### Abstract

**Background:** Availability of bespoke electronic systems in NHS community settings is more limited than in other care settings e.g. primary care. The Wound Information System for Health (WISH) Project involves a consortium of partners funded by Innovate UK to develop a bespoke electronic system for wound management and care.

**Aims:** To co-produce and pilot an electronic system for community-based wound care with collection of evaluative evidence on system: credibility; relevance; acceptability; and accuracy as per the NICE Evidence Standards for Digital Health Technologies (NICE, 2019).



**Methods:** (1) Early system development involved initial discussions with and survey of relevant staff about the content, format and function of an ideal system. (2) Further system iteration was guided by a clinical design team and think aloud exercises. (3) The current system version is being piloted in clinical practice. Standardised instruments have been used to support development and evaluation throughout, alongside user interviews (informed by normalisation process theory), capture of further feedback via a user survey and exploration of clinical data. Our evaluation has been informed by the NASSS framework (Greenhalgh et al. 2017).

**Results & Discussion:** We have developed our system, WoundPad, following a detailed and iterative process that will be described in more detail. The system includes the ability to: enter patient and wound information; support care planning; allow secure image capture and storage; make electronic referrals; give advice and guidance; host video conferencing and generate dashboards and reports. In the clinical pilot of WoundPad to date, data for 557 patients with 748 wounds have been entered. A total of 2256 images have been integrated into the clinical record.

**Conclusions:** This study uses a structured approach to ensure co-production and considered, evaluation of a new online clinical support tool for use in community wound care.

#### References

Greenhalgh, T. (2017) Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread and Sustainability of Health Care Technologies. *Journal of Medical Internet Research*, 19(11), e367. National Institute for Health and Care Excellence. Evidence Standards Framework for Digital Health Technologies. March 2019.

#### Paper 3

### The development, usability and feasibility of smartphone apps to support falls rehabilitation amongst community dwelling older adults

Authors and affiliation  
Dr Helen Hawley-Hague, The University of Manchester, UK

**Background:** Strength and balance interventions significantly reduce risk and rate of falls. However, patients do not always carry out the required unsupervised

home-exercise needed for falls reduction during rehabilitation.

**Objectives:** To develop, evaluate the usability/acceptability and conduct a feasibility evaluation of motivational smartphone apps designed to support patients to carry-out falls rehabilitation exercise, co-designed with health professionals/older adults.

**Methods:** The app was developed in consultation with older adults, patients, and health professionals, and then evaluated for usability and acceptability using iterative testing, semi-structured interviews and focus groups. A Two-arm, pragmatic feasibility randomised controlled trial with five falls/community rehabilitation teams and patients aged 50+ years eligible for a falls rehabilitation exercise programme was conducted, including collecting fall and balance outcomes. Patients received standard service (CG), or standard service plus motivational smartphone app (IG).

**Results:** Two apps were developed, one for patients and one for health professionals. A total of 13 patients (7 in participatory evaluation/testing and 6 interviews) and 14 health care professionals (3 in participatory evaluation/testing and 11 in focus groups) participated in the app development.

24 patients were randomised to CG, 26 to IG, mean age 77.6 (Range 62 to 92) years. There was higher adherence in the IG at 3 (17.65, SD 6.84 vs 13.09, SD 6.52) and 6 months (15.25 SD 7.79 vs 14.87 SD 7.79) and a mean 2.63 (SD6.40, Cohen D=0.41) point difference between groups in change in BERG balance score from baseline to 3 months and mean 4.37 (SD8.40, Cohen D=0.52) point difference from baseline to 6 months.

**Discussion:** The motivational apps were acceptable, feasible and iterative design aids usability. There are positive indications from outcome measures in the feasibility trial and key criteria for progression to full trial were met.

#### References

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#### Paper 4

### Usability design of a dashboard to improve care processes for patients with congestive heart failure in community nursing (home health) settings

Authors and affiliation  
Prof Dawn Dowding, The University of Manchester, UK

**Background:** Dashboards are increasingly being used to visualise information for clinicians, to help them make care decisions. However, to be effective they need to be tailored to the information needs of users. This study reports on the design and usability testing of a clinical dashboard for nurses working in a home health care (community nursing) agency in the US, to help manage the care of heart failure patients.

**Aims:** To design and conduct a usability evaluation of a clinical dashboard for use by home care nurses.

**Methods:** Focus groups (n=6) with home care nurses (61 participants) to identify which elements of a CHF best practice guideline were priorities for care, and where a dashboard could provide meaningful real time feedback. An online experimental survey with home care nurses from two organisations (n=195) to identify how to present information effectively using visualisations to maximise data comprehension. The results of the focus groups and survey were used to inform a dashboard prototype (designed with 10 nurses), which was evaluated for usability with 22 nurses, using a formal usability evaluation methods (time to complete tasks, System Usability Scale (SUS), Questionnaire for user interaction satisfaction, heuristic evaluation).

**Results & Discussion:** The dashboard had high usability (SUS = 73), and was rated highly on the QUIS for use of language and the design of the screen. Overall nurses who participated in the usability evaluation highlighted how presenting information on patient's signs and symptoms over time in a visualised display would be extremely useful to inform nursing practice.

**Conclusions:** This study used a formal process to identify the information needs of

nurses, to enable efficient care of patients, as the basis for dashboard design. The final dashboard can be used to enable nurses to manage information efficiently in practice settings.

## References

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Dowding D, Randell R, Gardner P, Fitzpatrick G, Dykes P, Favela J, Hamer S, Whitewood-Moore Z, Hardiker N, Borycki E, Currie L. Dashboards for improving patient care: review of the literature. *International Journal of Medical Informatics*, 84:87-100. 2015.

subcommittee to take forward. From this a work plan was devised comprising of 4 overarching themes. These are role recognition, staffing and funding models, Career pathways and Research Culture.

This symposium will hear from committee members of the Subcommittee who will provide an overview of each of the 4 themes within the work plan and the plans within each being taken forward. An interactive discussion will be held with delegates to gauge their response on the progress to date and input into the projects and plans going forward.

## Paper 1

### Theme 1: Role recognition

Authors and affiliation

*Dr Helen Jones, Royal Free London NHS Foundation Trust, UK*

#### Abstract

The UK wide CRN role has risen exponentially since the beginning of this century and is now embedded within most acute organisations across the 4 devolved nations as well as primary care and specialist areas such as paediatrics. Historically, CRNs have felt isolated in their role with limited understanding as to their responsibilities and remit (Hill & MacArthur 2006). However, this is known to remain having been confirmed in more recent studies (Jones 2017, Hill 2018). This presentation will outline some of the work being taken forward to raise awareness & understanding of the role and to recognise its importance within the profession. This includes a dedicated website hosted within the RCN website recognising the work of the subcommittee and providing a resource for those interested in exploring the role further.

Potential for CRNs to be recognised as an area of specialist practice by the NMC will be explored. This has already been taken forward outside of the UK and more recently the International Association of Clinical Research Nurses (IACRN) have developed a CRN Certification process to recognise the expertise and clinical skills of those in the role. Application is by submission of a portfolio incorporating practice hours, education and professional development activities. Avenues to develop this will be explored. Other workstreams to raise awareness of the CRN role will also be discussed. These include the use of social media platforms such as twitter to engage members and other stakeholders in the work of the committee, and the dedicated CRN Subcommittee website which

provides information and resources on the role as well as updates concerning its work.

## References

References: Hill, G and MacArthur, J (2006) Professional issues associated with the role of the research nurse. *Nursing Standard*, 20 (39) pg 41 – 47.  
Hill, G (2018) Exploring Clinical Research Nurses experience of working with clinical nurses. Unpublished thesis. <https://eresearch.qmu.ac.uk/handle/20.500.12289/9707>  
Jones, H (2017) Exploring the experience of Clinical Research Nurses within acute NHS trusts and determining the most effective way to structure the workforce. Unpublished thesis. [https://kclpure.kcl.ac.uk/portal/en/theses/exploring-the-experience-of-clinical-research-nurses-working-within-acute-nhs-trusts-and-determining-the-most-effective-way-to-structure-the-workforce\(7334ff35-2c8e-4061-ac92-bbfb15991736\).html](https://kclpure.kcl.ac.uk/portal/en/theses/exploring-the-experience-of-clinical-research-nurses-working-within-acute-nhs-trusts-and-determining-the-most-effective-way-to-structure-the-workforce(7334ff35-2c8e-4061-ac92-bbfb15991736).html)

## Symposium 9 Abstract no: 0403

### Development of the RCN Clinical Research Nurse Subcommittee and its on-going workplan.

Lead: Helen Jones

#### Symposium Statement

The RCN Clinical Research Nurse (CRN) Subcommittee was formed in 2019 to provide research leadership and expertise in relation to Clinical Research Nursing. This includes identifying, prioritising and progressing relevant issues to members of the subcommittee and RCN Research Society that the committee sits within. The subcommittee is overseen by a group of experts who all work within the area of clinical research nursing and can use their skills and experience to support the development of this area of nursing.

The subcommittee has developed an overarching work plan which was developed and ratified in 2019 from the results of a survey which was circulated to members of the RCN Research Society and delegates from the 2019 International Nursing Research Conference. The survey asked clinical research nurses to identify the challenges faced in their role. Overall, 862 were responses of which 533 were complete. In addition to this, a fringe event was held at the RCN international research conference in Sheffield in September 2019, attended by 60 delegates, where CRNs discussed the challenges faced in their roles, and the priorities they wanted the RCN

## Paper 2

### Theme 2: Staffing and funding models

Authors and affiliation

*Mrs Gail Mills, Sheffield Teaching Hospitals NHS FT, UK*

#### Abstract

Despite the increase in size of the national CRN workforce there remains differences and a lack of knowledge concerning workforce models. Jones (2017) reviewed the national CRN workforce structures and identified a lack of consistency which included fragmentation of teams, especially within oncology which for many organisations remained a standalone workforce. An initial scoping exercise will be undertaken to enable comparison of workforce and funding models across the 4 countries to show diversity and potentially highlight good practice / share expertise. The findings of this scoping exercise will be published to showcase different workforce models and funding freedoms and constraints. Funding will be sought to support the development of a video to demonstrate the workforce models, facilitating greater reach and therefore further raising the profile of the CRN.

This presentation will focus on the progress to date of this workplan theme. It will aim to engage with RCN members and conference delegates in order to further explore this area to develop on-going activities and objectives.

## References

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## Paper 3

**Theme 3: Career Pathways**

Authors and affiliation

*Dr Helen Jones, Royal Free London NHS Foundation Trust, UK*

There has been a large growth in the CRN workforce across the UK over recent years. Catalysts for this include the set-up of the National Institute of Health Research (NIHR) (2006) in England and the development of the clinical research infrastructure for Health and Social Care in Wales now called Health and Care Research Wales. This has led to the development of a greater range of CRN roles across the NHS. However, many organisations have reactively developed new CRN roles depending on the needs of their service, the size of their research workforce and the funding opportunities available. Therefore the remit of similar roles across different organisations may not be consistent. A clear current pathway for career development within CRN roles is also lacking. A document defining CRN competencies across different roles was initially published by Joyce Kenkre and David Foxcroft in 2001. The career pathways theme for the sub-committee has developed an updated version of this initial document which it aims to publish and maximise other opportunities to publicise over the coming year. This pathway reviews the requirements and skills of roles at various levels as well as the required or desirable education requirements. This presentation will provide an overview of the pathway in order to seek feedback from delegates to review geographical variations in role requirements and responsibilities. This will then be used to inform the on-going workload regarding the Career's pathways for CRNs.

## References

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## Paper 4

**Theme 4: Culture – engaging with research**

Authors and affiliation

*Mrs Gail Mills, Sheffield Teaching Hospitals NHS FT, UK*

This presentation will focus on ways which the Subcommittee works to engage both its members and wider members of the RCN Research Society and the nursing profession. An importance aspect of this is the inaugural RCN Clinical Research Nurse dedicated one day event titled 'Celebrating Research Nursing and its vital role in healthcare' which takes place in 2021 This event is a celebration of the role of the clinical research nurse and the impact this group of staff have on the health of patients. The agenda incorporates the use of keynote speakers whose important role within clinical research is recognised. Additional sessions include the MHRA and Clinical Research, Research as a Measure of Health Care: a patient's perspective as well as breakout sessions covering the role of CRN's during the pandemic and embedding and disseminating research in the NHS. Importantly the event includes an opportunity for Networking and sharing best practice and a panel discussion titled 'Can research truly embed in an under-pressure NHS?' The success and feedback gained will inform plans to establish this as an annual event and develop further opportunities for CRN's to Network and share best practice and broaden engagement with research across the NHS. The RCN sub-committee will also seek opportunities to share the impact of the work of CRN's in different forums as events begin to take place post pandemic.

## Symposium 10 Abstract no: 0348

**How can clinical academics have impact within health and social care services?**

*Lead: Enrique Castro-Sánchez*

**Symposium Statement**

The burgeoning interest in developing and implementing clinical academic roles outside of medicine has been often coupled with uncertainty about the expected, required, and aspired impact of these roles (Coad et al., 2019). Additionally, this discourse can be hampered due to the multiple levels where impact can be explored, from individual clinical academic progress, to organisational improvements, clinical developments, or societal gains.

Some of the activities conducted or led by clinical academics may result in easily measurable impact, such as the creation or implementation of new evidence or grant funding secured, whereas it may be much more difficult to determine the impact on activities such as practice development, building of networks, inspirational leadership, or role modelling. Confusion between outputs and impacts on some evaluation frameworks has been equally unhelpful.

The symposium will reflect upon existing opportunities for data collection about impact on the UK's Clinical Academic Roles and Career Pathways Implementation Network (CARIN, Paper 1), identifying gaps and opportunities. Paper 2 will discuss the evidence about reported impacts of research led by professions outside of medicine, considering how well such evidence would fit in the CARIN impact journey and others. Paper 3 will showcase organisations developing clinical academic research programmed and their impact on career and care pathways, whilst Paper 4 will highlight challenges in determining appropriate metrics of economic impact and value for money of clinical academic roles.

The symposium will conclude with opportunities for speakers and attendees to discuss a novel impact evaluation framework in development by clinical academics at Imperial College London/Imperial College Healthcare NHS Trust.

## Paper 1

**Benchmarking clinical academic activity and impact data collection across the UK: results of the 2020 CARIN survey**

Authors and affiliation

Prof Mary Wells1, 2

1Imperial College Healthcare NHS Trust, United Kingdom 2Imperial College London, UK

**Abstract**

**Aims:** Present findings of the 2020 Clinical Academic Roles and Career Pathways Implementation Network (CARIN) survey of clinical academic activity in UK NHS settings.

**Methods:** The CARIN 'impact and metrics' subgroup redesigned the annual survey in early 2021 to minimise ambiguity of responses and maximise the capture of consistent evidence on clinical academic activity, growth and impact. The survey was distributed electronically to more than 50 members of CARIN and analysed



descriptively. A free text question was included to ascertain how and whether NHS organisations collect impact data.

**Findings:** The three sections of the revised CARIN survey tool – Environment; Clin Academic workforce; Outputs and impact – provide a detailed insight into current clinical activity and impact data collection across a range of UK NHS organisations. Numerical and free text data from the 2020 survey illustrate discrepancies between organisations, common challenges and key achievements. The findings also shed light on the effect of the Covid-19 pandemic on progress in clinical academics in healthcare professions outside medicine.

**Conclusions:** Capturing the range and extent of progress in clinical academic activity across the UK is crucial for benchmarking and lobbying in policy, practice and funding. The aspiration of the AUKUH in 2016 was that a significantly greater proportion of the NMAHP workforce than the current 0.1% will be working in clinical academic roles by 2030. The findings of the 2020 CARIN survey provide an important baseline for the work we need to do over the next 10 years and illustrate gaps and opportunities for joint working, if we are to achieve the AUKUH ambition.

## Biography

Professor Mary Wells is Deputy Director of Nursing (Research) at Imperial College Healthcare NHS Trust and a Professor of Practice in Cancer Nursing at Imperial College. She currently leads the Impact and Metrics group of CARIN.

literature. Framework analysis was used to establish key themes from the interviews.

**Findings:** Across the domains established in the VICTOR tool there were also recurring elements that focused on the challenges and benefits of balancing clinical and academics roles, the creation and implementation of new evidence and the development of collaborations and networks.

Themes of impact described by interviewees included: beneficial cultural shifts, increased visibility of the organisation and profession, and contextual impacts relating to the clinical academic pathway. Proposed methods of making impact tangible were also discussed.

**Conclusions:** Research activity led by clinical nurses (and other professionals outside medicine) has the potential to generate many beneficial impacts at the individual, organisational and national level. However, how to meaningfully record and report these impacts remains a challenge. As clinical academic pathways are developed, there is a need to capture the impact of these roles, and we present a draft framework informed by our research and developed in collaboration with key stakeholders.

## Biography

Dr Lisa Newington is a post-doctoral healthcare researcher at Imperial College London and Imperial College Healthcare NHS Trust. Lisa works alongside Prof Mary Wells and Dr Caroline Alexander on a programme of research exploring research impact. Lisa also works clinically in an advanced clinical practice role (hand therapy) at Guy's and St Thomas' NHS Foundation Trust.

operational focus when setting up and delivering a clinical academic research programme.

**Findings:** Discussion of organisational and individual enablers that have supported the development of the clinical academics in both organisations will be shared.

**Conclusions:** Developing an impactful programme of clinical academic research can be challenging. It is imperative that well-defined leadership strategies and facilitative structures are clearly set out, agreed, and delivered to facilitate the growth of clinical academics and thus have meaningful short- and long-term impact.

## Biography

Professor Jane Coad has a strong background in both art and nursing, specifically cancer and complex care and undertakes several arts-based participatory qualitative methods, surveys and complex evaluation projects as Professor in Children and Family Nursing in Coventry University. Prof Coad is the current Interim Chair of the Clinical Academic Roles Implementation Network (CARIN).

## Paper 2

### Reported impacts of research led by practising nurses and other professions outside medicine

Authors and affiliation  
*Dr Lisa Newington, Imperial College Healthcare NHS Trust, UK*

#### Abstract

**Aims:** Better understand the reported and perceived impacts of clinical academic research.

**Methods:** Systematic review including peer-reviewed and grey literature, and qualitative interviews with managers and research-active clinicians at Imperial Healthcare NHS Trust in London, United Kingdom. A modified version of the VICTOR (Visible the ImpaCT Of research) tool was used to classify impacts reported in the

## Paper 3

### Development and impact of a clinical academic research programme: reflections upon two organisations in the English National Health Service

Authors and affiliation  
*Prof Jane Coad, University of Nottingham, UK*

**Aims:** Critically reflect on the experiences of two organisational teams in developing a programme of clinical academic research which has impacted on career pathways and enhanced the lives, experiences and outcomes of patients and families.

**Methods:** Specific exemplars will be shared from two organisations (Nottingham University Hospital – NUH & University Hospital Coventry and Warwickshire, both in the UK) to illustrate strategic and

## Paper 4

### Determining economic impact and return on investment of clinical academic roles outside medicine- lessons learnt

Authors and affiliation

Dr Enrique Castro-Sánchez<sup>1, 2, 3</sup>

<sup>1</sup>City, University of London, UK <sup>2</sup>Imperial College Healthcare NHS Trust, UK <sup>3</sup>NIHR 70at70 Senior Nurse, UK

**Aims:** Reflect upon existing challenges to determine economic impact and value for money of clinical academic roles in professions outside medicine, exploring successful initiatives worldwide, and from the perspective of the profession, the organisation, patients, and society at large.

**Methods:** Evaluation of clinical academic literature outside medicine with a focus on economic indicators, including cost-effectiveness, and measures amenable to inform implementation and scale of clinical academic roles.

**Findings:** The paper will highlight current economic challenges for stakeholders supporting wider adoption of clinical academic roles, including an ambiguity to allocate an economic value to organisational and clinical care improvements driven, enabled, or supported by clinical academics. Finally, the paper will debate whether engaging in the narrative of



economic evaluation and value for money reflects inequalities in the perceptions about the value of clinical academics outside medicine, compared with other professions.

**Conclusions:** Considerations about economic impact and return on investment are frequently mentioned among key determinants for the implementation of clinical academic roles. As these roles have multiple facets, it may be difficult to determine clear economic thresholds which can then be presented to decision-makers.

### **Biography**

Dr Enrique Castro-Sánchez is a postdoctoral researcher and combines positions as lecturer in Nursing and NIHR 70@70 Senior Nurse Research Leader. He is interested in international perspectives about clinical academic roles and professional leadership.

## Fringe events

9 – 10am, Wednesday 8 September 2021

### Fringe event 1

#### **Blazing a trail in collaborating across professional boundaries for the benefit of clinical academic careers: the experiences of a Clinical Academic Professional Apprenticeship Trailblazer Group.**

*Professor Michelle Briggs, Clinical Professor of Nursing, Manchester University NHS Foundation Trust and Division of Nursing, Midwifery & Social Work, Lead for Capacity Building NIHR Applied Research Collaboration for Greater Manchester.*

#### Co-contributors:

*Professor Joanne Cooper, Assistant Director of Nursing, Nottingham University Hospitals NHS Trust*

*Felicity Astin, Professor of Nursing and Applied Health Research, Department of Nursing and Midwifery, School of Human and Health Sciences, University of Huddersfield.*

*Dr Louise Bramley, Head of Nursing and Midwifery Research, Nottingham University Hospitals NHS Trust*

*Vicky Yearsley*

*Linda Tinkler, Trust Lead NMAHP Research, Newcastle Upon Tyne Hospitals NHS Foundation Trust*

*Professor Diana Greenfield, PhD, Consultant Nurse and Honorary Professor, Sheffield Teaching Hospitals NHS FT, UK*

Research is part of the core business of the NHS. However, there are few nurses and midwives who have the opportunity to develop research knowledge and skills at a level to enable them to lead research, despite there being several gains associated with clinical academic roles, including direct patient benefit. The increasing momentum, visibility and awareness of the need for research capacity building, has led to the development of a range of clinical academic pathways since 2005. However, finding opportunities to develop a clinical academic career in nursing remains a challenge and reports suggest the current pathways and models remain insufficient to create the required critical mass of clinical academics.

The apprenticeship route in health professional education combines university study and workplace learning to develop knowledge, skills and thinking, whilst also completing an academic qualification.

It was against this background that a clinical academic trailblazer group was convened with the aim of drafting an apprenticeship standard (Level 8) for the occupation of Clinical Academic Professional. The aim of this fringe event is to:

1. define what is a clinical academic?
2. describe the work of the Clinical Academic Professional trailblazer group for nurses, midwives and allied health professionals (NMAHPs)
3. report learning from this multi-professional collaboration exercise and the results of a national survey used to build wider consensus on the content of this occupational standard.
4. to consider what's next? To promote debate about possible future directions for clinical academic career development and further work to support it

This event will interest those working in health, social care and universities who are involved in clinical academic development.

### Fringe event 2

#### **Association of UK Lead Research Nurses (AUKLRN) Fringe**

*Dr Helen Jones, Lead Nurse for the Clinical Research Workforce, Imperial Healthcare NHS Trust*

*Karen Palmer, Research Nurse Manager, Lancashire and South Cumbria NHS Foundation Trust.*

The Association of UK Lead Research Nurses (AUKLRN) was set up approximately 10 years ago to enable those who are responsible for a research nurse/delivery workforce to network and gain peer support and advice. Membership is now in excess of 100 members who meet in person or virtually to discuss common challenges, share learning and highlight new and innovative ways of working.

Lead Research Nurses have worked above and beyond their remit to ensure the Covid research portfolio was adequately staffed and delivered. Much of this involved tight timelines and moving staff from other research teams to focus attention on the Covid-19 treatment and vaccines studies.

The purpose of this event is to bring together Lead Research Nurses to reflect on and celebrate the impact that research delivery and the research workforce has had on the development of treatments and vaccines during the Covid-19 pandemic. They will be able to share learning and discuss how their experiences can shape research delivery moving forward.

## Fringe event 3

**Writing for publication: Tackling the monster**

*Prof. Elizabeth Halcomb, Editor, RCNi Nurse Research Journal and Professor of Primary Health Care Nursing at the University of Wollongong, Australia*

*Julie Sylvester, Managing Editor, Nurse Researcher*

**Background:** Assembling words on a page to tell an engaging and coherent story can be a process that invokes fear for doctoral students, research nurses and even nurse academics. Yet telling the story of our research is one of the most important tasks in the research process. Although many people experience challenges in writing for publication, it is often a topic that is not discussed.

**Aim:** This presentation seeks to highlight the challenges faced by nurses when facing writing for publication and to discuss strategies to support nurse researchers to succeed in developing their writing.

**Presentation:** Strategies around planning the task, finding a mentor, putting words on the page and developing writing will be discussed. It is expected that this presentation will enhance participants' understanding about the challenges faced by many researchers around writing, increase their confidence in submitting a manuscript for publication and encourage ongoing conversations about writing for publication and related issues.

**Conclusion:** Writing for publication need not be a task that researchers' dread. With time, support and the right strategies nurse researchers can build their writing skills and turn words on a page into an engaging story to disseminate their work.

## Fringe event 4

**Nursing research and digital health apps in the Health Integration Team framework**

*Nikki Cotterill, Associate Professor in Continence Care, UWE Bristol*

*Dr. Sandra Walker, Director SanityCo, Clinical Director STITCH-HIT and Senior Teaching Fellow, Portsmouth University*

*Mr. Oliver Watson, Joint Chief Operating Officer, Bristol Health Partners Academic Health Science Centre*

In Bristol we have an Academic Health Science Centre, Bristol Health Partners, which hosts 23 health integration teams (HITs). These HITs bring together a system- and city-wide approach to differing areas of health care to promote joined up health and social care provision in the wider environment. Key partners for each HIT include NHS organisations, including providers and commissioners, higher education, local authorities, charity partners, patients, and the public. HITs therefore provide an excellent framework to underpin multidisciplinary, collaborative research and education with potential for impact on care.

Digital health is becoming an increasing focus in the NHS, in particular the development of nurse leaders in this field. Nurse researchers within HITs have been instrumental in the development of health promotion apps to promote health literacy and self-help, reliant on the robust research evidence base. App development for the self-management of individuals with continence difficulties and self-harm will be highlighted against the backdrop of the Health Integration Team Framework.

This event will provide:

- an overview of the collaborative HIT framework and nursing research within these teams, and
- insights from nurse researchers involved in the development of health promotion apps including funding, co-production and research opportunities.

This will be a facilitator-led event with a focus on mobilising the research evidence base to reach audiences who can benefit in the digital health arena. Opportunity will be provided for sharing experiences and creating interest and discussion around the potential for innovation and research in this space.



### 8.30 – 9.30am, Thursday 9 September 2021

#### Fringe event 6

##### **70@70 Senior Nurse and Research Leader Programme Impact Event**

*Dr Catherine Henshall, Reader in Nursing, Oxford School of Nursing & Midwifery, Oxford Brookes University, Head of Research Delivery, Oxford Health NHS Foundation Trust. NIHR Associate Director of Nursing and the Programme Director for the NIHR 70@70 Senior Nurse and Midwife Research Leader Programme.*

*Professor Ruth Endacott, NIHR Director for Nursing and Midwifery*

*Professor Annie Topping, Head of School of Nursing, University of Birmingham; Michelle Briggs, Clinical Professor of Nursing, Manchester University NHS Foundation Trust & Division of Nursing, Midwifery & Social Work, Lead for Capacity Building NIHR Applied Research Collaboration for Greater Manchester*

This event is to allow members of the 70@70 Senior Nurse and Midwife Research Leader Programme and the course facilitators the opportunity to meet up, network and share updates on the progress of the programme, lessons learnt and to reflect on ways to demonstrate sustained leadership within nursing and midwifery research careers.

This event will enable the cohort to strengthen their research networks and connections and will provide a forum for discussion relating to the work they have undertaken as a 70@70. A Q&A panel will enable the 70@70 to pose questions to their regional hub facilitators and to the NIHR Director of Nursing and Midwifery

Presentations will reflect on leadership in research and also on the experiences of the 70@70 hub facilitators over the course of the programme.

Many of the 70@70 have had abstracts accepted for the RCN International Nursing Research conference so the cohort will provide a strong presence at the conference and the fringe provides an opportunity for reflection, discussion and a celebration of what has been achieved so far by these nursing and midwifery research leaders.

#### Fringe event 7

##### **RCN Research Nurse Subcommittee Fringe**

*Dr Helen Jones, Lead Nurse for the Clinical Research Workforce, Imperial Healthcare NHS Trust*

*Gail Mills, RCN CRN Sub-committee Secretary and Lead Nurse Research and Development, Sheffield Teaching Hospitals NHS FT*

*Marie Nelson, R&D Lead Matron, University Hospital of Southampton*

Sitting within the Research Society, the RCN Clinical Research Nurse Subcommittee is growing in membership. This event will bring together research nurses to reflect on the impact and importance of the research nurse role in order to raise awareness and understanding of the role and its remit. It will enable wider members of the subcommittee to come together to discuss on-going progress of the group. This will include discussion of the RCN Research Strategy currently being developed by the Research Society and how the importance of research nursing and research delivery can be incorporated in order to showcase the role and its importance.

We will lead an interactive discussion inviting views and ideas around the following areas:

- 1) What opportunities has the Covid-19 pandemic enabled to increase the awareness and understanding of the research nurse role?
- 2) How can the RCN Research strategy support development and progress of subcommittee priorities as identified within the workplan?
- 3) To discuss the RCN Research Strategy and its recognition of the value and importance of the research nurse role and the benefits and career opportunities it can bring.



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